P-207 REGENERATE OUR OWN TRUE SELVES (ROOTS) MODEL OF GROUP THERAPY

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Background Not all patients fit into the traditional day therapy model. There is a lack of evidence to guide best practice but research highlights the value of self-management and promoting service-user independence. By introducing a flexible and innovative day therapy model we hope to engage a different cohort of patients and meet the needs of an emerging patient profile. A launch of recent key documents has led us to review the services provided.

Aims To launch ROOTS group therapy in September 2017 offering a wider range of groups not available in the community for palliative patients. The new model will offer a more accessible, patient centred and holistic approach with the aim of ultimately improving quality of life, symptom management and independence for a wider range of patients.

Method Local services were reviewed and a literature review was conducted looking at the evidence for group versus individual intervention. Patient interviews and forums informed the steering group of service-users' preferences for day therapy services. Evaluation of referral rates and patient attendance will be undertaken. Furthermore an evaluation of the model through direct service user feedback and validated outcome measures for specific groups will be used.

Results The evaluation of referrals and attendance will seek to demonstrate whether the model delivers an accessible day therapy service, accessed by a diverse patient population. Patients will be invited to feedback on whether ROOTS delivers a more patient-centred approach.

Conclusion This project will provide information to develop a framework in a positive direction and further investigate innovative day therapy models that are more suitable for our emerging patient population. This information will be shared with stakeholders to inform and inspire best practice.

P-208 COMBINED ONCOLOGY AND PALLIATIVE CARE CLINICS; WORKING IN PARALLEL (PART 1)

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Background Early Specialist Palliative Care (SPC) introduced to patients with advanced lung cancer has recently been proven to enhance quality-of-life and improve survival. Combined Oncology and Palliative Care Clinics (COPCC) have been carried at Royal Cornwall Hospital Trust for over two decades, to enable patients to be reviewed by palliative care consultants (PCC) whilst attending the Oncology Centre; enabling the two specialities to run in parallel to improve patient care. The aims of this project were to explore the types of patients seen and content of consultations.

Methods A retrospective review of the current PCC consultation letter of 150 consecutive patients reviewed between 01/2016–06/2016. Data collected by three medical students.

Results Of the 150 patients, 49% had on-going/planned palliative oncological options (POO), 20% optimal supportive/

symptom control (SSC), 18% radical treatment and 13% treated with curative intent. 75% had stable disease, 23% deteriorating and 2% in their last month of life. The main focus of the consultation was symptom control (95%), followed by discussions around aims of palliative/oncological treatment (71%). For patients who were considered POO or SSC (n=104), 66% were referred/known to the community SPC nursing team. The median number of consultations per patient was 2.9, and patients were known to the service for up to five years and two months.

Conclusion COPCCs appears to facilitate collaborative working between disciplines to enable optimal symptom control, information sharing and forward planning to patients attending oncology clinics. Unsurprisingly, PCC focus on symptom control and early referral to SPC services in the community. Many patients are seen when they are 'stable' suggesting the service is proactive in approach. COPCCs remove the need for a 'referral' to SPC, and allows patients to be seen who perhaps wouldn't otherwise be referred to SPC.

P-209 COMBINED ONCOLOGY AND PALLIATIVE CARE CLINICS; HOSPICE IN-PATIENT STAYS AND PLACE OF DEATH (PART 2)

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10.1136/bmjspcare-2017-hospice.234

Background Early Specialist Palliative Care (SPC) introduced to patients with advanced lung cancer has recently been proven to enhance quality-of-life and improve survival. Combined Oncology and Palliative Care Clinics (COPCC) have been carried at Royal Cornwall Hospital Trust for over two decades, to enable patients to be reviewed by palliative care consultants whilst attending the Oncology Centre; facilitating the two specialities to run in parallel to improve patient care. The aims of this project were to explore the use of inpatient hospice facilities of all patients, and place of death those for those patients who died.

Methods A retrospective case note review of 150 consecutive patients reviewed between 01/2016–06/2016. Data collected by three medical students.

Results Admissions to hospice: 18/150 patients (12%) had at least one hospice admission, with the most common primary reason for admission being symptom control (83%). Total number of admissions of any one patient ranged from one to seven. Length of stay from one to 46 days, with a median value of nine days. 11/18 admitted patients died during their most-recent hospice admission, and seven were discharged home. Place of death: 29/150 (19%) patients died at the time of data collection; 12 (41%) died at home, 11 (38%) died in a hospice, 6 (21%) died in acute (3/10.5%) or community hospital (3/10.5%).

Conclusion Access to SPC in COPCCs appears to enable early contact with inpatient hospice units, and enable more patients to die in the hospice and at home. 38% of this study's deceased patients died in a hospice; a 2.3 fold increase compared to hospice deaths of cancer patients specifically (16.4%). The number of deaths is small and warrants further studies.