what services are offered to meet which needs; communicating regularly with referrers, and providing education or training to support referrers to improve their ability to meet patient needs directly.

49 REVIEW OF POTENTIAL GEOGRAPHICAL DISPARITIES IN ACCESS TO ANTI-FIBROTIC MEDICATION AND CLINIC-BASED SPECIALIST PALLIATIVE CARE FOR PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

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Background Idiopathic pulmonary fibrosis (IPF) is a progressive interstitial lung disease of unknown origin (NICE, 2013). Disease-modifying anti-fibrotics are restricted to patients who meet specific criteria and are prescribed by regional IPF centres (NICE, 2016; NICE, 2018). Patients should be offered best supportive care from diagnosis (NICE, 2013). In January 2016 specialist palliative care (SPC) support was embedded in a regional IPF clinic. Initial service review (Kavanagh, 2017) suggested potential geographical disparities in access to both anti fibrotics and clinic-based SPC.

Aim To repeat the 2016 review to assess whether geographical disparities have changed over time.

Methods The sex, age and postcode of all patients with known IPF prescribed anti-fibrotics or seen by clinic-based SPC between January 2016 and April 2019 were collected retrospectively and geographically plotted. Chi squared goodness of fit was used to calculate statistical significance.

Results 398 patients were started on anti-fibrotics (male:female 330:68, mean age 74.7). Geographical plotting shows significant variation by region ($P < 0.01$) ranging from 6.1 to 16.2 per 100,000 population, with comparatively low numbers of patients from Cumbria and North Durham (See figure 1). 80 patients were seen by SPC (male:female 65:15, mean age 74.9). Again, geographical plotting shows significant variation by region ($P < 0.02$) ranging from 0.9 to 4.5 per 100,000 population, with a higher proportion of patients from Newcastle-Gateshead (See figure 2).

Discussion Geographical distribution of patients seen by clinic-based SPC appears to have changed little since 2016, with

Abstract 49 Figure 1 Geographical distribution of patients started on antifibrotics Jan 2016 – Apr 2019

Abstract 49 Figure 2 Geographical distribution of patients reviewed by SPC in ILD clinic Jan 2016 – Apr 2019

clear centralisation to Newcastle-Gateshead. Speculatively, reasons for this could include travel distances and local palliative care provision. Geographical disparity in antifibrotic prescription is more difficult to account for and requires further investigation.

REFERENCES

1. National Institute for Health Care and Excellence (NICE). (2013) *Idiopathic Pulmonary Fibrosis in Adults (CG163)* [online]. <https://www.nice.org.uk/guidance/cg163>. Accessed 04/07/2019.
2. National Institute for Health Care and Excellence (NICE). (2016) *Nintedanib for Treating Idiopathic Pulmonary Fibrosis (Technology Appraisal Guidance TA379)* [online]. <https://www.nice.org.uk/guidance/ta379>. Accessed 04/07/2019.
3. National Institute for Health Care and Excellence (NICE). (2018) *Pirfenidone for Treating Idiopathic Pulmonary Fibrosis (Technology Appraisal Guidance TA504)* [online]. <https://www.nice.org.uk/guidance/ta504/chapter/1-Recommendations>. Accessed 04/07/2019.
4. Kavanagh E, et al. Integration of specialist palliative care into a tertiary non-malignant service: evaluation of potential geographical disparity. *BMJ Supportive & Palliative Care* 2017;7(Suppl 1):A33–A34.

Systematic Reviews

50 FAMILY-CENTRED CARE IN HOSPICES: WHAT ABOUT THE CHILDREN?

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Palliative care professes to take a family-centred approach to patient care.¹ However, children under 18 may not feel included when a parent is being cared for in a hospice.² A systematic literature review of PsychINFO, Medline, Embase, Scopus and Web of Science was conducted, with no restriction on publication date. Nineteen studies met the inclusion criteria, all reporting primary data from children under 18, whose parent has a life-limiting illness.

Findings from the review reveal that:

- Children and young people often feel excluded when a parent is dying.
- Communication about prognosis does not routinely happen with children.
- For children, the terminal period is generally more stressful than after the death.