the Netherlands and 11.1 in Luxembourg – global average was 10.7; UK was 8.5.

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98 PALLIATIVE AND ADVANCE CARE PLANNING DISCUSSIONS WITH COPD PATIENTS

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Background Chronic obstructive pulmonary disease (COPD) is a disease of the lungs that is characterised by a consistent air-flow obstruction. It is associated with persistent, progressive and irreversible breathlessness. COPD remains the fifth most common cause of death in England and Wales, accounting for about 25 000 deaths a year. Despite this, only 30% of patients with COPD have had a discussion about palliative care with their clinician. When conversations do take place, they usually happen during a hospital admission when patients are very unwell and are unable to fully express their preferences, and with clinicians who do not know the patients. Furthermore, recent research has shown that clinicians do not know when and how to start and conduct conversations with COPD patients.

Aim To explore COPD patients' preferences for the timing and nature of palliative care conversations with healthcare professionals.

Methods Interviews and case-note review of COPD patients. Patients were recruited into 3 different groups according to their disease severity: mild, moderate and severe. A total of 33 patients were recruited into the study and the topics discussed during the interviews included: understanding about COPD and palliative care, care preferences and preferences for palliative and advance care planning discussions with doctors and nurses. Patients were recruited from GP practices and respiratory outpatients' clinics in the south of England from April to September 2017. The methodology for data analysis encompasses interpretative phenomenology analysis.

Results Preliminary themes of the study include: healthcare professional discussing palliative care; timing for palliative care discussions; approaches to discuss palliative care; patients' understanding about COPD; patients' understanding about palliative care; patients' care preferences.

Conclusion Greater understanding of patients' preferences and understanding of palliative care and end of life conversations will be discussed.

99 COMPLEXITY AND OUTCOMES OF PAEDIATRIC PATIENTS CARED FOR BY A GENERAL COMMUNITY PALLIATIVE CARE TEAM

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Background Despite development of specialist palliative care (SPC) services for paediatric patients (PPts) in Ireland, general community palliative care teams (CPCTs) provide a significant amount of palliative care to PPts at home. Outcomes describe

the change in health status arising from healthcare interventions. Measuring outcomes helps evaluate clinical care, informs resource allocation, and drives quality improvement. In one CPCT, point of care collection of clinical and workload data has been routine since 2013. Data collected is used for clinical handover, measuring workload and complexity, and outcomes measurement.

Aims and objectives To describe the complexity, workload and outcomes of PPts under CPCT; to demonstrate the feasibility of standardised outcomes measurement in SPC.

Methods Validated assessments are performed at each review:

- Phase of illness;
- Problem Severity Score (PSS);
- Palliative Performance Scale (PPS);
- Visit duration;
- Healthcare professional (HCP) stress.

Data collected between 2013 and May 2017 were analysed using descriptive and analytical statistics.

Findings/results For 201 episodes (17 PPts), the median duration of care was 7 days (range 1–350). 89.1% episodes were nursing visits; 95.2% at home. The care of PPts was more complex than of adult patients (APts). 43.4% of episodes were in stable phase. There was no difference in mean PSS between PPts and APts (4.59 vs 4.68/12). Caregivers of PPts had higher psychosocial symptom severity compared to caregivers of APts (1.66/3 vs 0.97/3). HCPs reported stress more frequently at visits to PPts than APts (26.4% vs 4.64% of visits). Higher HCP stress was moderately correlated with higher PSS (Pearson's $r=0.347$, $p=0.001$), caregiver psychosocial issues ($r=0.282$, $p=0.001$), and strongly correlated with patient psychosocial issues ($r=0.392$, $p<0.001$).

Conclusions PPts under the care of CPCTs are complex, and their care may present a challenge to general CPCTs. The care of PPts is associated with significant HCP stress. Routine outcomes measurement in CPC is feasible and useful.

100 INTEGRATING PALLIATIVE CARE: IMPACT OF A 5 YEAR STRATEGY FROM THE MAKERERE AND MULAGO PALLIATIVE CARE UNIT

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Introduction Makerere and Mulago Palliative Care Unit (MPCU) provides quality, evidence-based palliative care (PC) for patients and families through a centre of excellence delivering: an integrated clinical service within the national referral hospitals site; carrying out research, training and capacity-building in collaboration with partners; and developing leaders in PC.

Methods An evaluation of the 2011–2016 strategic plan was undertaken. A review of indicators was completed including: care provision; training numbers; collation of impact assessments; an online survey and qualitative interviews addressing research capacity, and the qualifications attained by MPCU staff.

Results A total of 9858 patients seen (3189 directly by MPCU with 6669 by link nurses. 4630 individuals trained including undergraduates, postgraduate, and in-service short courses.