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

Global palliative care | Posters 98–100

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.

1223 of those trained came from 8 other countries within the region. MPCU staff gained: 5 BSc, 2 Masters, 1 PhD qualifications. 103 abstracts presented at national and international conferences and 11 papers published. Impact assessments include: evaluation of integrated model including link nurses; outcome of PC interventions; educational impact; research capacity building; morphine use; experience of patients and staff; and evaluation of specific projects.

Conclusions Developing a strategic plan embedding a coherent and integrated approach to PC ensures evidence based practice has become routine and outcomes regularly assessed. Partnerships have allowed for wide project work and dissemination. An integrated model allows generalist PC to be empowered with specialist support. This review is helping shape the next strategic plan.

Pain | Posters 101–104

101 TIMELY ADMINISTRATION OF ANALGESIA

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10.1136/bmjspcare-2018-ASPabstracts.128

Background An expectation-reality gap exists between the length of time on-request analgesia is requested and the time it is administered. In addition to the physical and psychological benefits of prioritising patient comfort, prompt access to analgesia has been shown to reduce length of hospital stay and improve patient overall satisfaction with care.

Objectives

- To identify the median time taken from when a patient requests prescribed analgesia to when the analgesia is administered.
- To consider the feasibility of creating a local standard relating to the time taken from when a patient requests analgesia to when it is administered.

Method Patients on two oncology wards requiring PRN analgesia were invited to participate in a prospective audit. Data collection was via a patient held self-evaluation analgesia request diary. In addition to recording time taken to administer analgesia following request, participants also recorded pain scores and overall satisfaction with care. Written consent was obtained from all participating patients.

Results In total 15 patients were consented although not all patients recruited ultimately returned data. Data was evaluated relating to 16 episodes of administered analgesia. Oramorph was the analgesia most frequently administered although Naloxone, subcutaneous morphine and Oxycodone MR were also used.

Time taken from the patient requesting analgesia to the time it was administered ranged from 4 min to 30 min; the median time was 9.75 min.

Conclusion Despite the lower than expected number of participants recruited into this audit, the audit process highlighted the variable complexities and barriers that exist if aiming to create a Hospital Standard relating to the time taken to administer on request analgesia, these include; type of pharmacology, medicines management policies, environmental and organisational factors.

This audit concludes that developing a Pain Pledge may be more apposite than creating a Pain Standard.

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IS THE USE OF SUB-CUTANEOUS ALFENTANIL OUTSIDE THE CCU SETTING COMPLIANT WITH LOCAL GUIDELINES? A RETROSPECTIVE AUDIT IN A TERTIARY CANCER CENTRE

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Background The Royal Marsden NHS Foundation Trust is a tertiary referral cancer centre. The Symptom control and palliative care team have opioid prescribing guidelines. There are specific guidelines for Alfentanil given that it is an infrequently prescribed drug on the inpatient wards, to reduce the risk of error. We carried out a retrospective re-audit of our adherence to the trust alfentanil prescribing guidelines.

Methods We identified, using the ward controlled drug log books, all inpatients across the trust (except those on CCU) who had Alfentanil prescribed at any point during 2016. We extracted data on the grade of prescriber, whether the palliative care team were consulted, indication for use, documentation of calculation, the breakthrough dose prescribed and if the calculation had been checked with a senior team member.

Results 59 patients in 2016 had been prescribed alfentanil. In 100% of cases the palliative care team had been consulted. In 59% of cases the prescriber was SHO level. The most common indication was renal impairment. In 99% of cases the indication was appropriate. In only 45% of cases there was documentation of a calculation. 85% of those in whom alfentanil was used as a PRN had an appropriate PRN dose charted. In only 54% of cases there had been discussion with a senior team member.

Conclusion There are improvements we can make in the documentation of the calculation of the alfentanil dose and also in engagement with the need to discuss the dose calculation. We proposed that the ward pharmacists check the dose conversion and verify that there has been discussion with a senior palliative care team member, as part of their routine inpatient drug chart checking process. We also proposed that specific guidance is given on the trust standards for prescribing alfentanil as part of the junior doctor induction programme

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PRESCRIPTION OF BUCCAL FENTANYL IN DOROTHY HOUSE HOSPICE IPU

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10.1136/bmjspcare-2018-ASPabstracts.130

Background The IPU team experienced difficulties regulating the use of buccal fentanyl in a small number of patients.

Methods A review of notes and medication charts in all patients prescribed buccal fentanyl on IPU June 2015–6 was done to ascertain whether it was being prescribed appropriately and whether there were any risk factors for ‘concerning use’.

Results

- 18 patients were identified. All had a clear rationale for receiving buccal fentanyl.
- 11/18 patients found it clearly effective; of the remaining 7, 5 ‘sometimes’ found it effective.
- 5/18 patients showed what we defined as ‘concerning use’ – i.e. they were using it more than qds, using it to toxicity, were extremely unwilling to reduce usage or try other options,