WHY DO PALLIATIVE PATIENTS CALL OUT OF HOURS GPS?

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Background Primary care plays a significant role in the delivery of end of life care with most patients spending the majority of their last year of life in the community. 44% of deaths occur in care or private homes and 79% of people wish to die at home. Quality primary care ensures identified needs are met and expressed care preferences are carried out. Improving out of hours (OOH) care is a priority in Palliative Medicine. This study identifies why patients with palliative care needs access OOH GPs to aid understanding of need and service planning.

Methods A retrospective analysis of call records of all patients and carers who contacted OOH primary care providers from three clinical commissioning group areas in Southern England in a 6 month period. OOH call records were searched for cases labelled ‘Palliative’ – the only tag available. Data were anonymised and demographic information was collected. Reason for call and call outcome were recorded. Data quality checks were performed. Descriptive statistics were performed using SPSS.

Results 801 calls for patients with palliative care needs were identified. Mean patient age was 79 years. 57% had cancer. 27.5% patients had anticipatory medications in place. Anticipatory medication requests comprised 16% of calls, pain accounted for a further 16% and 7% involved a death. The remainder of calls were about symptom control or intercurrent illness.

50% of calls resulted in prescriptions including anticipatory medicines and syringe drivers. 8.1% resulted in hospital admission.

Conclusion OOH primary care services are often used for end of life (EOL) prescribing. Advanced care planning could reduce OOH calls, improving end of life experience for patients and families. This would enable OOH GPs greater time to respond to the significant number of calls representing need for reassurance and support from a clinician.