Abstracts

Results 18 articles were identified to inform the updated regional guidelines.

82 HCPs from 24 clinical sites completed an online survey of practice. 100% of respondents (n=78) reported Morphine is their oral strong opioid of choice. 95% (n=73) reported Morphine or Diamorphine is their parenteral strong opioid of choice.

Reported conversion ratios compared with equianalgesic ratios recommended by regional guidelines:

1. Morphine oral to Morphine subcutaneous: 95% use 2:1 (vs 2:1 recommended).
2. Morphine oral to Oxycodeone oral: 67% use 2:1, 25% use 1.5:1 (vs 1.5:1 recommended).
3. Oxycodeone oral to Oxycodeone subcutaneous: 71% use 2:1, 26% use 1.5:1 (vs 1.5:1 recommended).
4. Morphine oral to Alfentanil subcutaneous: 59% use 30:1 (vs 30:1 recommended). 35% consult equianalgesic table or guidelines.

Conclusion When converting Morphine to Oxycodeone or oral Oxycodeone to subcutaneous Oxycodeone the majority of HCPs used a 2:1 conversion ratio, rather than the 1.5:1 ratio recommended by regional, national and international guidance. This may lead to higher than recommended doses when converting Oxycodeone to Morphine, subcutaneous Oxycodeone to oral Oxycodeone or Oxycodeone to Alfentanil. Further work is required with stakeholders across the region to increase awareness of this.

81 INTEGRATED ONCOLOGY AND PALLIATIVE CARE: ANALYSIS OF MULTI PROFESSIONAL PREHAB INTERVENTION ‘SUPPORT EVENT PROGRAMME’ FOR PATIENTS WITH AN ADVANCED CANCER

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Background Early palliative care is recognised as an effective service for patients living with cancer. A new integrated palliative care service was developed in the outpatient clinics in September 2016. The palliative care needs of patients were assessed using the validated Integrated Palliative Outcome Scale (IPOS). 80% of patients reviewed through this service demonstrated significant psycho-social support needs e.g. anxiety, family worries, depression or financial concerns. We have created a multi-professional support event focusing on keeping active with ongoing cancer treatment, reducing anxiety and improving coping mechanisms.

Aims To pilot and evaluate the feasibility and effectiveness of the support event programme in order to inform a set of recommendations for developing and running future events.

Methods Prospective observational service evaluation of three events. Participant engagement and satisfaction were assessed using post event feedback immediately after the event and one month post event. Analysis was carried out using descriptive statistics and qualitative thematic analysis of the free text responses.

Results Overall 121 patients with lung, renal and gynaecological cancers were invited to attend an event. Of those invited 19 patients/carers attended.

Feedback was received from 74% (14/19) of attendees. 94% participants rated the workshops as being ‘very helpful’ or ‘helpful’, 100% rated the overall event positively: ‘Exceptional’ 79% or ‘Excellent’ 21%. One month post event feedback, positive experience recall of the event was maintained. Many attendees stated the events were helpful, useful and comforting. Many stated that they got benefit from hearing and sharing other people’s experience.

Conclusion/discussion The support event programme for people with advanced cancer appears effective in supporting patients and family in improving their well-being. Whilst the initial numbers were small attendees appreciated peer support and networking during the events.

There were also constructive suggestions of how to further improve the events that can be implemented.