

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?

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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.

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

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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

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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.