

**Methods** A staff survey was conducted to gain views and user experiences of comfort observations. This paper survey was disseminated to different wards by SPCT members or ward 'end of life care' champions.

**Results** There were 42 respondents from different wards representing a range of healthcare professionals. Qualitatively the survey showed that staff felt empowered by the comfort observations to proactively monitor dying patients; 'it enabled me to continue to monitor the patient without causing distress or discomfort'. They facilitated a structured approach and appropriate escalation. Staff felt patient care, and care of loved ones improved as a result; 'Early recognition of pain. Reason for agitation and can be treated without delay. Although EWS is stopped, the continuous monitoring of patient is possible via comfort obs and alert system. Better end of life care experience for patient and relatives'. 100% of respondents felt the comfort obs were user friendly and would recommend them to other wards.

**Conclusions** Acute trusts are an important provider of end of life care. Comfort observations support staff to deliver proactive excellent end of life care through routine monitoring of domains of comfort and escalation of care when indicated. A robust training programme to support their use is being planned in addition to conducting a retrospective audit to assess if their use leads to improved frequency of assessing patient and carer needs.

#### 49 A UK-WIDE SERVICE EVALUATION OF DOCUMENTS RELATING TO ANTICIPATORY PRESCRIBING AT THE END OF LIFE

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**Background** Anticipatory Prescribing (AP), or 'Just in Case' prescribing ahead of need, is a well-established component of end of life care in the UK. It aims to facilitate effective symptom control in the home and care home setting and reduce crisis hospital admissions near the end of life. However, it is a complex multi-system process with great potential for variation and error. The aim of this study is to investigate the role of local policies and procedures in guiding AP practice in community end of life care across the UK.

**Methods** The first (England) phase of a UK-wide service evaluation has sampled 55 CCGs in England, stratified by NHS local office region, size and level of urbanisation. A range of stakeholders (senior doctors, nurses, pharmacists or CCG managers) were contacted by email and asked to identify and supply the documents used in their areas to regulate and facilitate AP.

**Results** Responses obtained to date are from 29 of 55 CCG areas in England (53%). Whilst all areas have some form of generic prescribing guidance, only 11/29 (38%) have specific AP policies, 10/27 (37%) have AP-related patient information leaflets and 4/27 (15%) have AP standard operating procedures.

**Conclusion** Despite the complexity of the AP process, there is limited formal documentation of standard procedures and professional responsibilities in many areas, with considerable variation in type and level of regulation. Data collection is continuing and will be extended to all four UK counties, with qualitative analysis of responses and documents supplied planned.

#### 50 VOLATILE ORGANIC COMPOUNDS PREDICT THE LAST WEEK OF LIFE IN LUNG CANCER PATIENTS

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**Background** Recognising dying is difficult and is an ongoing difficulty for doctors. We believe there is a process to dying and animal studies support this theory. We previously demonstrated that a number of volatile organic compounds in urine, change in the last weeks and days of life of patients in a small mixed cancer group. We needed to verify this finding in a suitably powered follow-up study.

**Method** We prospectively collected urine samples from people with lung cancer. We aimed to compare samples from 25 people in each of the last 3 weeks of life to a control group, 50 people with lung cancer who lived 3 or more months from the time of sampling. The urine samples were analysed for volatile organic compounds by gas chromatography mass spectrometry (GC-MS).

Least Absolute Shrinkage and Selection Operator (LASSO) logistic regression was used to analyse the GC-MS data and create a statistical model.

**Results** We recruited 162 people in total; 29 in the last week; 28 in the second last week; 30 in the third last week of life; 74 controls i.e. samples taken >3 months from death; 424 urine samples.

A model was created to predict whether a patient would die within 1 week. It has an optimism corrected AUC of 0.851 (95% CI: 0.767, 0.911); sensitivity 78.6% (95% CI: (64.3%, 89.3%)); specificity 83.1% (95% CI: (69.9%, 92.3%)). The model identified a selection of compounds that contributed to the identification of patients who were close to death.

#### Discussion

- The results confirm that volatile organic compounds can predict when people with lung cancer are in the last week of life.
- Our model to predict when a person with lung cancer is in the last week of life is approximately 80% accurate.

#### 51 HARD RESET INCREASES IDENTIFICATION OF PEOPLE AT THE END OF LIFE

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**Introduction** Recognition that someone is entering the last year of life enables access to Palliative and End of Life Care (PEoLC) including advance care planning. There is currently under-identification of people in the last year of life. The NHS Community Trust covers a population of 1.1 million. Numbers of people identified as being in the last year of life have increased significantly since 2014, with strategies including staff education, use of the 'surprise question' and development and support of a PEoLC Champion in each service. However under-identification continued.

**Aim** To enable access to PEoLC through improved identification of the patients known to the Trust who are likely to be in the last year of life.