Results 16 hospice and 50 hospital referrals made.

Age: Hospice: 41–83 years, mean 62.5. Hospital: 39–80 years, mean 54.

63% of hospice referrals came from the hospital palliative care team; none from hepatologists. 40% of hospital PCT referrals came from nurses; 20% from hepatologists.

Reasons: Multiple for each service. Symptom control was most frequently cited: 81% vs. 60% respectively.

Prognostic indicators: 44% of hospice referrals included no indicators. No hospital referrals included indicators.

Mean duration of care: 39 days under hospice services, four days under the hospital PCT.

Outcomes Hospice referrals: 16 deaths; 5 (31%) in hospital (though four were never discharged). Hospital referrals: 8/10 (80%) with alcoholic liver disease vs 8/19 (42%) other diagnosis died in hospital. 36 hospital patients achieved advance care planning.

Conclusions Our audit identified high symptom burden, low hepatology input and late referrals to specialist palliative care. It has helped us to understand each others caseloads/roles, the burden of the disease for patients and the need to collaborate for advance care planning. We will now be using/sharing prognostic indicators (Gold Standards Framework) for and at referral, and are working together for a dedicated advanced disease hepatology clinic or CNS service.

P-93 MAPPING OF END OF LIFE RECOGNITION AND PALLIATIVE CARE PROVISION IN COPD

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Background COPD kills almost 30 000 people per year in the UK (British Lung Foundation, 2016). NICE guidelines suggest patients with end-stage COPD should have access to palliative care services (NICE, 2010). Gold Standards Framework prognostic indicators assist clinicians to identify patients who are approaching end of life at an earlier stage enabling appropriate interventions to take place (2011). These patients are more likely to receive well-coordinated and high-quality care.

Aims The aim of our study was to map the number of QoF-registered COPD patients in our locality, the frequency of COPD specific GSF indicators, the number included on primary palliative care registers (≥ 2 GSF prognostic indicators) and the number reviewed by palliative care.

Methods A multidisciplinary group with membership from Clinical Commissioning Group, acute trust, hospice and community team oversaw the project. Data was collated from across all health care sites enabling us to confirm the number and type of GSF prognostic indicators for each patient and healthcare activity including palliative care reviews.

Results In March 2016 there were 4999 COPD patients; 52% were male with an average age of 69.2 years. 24.6% of patients (n=1232) had ≥ 1 GSF prognostic indicator. The most common indicator was MRC dyspnoea score of 4/5 (58.4%), followed by body mass index <20 (22.9%). Of the 254 patients with ≥ 2 GSF prognostic indicators 15.4% were on the GP palliative care register. 20.1% of the 254 patients had been reviewed by the palliative care team.

Conclusion GSF prognostic indicators in COPD are prevalent with breathlessness being the most common. Only a small

proportion of appropriate patients were included on the palliative care register (15.4%) with more being seen by specialist palliative care teams than on the registers. Further work is needed to ensure effective communication and education is provided across the whole healthcare system to identify patients earlier who are approaching end of life.

P-94 LET'S EXERCISE TO LYMPHOCISE

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Introduction There is emerging evidence supporting the benefits of exercise in helping to relieve the symptoms of lymphoedema by stimulating lymphatic flow and improving circulation, which then reduces swelling. It also increases flexibility and joint range of motion, strengthens muscles and improves posture. A weekly group exercise programme was set up, tailored specifically to meet the needs of those with lymphoedema on the hospice caseload.

Aims of the project To improve physical symptoms and quality of life for people with lymphoedema. To provide a relaxed and sociable environment to exercise in. To give peer support and an opportunity to spend time with others who have similar problems. To empower the participants to continue to self-manage their condition, continuing with exercise at home and/or in their local communities.

Approach used All patients attend an initial full physiotherapy and lymphoedema assessment which involves measurement of the affected limb(s), outcome measures of a five times sit to stand test and a quality of life questionnaire. Patients attend a weekly exercise class for eight weeks. The sessions begin with a warm up aimed at improving lymphatic drainage, followed by an individually tailored circuit type exercise session and end with a gentle cool down. At the end of the eight sessions outcome measures are repeated.

Outcomes A clear link between exercise and reduction in limb size, improved mobility and general wellbeing has been observed with improvements in all outcome measures. Other benefits of the programme include improved confidence and self-esteem, increased take up of exercise and change in garment type required.

Conclusion Exercise can have far reaching benefits to those living with lymphoedema; significantly improving strength, stamina and overall quality of life.

P-95 BACK TO THE FUTURE: A SERVICE EVALUATION

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Compton Lymphoedema Care was established 21 years ago to support palliative and curative patients with a lifelong condition. It has been identified in the business plan that there's a need to review lymphoedema referrals in terms of numbers and quality to provide optimum and timely patient care. If lymphoedema is recognised early, physical complications can be minimised (Cooper, 2010).

Aims To improve the referral process for our stakeholders. To improve stakeholders' knowledge of lymphoedema. To