

**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

<sup>1</sup>Frances Hakkak, <sup>2</sup>Helen Ward, <sup>3</sup>Andrew Woods. <sup>1</sup>Compton Care, Wolverhampton, UK; <sup>2</sup>Royal Wolverhampton NHS Trust, Wolverhampton, UK; <sup>3</sup>GraphnetHealth Ltd, Milton Keynes, UK

10.1136/bmjspcare-2018-hospiceabs.118

**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 ( $\geq 2$  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  $\geq 1$  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  $\geq 2$  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 LYMPHOEDEMA

Elise Kendall, Joy Porter, Patricia Holmes. Mountbatten Hospice, Isle of Wight, UK

10.1136/bmjspcare-2018-hospiceabs.119

**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

Angela Ives, Stacy Pugh. Compton Care, Wolverhampton, UK

10.1136/bmjspcare-2018-hospiceabs.120

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

improve patients' experience by encouraging early intervention for best symptom management.

**Methods** An audit of referrals was conducted during 22/05/2017 to 26/07/2017. This was achieved by logging all referrals, locality, referrer name and designation. This was to map what GP practices, community/secondary services were referring and identify gaps in areas across the city to ascertain engagement and training needs.

A survey was undertaken through SurveyMonkey to measure stakeholders' knowledge of the service, time limit 15/08/2017 – 30/08/2017. Five questions were identified, the name of the organisation was requested and job role but anonymity was respected.

**Outcome** From the audit 92 referrals were received during the time period from a combination of primary and secondary services clearly showing gaps in areas across the city. 200 surveys were sent out and 65 responses received. Key findings were:

- 98% of people had heard of Compton Lymphoedema Care but knowledge and understanding of the services offered differed
- 28% of professionals weren't aware of the support group
- 25% were unsure how or who could refer.

**Conclusion** The project was successful in identifying a snapshot of demographic data across the city that has clearly identified gaps. Furthermore, the survey has identified a need for increased community engagement, improved communication, marketing strategies and education. Early intervention supports best patient management and reduces risks associated with long term swelling (British Lymphoedema Society, 2010).

**P-96 TO LOCALLY IMPLEMENT A LYMPHOEDEMA AND HOSPICE AWARENESS EDUCATION PROGRAMME**

Lynda Parrish, Katherine Newman. *Ashgate Hospicecare, Chesterfield, UK*

10.1136/bmjspcare-2018-hospiceabs.121

**Background** A dedicated lymphoedema specialist clinic in a hospice setting has provided lymphoedema treatment for more than 14 years for people living with a cancer diagnosis (PLWCD). Despite this, many people referred to the service were not aware of lymphoedema, the risk factors or the role of Hospicecare.

**Aims** To implement an education programme. To provide knowledge and skills through an education programme for healthcare professionals (HCPs) to identify lymphoedema and how to refer to the service. To empower PLWCD on how to reduce the risks of developing lymphoedema and to recognise when to seek early intervention and a referral to the clinic. To demonstrate how hospice and palliative care services are changing and adapting.

**Method** In addition to formal training days, and an acknowledgement that 'one size doesn't fit all', alternative education sessions were incorporated within nurse leadership programmes, GP training and Primary Healthcare trust lunchtime sessions. Also education for cancer support groups and post cancer treatment 'Moving forward groups'.

**Results** Since March 2017, a total of 260 HCPs, 40 students and more than 100 PLWCD have received education and are now better informed about lymphoedema. Changing the concept of the role of the hospice.

**Conclusion** Responding to overwhelming positive feedback and recommendations received, all previous education sessions for HCPs will continue with additional specific sessions for other disciplines. An evening seminar will also be introduced. One awareness session for PLWCD has resulted in four appropriate referrals to the service for treatment, who without this education programme would not now be receiving specialist care.

**P-97 LEANING IN – MENTAL ILLNESS, PALLIATIVE AND END OF LIFE CARE – THE VIEWS OF PATIENTS AND CARERS**

<sup>1,2,3</sup>Jed Jerwood, <sup>1</sup>Jane Coad, <sup>1</sup>Gillian Ward, <sup>1</sup>Nikki Holliday, <sup>1</sup>Diane Phimister. <sup>1</sup>Coventry University, Coventry, UK; <sup>2</sup>Birmingham and Solihull Mental Health Foundation Trust, Birmingham, UK; <sup>3</sup>John Taylor Hospice, Birmingham, UK

10.1136/bmjspcare-2018-hospiceabs.122

**Background** Research which concerns the experiences and expectations of people with mental illnesses and terminal conditions is extremely limited both in the UK and internationally. What is known is that people with mental ill health experience higher rates of many physical health issues, later diagnosis and poorer prognosis than the general population (Royal College of Psychiatrists, 2013). People with mental illness experience many barriers when trying to access palliative and end of life care services and are poorly supported following terminal diagnosis by mental health services (Jerwood, Phimister, Ward *et al.*, 2018).

**Aim** The aim of this research was to conduct interviews with patients with histories of mental illness and terminal physical conditions, and their carers, to better understand their experiences and expectations of palliative and end of life care, and how more effective support and care could be provided by palliative, end of life and mental health care services.

**Method** Eight semi-structured interviews were carried out with patients and carers. Interviews were transcribed and a thematic analysis (Braun & Clarke, 2006) carried out. Key themes were drawn from the interview data. These themes were used to inform a co-design process to develop a resource to improve care.

**Findings** This is the first research study which explores the views of patients (and their carers) with mental illnesses and terminal conditions about their end of life care needs, experiences and expectations. Key themes from the interviews will be presented with implications for clinical practice explored.

NB – The findings are being written up at the time of submitting this abstract so this will be completed work by the time of the conference.

**P-98 REVIEW OF THE PALLIATIVE CARE NEEDS OF PEOPLE WITH MOTOR NEURONE DISEASE AND INFORMAL CAREGIVERS**

<sup>1,2</sup>Victoria Turner, <sup>2</sup>Kate Flemming. <sup>1</sup>Leeds Teaching Hospitals NHS Trust, Leeds, UK; <sup>2</sup>University of York, York, UK

10.1136/bmjspcare-2018-hospiceabs.123

**Introduction** Despite being a terminal neurodegenerative disease, the role of palliative care is less recognised for motor neurone disease (MND) than for conditions such as cancer. The palliative care needs of patients and carers must be understood in order to best configure policy and health care services for this population.