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WHAT MAKES PATIENTS PREFER HOSPITAL BASED BREATHLESSNESS SUPPORT SERVICES COMPARED TO GP BASED SERVICES? QUALITATIVE ANALYSIS OF FREE TEXT QUESTIONS WITHIN A DISCRETE CHOICE EXPERIMENT

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Introduction Chronic breathlessness is common, and is frightening for patients and carers with associated distress and higher care use. The OPTBREATHE study (a discrete choice experience (DCE)) looked at patient and carer preference with regards to breathlessness support services, and found that patients and carers preferred hospital based services when compared to GP based services.

Aim Using free text questions within the DCE, explore possible reasons why patients and carers might express a preference for hospital-based breathlessness support services.

Methods Textual analysis of the free text questions (completed by participants) alongside the DCE as part of the OPT-BREATHE study. Free text answers were analysed thematically and grouped into categories.

Results 190 patients and 68 carers participated in the DCE. There were 69 free-text answers provided. Data was organised using the following categories: waiting times, additional support by professionals, presumed quality of care, perceived risks, location of care and patient or carer preferences. There were 5 occurrences of the belief that GPs couldn't provide specialist care. 1 patient did not want to see the GP due to perceived risk of infection. 6 patients didn't want to have any additional support provided by professionals such as social workers and physiotherapists. There were 11 occurrences of patients wanting to have all the treatment at home.

Conclusion Analysis of the free text questions provides some understanding about why patients and carers might express a preference for hospital based breathlessness support services. Educating patients and carers may help change attitudes and increase access to GP-based services in the future. Multiple patients and carers wanted the majority of services to be provided at home. This would need to be thought of including providing care with a healthcare professional they prefer.

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ENHANCING CANCER SURVIVORSHIP – OVERCOMING THE CHALLENGES OF INTRODUCING THE 'RECOVERY PACKAGE' IN A CANCER CENTRE

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Background With the explosion of effective treatments for cancers, approximately 500,000 UK citizens are living with the physical and psychological consequences. In 2013 the National Cancer Survivorship Initiative, including Macmillan Cancer Support 'Recovery Package'(RP), was launched, focused on improving quality of life for these people. We report our approach and progress at UHCW.

Method We initiated a multi-professional steering group, including hospital staff, commissioners, a GP, rehabilitation and exercise specialists and a patient representative. The Health Needs Assessment (HNA) was in elementary use, but

needed encouragement. Cancer care reviews(CCR) are the province of General Practice – our GP member is driving it. For the End of treatment summaries, EoTS, (for professionals) and Health and well-being events, HWbE, (providing information, support and signposting for patients empowering them to self-manage, with support, the emphasis being on living well beyond cancer), we initiated two 'task and finish'groups. **Results** HNA – initially one nurse incorporating it, now eight.

CCRs – unfunded, but education and incorporation ongoing.

EoTS – through collaboration with oncology IT team automatically generated letters developed in oncology electronic medical record and prescribing system, informing on potential medium – long-term treatment side effects, using a structured and consistent format. Piloted for curative radiotherapy in prostate cancer – telephone audit conducted after a month with recipient GPs – letters modified accordingly. Summaries currently active for four cancer sites, three launching imminently. Systemic treatment summaries in development.

HWbE – new concept, no prescribed format, nor any budget so initial ambitions refined. All patients starting treatment invited to monthly events. Six attended the first. Most recently (the fourth), there were 38. Evaluation enthusiastic and positive from patients and relatives.

Conclusion Implementing RP is challenging, requiring effective co-operative multi-professional/multi-agency collaboration. Automated summaries, audit, feedback, imagination and flexibility are crucial.

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OLANZAPINE FOR THE PREVENTION AND TREATMENT OF CANCER-RELATED NAUSEA AND VOMITING IN ADULTS: A NEW COCHRANE SYSTEMATIC REVIEW

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Background The use of olanzapine as an anti-emetic represents a new use of an old second generation atypical anti-psychotic drug.

Objectives To assess the efficacy and safety of olanzapine when used as an anti-emetic in the prevention and treatment of nausea and vomiting related to cancer in adults.

Results We included 14 RCTs (1917 participants). Eight studies await classification and 13 are ongoing. Olanzapine probably doubles the likelihood of freedom from nausea and vomiting during chemotherapy from 25% to 50% (RR 1.98, 95% CI 1.59 to 2.47; 561 participants; solid tumours; HEC or MEC therapy; moderate quality evidence) when added to standard therapy. Number Needed to Treat for additional benefit (NNTB) was 5 (95% CI 3.3 to 6.6). It is uncertain if olanzapine increases the risk of serious adverse events (absolute risk difference 0.7% more, 95% CI 0.2 fewer to 5.2 more, RR 2.46, 95% CI 0.48 to 12.55; low quality evidence). Olanzapine may increase other adverse events (RR 1.71, 95% CI 0.99 to 2.96; low quality evidence) and probably increases somnolence and fatigue compared to no treatment or placebo (anticipated absolute risk 8.2% more, 95% CI 1.9 to 18.8; participants=464; studies=5; moderate