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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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 administrated analgesia. Oramorph was the analgesia most frequently administered although Naproxen, 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.

102 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

103 PRESCRIPTION OF BUCCAL FENTANYL IN DOROTHY HOUSE HOSPICE IPU

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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,

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