

12

AN INVESTIGATION OF THE SENSITIVITY OF THE ROME IV CRITERIA FOR OPIOID-INDUCED CONSTIPATIONCharlotte Leach, Andrew Davies. *Royal Surrey County Hospital, Guildford*

10.1136/bmjspcare-2019-ASP.11

Aim The aim of this study was to investigate the prevalence of opioid-induced constipation (OIC) using different diagnostic criteria, and specifically the new Rome IV criteria.

Methods This was a prospective, multi-centre, observational study of 350 patients with cancer who were receiving regular opioid analgesia for cancer pain. Patients were assessed for the presence of OIC using: a) Simple question ('are you constipated?'); b) Camilleri definition; c) EAPC definition (constipation); d) Rome IV criteria; and e) comprehensive Specialist Palliative Care (SPC) clinician assessment ('gold standard'). Patients also completed the Bowel Function Index (to assess the adequacy of treatment), the PAC-QOL (to assess related quality of life), and the MSAS-SF (to assess correlation between constipation and other physical and psychological symptoms).

Results The prevalence of OIC according to the different diagnostic criteria was:

- 'Simple' question: 32.8%
- EAPC definition: 27.7%
- Camilleri definition: 59.4%
- Rome IV criteria: 23.4%
- Specialist Palliative Care clinician assessment: 60.8%.

Of the 213 patients that were deemed to have OIC by comprehensive SPC clinician assessment, only 79 were Rome IV positive (and 134 were Rome IV negative). Thus, the sensitivity of Rome IV criteria was only 37.4%, (specificity 98%). In contrast, there was a good correlation between the SPC clinician assessment and the Camilleri definition (sensitivity 85.7%; specificity 73.2%). Data on the other PROMS will be presented in the full report.

Conclusions Asking a simple question ('are you constipated') will miss many patients with OIC. The 'gold standard' appears to be a comprehensive SPC clinician assessment, although the Camilleri definition appears to be a useful screening question for clinical practice. The Rome IV criteria does not appear to be a sensitive method for diagnosing OIC.

Free Papers 13 – 15 | New Frontiers

13

EXPLORING EXPERIENCES AND UNMET NEEDS FOR PEOPLE WITH ADVANCED HEAD AND NECK CANCER: THE VIEWS OF PATIENTS, FAMILY CARERS AND HEALTHCARE PROFESSIONALSCR Mayland, HC Doughty, SN Rogers, SR Mason, A Gola, C Hubbert, D Macareavy, P Dey, B Jack. *University of Sheffield, University of Liverpool, Edge Hill University, Aintree University Hospital, Aintree Patient and Carer Head and Neck Research Forum, Aintree Park General Practice*

10.1136/bmjspcare-2019-ASP.12

Background Early access to palliative care is potentially most effective when targeted to the specific needs of individual populations. Patients with head and neck cancer represent a complex group and there is limited information about the challenges they face. The aim of this study

was to explore patient, family carer and healthcare professional perceptions about challenges and unmet needs to inform potential components of a future model of palliative care.

Methods Qualitative semi-structured face-to-face and telephone interviews were conducted drawing upon a naturalistic, interpretative approach. Within Northwest England, a purposive sampling approach of patients with advanced head and neck cancer was adopted who were fully aware of diagnosis and able to provide informed consent. Where possible, for each patient, a family carer was asked to participate. Healthcare professionals were identified using a snowball sampling strategy. At least one clinical representative from each of the following were identified: Head and Neck Surgery; Oncology; Specialist Palliative Care; General Practice and Community Nursing. Interviews were transcribed and analysed using a thematic approach. Ethics committee approval was obtained for the study.

Results Nine patients, four family carers and eight healthcare professionals participated.

Main themes identified related to 'challenges and unmet needs': increased support needed at specific 'critical' moments in patient's trajectory; communication challenges and complexities of decision-making. Additionally, relating to components of a future 'palliative care model', themes were: partnership model; timely and responsive engagement of specialist palliative care; and good linkage and connections.

Conclusions This study provides multi-perspective views about the current challenges in providing palliative care for this population. Conceptually, there appears to be 'critical moments' in the patient's disease trajectory when additional support and information is required for the patient and family. Interventions targeted at these times would be pertinent to help evolve a service tailored to needs.

14

WHAT ARE THE OPPORTUNITIES FOR CANCER CARE AND RELATED RESEARCH IN PRIMARY CARE? A QUALITATIVE STUDY OF THE VIEWS OF PATIENTS, CARERS AND PRACTICE STAFFJoseph Clark, Elvis Amoakwa, John Blenkinsopp, Florence Reedy, Miriam Johnson. *University of Hull*

10.1136/bmjspcare-2019-ASP.13

Background Research to identify the role of primary care in cancer care is important. However, trials in primary care are difficult.

Aims To understand how patients, families and primary care clinicians view their role in cancer care and opportunities for cancer primary care research.

Methods Qualitative study embedded within a feasibility cluster randomised controlled trial of a primary care based needs assessment intervention. The Supportive Cancer Needs Survey (SCNS) was the main outcome. In-depth interviews with trial participants (patients, carers) and focus groups with primary care staff explored views on cancer care in primary care and experiences of participation in the trial. Data were recorded, transcribed verbatim and analysed thematically by three independent researchers.

Results We interviewed 15 cancer patients, 3 carers and conducted 4 focus groups (n=11). Three themes were

generated: (1) Satisfaction with current care, (2) Key time-points for improved cancer care, (3) Information and research. Satisfaction with current care amongst patients was high in spite of reported high levels of unmet needs on the SCNS indicating low expectation. Most patients undergoing cancer treatment were unsure when they should access primary care. Patients and carers highly valued proactive contact from their practice following diagnosis although this was perceived as unusual. Post-oncology discharge was a key time-point for information needs and support by patients and clinicians. Patients were reluctant to consider palliative care in spite of palliative care needs – indicating low understanding. Some felt therapeutic benefit from completing study measures. In spite of positive attitudes to cancer research by consented participants, some had poor understanding of study procedures.

Conclusion Patients are satisfied with cancer primary care despite unmet needs. Palliative care is poorly understood by many who may benefit. Research participation may benefit some patients.

15 IS A DEMENTIA NURSE SPECIALIST A FEASIBLE AND ACCEPTABLE WAY TO IMPROVE CARE TOWARDS END OF LIFE IN DEMENTIA?

Marie Poole, Claire Bamford, Emma McLellan, Dorothy Coe, Susan Hrisos, Louise Robinson, on behalf of the SEED team. *Newcastle University*

10.1136/bmjspcare-2019-ASP.14

Background End of life care for people with dementia is recognised as complex and often suboptimal. The SEED project (Supporting Excellence in End of Life Care) is a 5 year NIHR programme grant aimed at improving end of life care for people with dementia. Through research with key stakeholder groups, an intervention comprising of a Dementia Nurse Specialist (DNS) and supportive resources was developed. The DNS role was implemented for 12 months, with data collected alongside to assess the feasibility and acceptability of the role.

Methods A mixed methods approach was used to explore feasibility and acceptability. We focus on the qualitative process evaluation, which explored the views and experiences of: people with dementia; family carers; palliative specialists; mental health specialists; GPs; primary care specialists, care home staff; and the Dementia Nurse Specialists, through interview and observations

Results The role of a Dementia Nurse Specialist to improve care in advancing dementia was considered to be feasible and acceptable by all stakeholder groups. Key benefits identified were: the value of the role being based in primary care; the DNS role fits with existing services; the value of a specialist role to coordinate multidisciplinary care in dementia towards end of life; and the opportunities to build relationships with families, to facilitate advance planning conversations and provide timely support when needed. Additional factors were identified around the support needed to deliver the role and the key skills required.

Conclusion The DNS role was considered as feasible and acceptable as a way of improving the delivery of care towards end of life for people with dementia and their families. However, issues remain around the most effective way to implement the role in a context of scarce resources.

Free Papers 16 – 18 | Service Development II

16 INTEGRATED ONCOLOGY AND PALLIATIVE CARE: ANALYSIS OF A NEW 'TRIGGERS' SERVICE FOR LUNG CANCER PATIENTS

J Droney, Y Kano, J Nevin, L Kamal, A Kennett, R Oloko, S Popat, T Wiseman, M Kabir, M Perkins, I Rathwell, J Wood, A Stevens. *Royal Marsden NHS Foundation Trust*

10.1136/bmjspcare-2019-ASP.15

Background Global leading cancer organisations recommend that palliative care should be available to all patients, regardless of stage of disease. We established a novel Integrated Palliative Care service ('Triggers' Service) for lung cancer outpatients. New patients are screened by oncologists using a brief palliative care referral 'Triggers' tool to identify patients who should be referred for full assessment. Assessment of palliative care need is completed using validated tools (IPOS Integrated Palliative Outcome Scale, Performance status).

Aims Evaluation of the feasibility and effectiveness of the 'Triggers' service using data collected from the initial 12 months of the service.

Methods Prospective observational service evaluation, using descriptive statistical analyses. Approved by the local Committee for Clinical Research

Results 496 eligible patients were identified, of which 433 (87%) were reviewed through the 'Triggers' service within 8 weeks of initial oncology outpatient clinic consultation.

62% (272) of patients were positive for at least one Palliative Care referral 'Trigger' tool item. IPOS and performance status data were available for 269 of these. 79% (212/269) patients had at least 1 'severe' or 'overwhelming' palliative care need. 76% (205/269) patients were performance status 0–1.

At time of analysis, 120 patients had died. The median (range) time between earliest palliative care review and death/censor date was 197 days (range 3–485 days), compared to 79 (10–1315) days at baseline before establishment of 'Triggers' service. As a result of this service, the number of new patients reviewed annually by the hospital Palliative Care team increased by 30%.

Conclusion/discussion The 'Triggers' service appears feasible and effective in establishing early palliative care for patients with lung cancer. Further evaluation and economic modelling is required to facilitate roll out to other tumour groups and services.

17 CARING FOR THE PALLIATIVE MEDICINE MULTIDISCIPLINARY TEAM: PILOTING AN EMOTIONAL SUPPORT FORUM

Virginia Bray, Heather Davies, Sarah Malyon, Mandy Scott, Caroline Stancer, Patrick Costello. *Nottingham University Hospitals NHS Trust*

10.1136/bmjspcare-2019-ASP.16

Background Working in palliative medicine requires emotional resilience and is associated with compassion fatigue and burn-out. However, research into support strategies for palliative care teams is lacking. Schwartz rounds improve caregiver psychological wellbeing but are limited by implementation costs. This project aimed to: ascertain staff satisfaction with their counselling service; measure wellbeing; and pilot an emotional support forum.