

2016–2017. Most of these sites now demonstrate earlier integration of supportive care within cancer through implementation of ESC – some have shown very significant increases in early referrals. In some sites, data points to an impact on reducing emergency admissions.

Conclusions NHS England (NHSE) continues to build the case that ESC delivers improved value – reduced healthcare costs, improved QoL and optimises treatment decision making. Data collection is ongoing nationally and will inform national cancer policy and NHSE strategy. Formal research evaluation of ESC is expected begin in early 2018.

160 IMPLEMENTATION OF SERIOUS ILLNESS CARE PROGRAMME UK FOR PATIENTS WITH ADVANCED CANCER: FEASIBILITY STUDY

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The Serious Illness Care Programme is a complex intervention developed in the US to improve communication between clinicians and patients with serious illness. In collaboration with Aridane Labs the programme has been developed for use within the UK, with pilot implementation funded by NHS England. Within the programme, clinicians are trained in use of a Serious Illness Conversation Guide (the guide), to structure conversations with patients/families. A feasibility of the UK programme is underway, within one North West cancer centre.

Aim To present interim results from the feasibility study

Methods Data on the use and experience of the UK programme, from the perspective of clinicians and patients

Quantitative Data: Questionnaires:

Clinicians – pre/post training:

- confidence;
- attitudes to care of the dying;
- acceptability of serious illness care programme

Patients – pre/post serious illness conversation:

- Quality of clinical communication;
- Quality of life;
- Anxiety;
- depression.

Qualitative Data: In depth interviews:

Clinicians: experience of the UK programme, education and training and engaging patients in serious illness conversations

Patients: experience of engaging in serious illness conversations, including their acceptability of the approach

Results Quantitative Data: Results will be presented to assess the feasibility and acceptability of the UK programme:

- Proportion of patients identified conversations and participation in study measures
- Illustrate any indicative improvements in communication and patient outcomes.

Qualitative Data: Thematic Analysis to explore perceptions and experience of the programme: results will highlight main

themes, such as: Conversation Value; Holistic and Compassionate; Opening up conversations with family members; Breaking the ice; Timing of conversation and Prognosis.

Conclusion Results from this study suggest these conversations promote shared decision making and individualised care planning, and espouse 'holistic' and 'person centred' care. Further research and evaluation is required to understand the effect of the UK programme on patient outcomes.

161 E ASSESSING THE IMPACT OF ENHANCED SUPPORTIVE CARE USING THE INTEGRATED PALLIATIVE CARE OUTCOME SCALE (IPOS) AT THE CHRISTIE NHS FOUNDATION TRUST

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Enhanced Supportive Care (ESC) is a new UK initiative that integrates supportive care within oncology. At its heart is better access to expertise in managing the adverse effects of cancer and cancer treatments to enhance the patient experience and reduce the need for hospital admission.

ESC is award winning and has been recognised nationally by NHS England.

The aim of this audit was to measure the impact of ESC using the Integrated Palliative Care Outcome Scale (IPOS). This is a validated tool that can be used in clinical audit, research and training to measure symptom burden.

Method 47 patients referred into the supportive care service, were randomly selected to complete the IPOS tool within 3 areas (inpatients, outpatients and trials unit) during May to October 2016. For all areas a baseline IPOS was completed prior to the initial assessment by supportive care. Subsequent IPOS were completed approximately 3 days later for inpatients. Outpatients and trial patients were reviewed at various time points depending on the timing of their follow up appointments. Outpatients had an average follow up of 41 days. Trial patients had an average follow up of 15 days.

Results The overall IPOS score is the sum of the score of each of the 17 questions and can range from 0–68. A reduction in the IPOS score demonstrates an improvement in physical and psychological patient symptom burden. 16 inpatients completed the IPOS and demonstrated a 50% improvement in overall mean symptom score. 5 experimental cancer medicine patients completed the IPOS and demonstrated a 49% improvement in overall mean score. 26 oncology outpatients completed the IPOS and demonstrated a 2.5% deterioration in overall mean score, demonstrating a possible correlation between frequency of supportive care review and symptom burden.

162 UK AND IRISH HOSPICE AND SPECIALIST PALLIATIVE CARE UNIT EXPERIENCE OF ASSISTED VENTILATION IN MOTOR NEURONE DISEASE

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