Methodology Using Shropshire Doctors Co-operative Ltd (Shropdoc’s) recorded data we have collated a representative picture of the palliative care practice over a year period from 161 OOHGP patient interactions.

Results 31% of home visits (HV) had documentation of potentially reversible factors and out of those 72% were with the patient’s estimated prognosis greater than 48 hours. Infection being the most common (57%) reversible factor, the majority being a lower respiratory tract infection. Overall 5.7% of OOH GP palliative HV’s resulted in hospital admission, however this decreased to 0.6% adjusting for an estimate of the patient’s prognosis to be less than 48 hours. 16% were admitted if the patient had a potentially reversible co-existing condition. 33% of consultations had documentation regarding a continuous subcutaneous infusion (CSCI), 86% of CSCI interventions were made with a prognosis of less than 48 hours. There were CSCI infusion issues requiring an OOHGP 3.4% of the time. Overall anticipatory medications were prescribed 39% of the time.

Conclusion The OOHGP deals with a wide variety of scenarios for a heterogeneous population. The symptoms and treatments instigated are on the most part expected within emergency palliative care. This data begins to quantify and describe the role being performed by OOHGP and has implications for service provision and potentially the necessity of 24 hour specialist palliative provision.

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Clare White, Jenny Sproule, Paula Brogan, Max Watson, Northern Ireland Hospice, University Ulster