

- Screen all caseload MND patients for suitability to use ECAS and carry out screens. MND Association (MNDA) provided support with a small grant and resources.

All MND patients were assessed during MDT meetings/ other clinical encounters. Offers of the screen (including written information) were made and ECAS was facilitated by the most appropriate clinician.

Results There were 58 MND caseload patients during 1.9.2016–30.10.2017:

- 10 (17%) completed ECAS
- 25 (43%) were offered ECAS (3 declined; 20 were awaiting decisions/appointments at the time of submission; 1 did not attend the appointment; 1 did not proceed during the appointment)
- 22 (38%) were not considered (2 did not speak English, 7 died before discussion, 13 were too ill/severely cognitively impaired)

ECAS was facilitated by doctors, physiotherapists and occupational therapists in clinics, care homes and homes. Education activities included a dedicated teaching session and dissemination of MNDA booklets and ECAS.

Discussion ECAS worked best in patients with good insight who were motivated to improve their management. The survey is long to complete and dedicated time was need for completion, usually outside regular clinics. Cognitive impairment is a sensitive topic and the introduction of ECAS was most successful following a cue from a patient or after building a trusting rapport before the introductory discussion. Use of ECAS has triggered the hospice collaboration in ongoing national research of the tool.

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TRANSFERRING PATIENTS WITH PALLIATIVE CARE NEEDS – WHICH AMBULANCE SERVICE SHOULD YOU USE?

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Background Transferring patients with palliative care needs between care settings via the Welsh Ambulance Service Trust (WAST) is a daily component of delivering palliative care. We hypothesised that patients would have quicker and more appropriate ambulance transfers if healthcare professionals working in palliative care had a better knowledge of the ambulance services available; including the pilot of the new End-of-Life Rapid Transport Service.

Method We sent an electronic questionnaire to 236 healthcare professionals working in palliative care in Wales. We tested the respondent's knowledge of the available services provided by WAST and asked respondents to share their experiences of transferring patients via the ambulance service.

Results We had 52 responses to the questionnaire (response rate 22%). Respondents were predominantly palliative medicine consultants, registrars and clinical nurse specialists. There was a lack of knowledge about the WAST's ability to transfer patients with syringe drivers and the services ability to make decisions regarding not commencing cardio-pulmonary resuscitation. The Urgent Care Service was not well understood and only 12% of respondents could easily find the correct contact details for each service.

We created and publicised an aide-memoire (attached) about the different ambulance services available in Wales. It contains information tailored to palliative care health care professionals. The aide memoire is designed to be easily accessible in paper and electronic format.

Conclusion Palliative care healthcare professionals lack sufficient knowledge of the ambulance services available in Wales. The aide memoire we created contains the relevant information that is necessary to make the best use of the ambulance services available. The aide memoire is being used across Wales to improve the use of the ambulance service for patients with palliative care needs.

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DELIVERING CANCER PATIENT INFORMATION THROUGH SOCIAL MEDIA: WHOSE BENEFIT?

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10.1136/bmjspcare-2018-ASPabstracts.174

Introduction Historically, access to cancer information has been limited to printed literature and discussions with healthcare professionals. Opportunities through social media and digital technology have seen notable success in adolescent and young adult health care. Its application in the adult cancer population has not been evaluated.

Objectives To identify the extent cancer patients engage with social media and explore its potential for providing access to oncology information.

Method Patients/carers attending a UK cancer centre were surveyed about their access to and use of social media. Its application to their healthcare support needs was explored with specific attention to their information media preferences. Non-patient identifiable data, based on a prepared questionnaire were collected via hand held tablets and collated via Survey Monkey.

Results 430 participants, comprising 64% patients and 36% carers/ spouse, completed the survey. Median age was 65 year old: 82% were over 50 and 29% over 70. 16% of patients did not access the Internet whilst 61% used it daily. Only 13% used Twitter, 48% Facebook and 41% YouTube.

Only 8% expressed a preference to receive information by digital media, with the majority favouring face-to-face contact with a healthcare professional (54%) or printed media (18%). Talking to other patients or attending patient support groups were the preference of 11% and 3% of participant's respectively. 6% would seek information themselves using a search engine or visiting of government health website.

Conclusion The majority of patients attending a regional cancer are beyond retirement age with less than 18% under 50 years old. Whilst most have access to the Internet, engagement with Facebook, Twitter and You Tube is uncommon. This suggests a limited role for social

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DEVELOPING AN ENHANCED SUPPORTIVE CARE SERVICE FOR WOMEN SUFFERING FROM THE ADVERSE EFFECTS OF CANCER AND ITS TREATMENT

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The effects of cancer and its treatment can have major adverse effects on the women it has affected and their families. This service has been set up with the support of Sutton Breast Friends and St Giles Hospice and will enable patients to discuss issues which were previously unrecognised relating to the impact on their altered body image, well-being and sexuality in a comfortable and open environment with a specialist nurse who has the skills to empower these patients to live their lives well, when suffering from the adverse effects of cancer and its treatment. Focus groups were utilised at the start to ensure that the service was set up how women wanted to ensure its success.

By developing this service and delivering this model of care, our aim is to:

- improve the wellbeing of women suffering with cancer and the adverse effects of its treatment
- enable women to take control and manage a range of problems impacting on their body image, sexuality and wellbeing
- enable wives/husbands/partners to discuss the issues and concerns relating to how cancer and its treatment may impact on their relationship
- prevent relationship disconnect linked to cancer and its treatments

There will continue to be an unmet need and these issues will remain unresolved for patients affecting their quality of life, and their ability to reconnect with their relationships. Evidence shows increased risk of relationship breakdown when suffering from the adverse effects of cancer and its treatment.

Due to this being a new service outcome measures will be collected and will be used to demonstrate the effect the intervention has had on patients self-worth, confidence and state of mind.

149 INVESTING IN QUALITY IMPROVEMENT IN A HOSPICE – HOW IT HALVED WAITING TIMES AND IS CREATING A NEW CULTURE!

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Over the last 2 years St Luke's Hospice has invested in the use a Quality Improvement Framework – The Model for Improvement (IHI), across the whole organisation.

This involved an investment in a QI lead, back filling the clinical time, actively supporting staff to participate and investment in a partnership with NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

There have been 3 key interventions.

- Delivery of a QI programme to 3 cohorts of staff and volunteers.
 - 33 people have attended the programme (2 doctors, 7 nurses, 4 Patient support, 1 therapist, 7 clinical support, 8 non-clinical and 4 volunteers), and 20 QI projects have been undertaken.
 - The course has evolved and now has a more theory into practice, peer support, and trialling incremental improvement
- Investment in a partnership with the CLAHRC to improve service in our Woodgrange Centre

- We will show how we have improved our data collection
- Halving waiting times in Our Woodgrange Centre
- Invested in setting up the use of Care opinion as a way of improving the way we use patient stories to appreciate our staff and improve services.

This has been a process of parallel continuous learning. We will also share what we have learnt about leading such a process and what our staff have learnt along the way.

This will be helpful for anyone in a leadership role wanting to follow a similar approach.

150 HOW WE HALVED THE WAITING TIME FOR HOSPICE SERVICE THROUGH IMPLEMENTING QI METHODOLOGY

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As part of a wider QI programme St Luke's Hospice invested in a Partnership with NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) to assess the impact of applying Quality Improvement methodology to the Woodgrange Centre (WGC). The WGC is our Daycare and outpatient Centre.

The presentation will present the series of Quality improvement methodologies used and what we learnt from each step: These include:

- Initial engagement with patients, carers, staff, volunteers and referrers
- Touchpoint Mapping
- Using an action effect diagram to develop a shared aim and prioritise first steps
- Use of process mapping to engage staff in the change idea
- Introducing and supporting staff to try tests of change through PDSA cycles
- Learning to use measurement for improvement to demonstrate the improvements

We will show how this has changed the culture, enthused and developed our staff and amongst other improvements halved the average waiting time from referral to 1st visit from 20 to 11days.

We will share the added quantitative data to patient feedback. We now know that as well as patients reporting that the 'service is wonderful', 43% believe the WGC has prevented a hospital admission.

151 MONITORING CORTICOSTEROIDS: AN IMPROVEMENT PROJECT IN A SCOTTISH SPECIALIST PALLIATIVE CARE UNIT

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10.1136/bmjspcare-2018-ASPabstracts.178

Background Corticosteroids are frequently prescribed in patients with advanced cancer for a wide range of indications. Many undesirable adverse effects are frequently reported including steroid-induced hyperglycaemia. For patients commenced on corticosteroids, without prior diagnosis of diabetes, twice weekly monitoring of capillary blood glucose(BM) is