Abstract 8 Table 1 Univariable regression of patient characteristics and help with breathlessness

The fan helps breathlessness							
		Yes (35) Mean (SD), median (IQR) or n(%)		No (6) Mean (SD), median (IQR) or n(%)		Odds ratio (95% CI)	p-value
Age		70.7 (9.5) 73 (66-76)		66.5 (9.8) 66 (59-77)		1.05 (0.96, 1.14)	0.324
Sex	Male	20	83%	4	17%	Reference	0.663
	Female	15	88%	2	12%	1.50 (0.24, 9.30)	
Diagnosis	COPD	19	95%	1	5%	5.94 (0.63, 56.21)	0.120
	Other	16	76%	5	24%	Reference	
Carer	Yes	12	86%	2	15%	1.04 (0.17, 6.54)	0.964
	No	23	85%	4	15%	Reference	
GSES		31.2 (4.7) 31 (28-35)		34.5 (6.6.) 36 (27-40)		0.87 (0.72, 1.05)	0.151

SD – Standard Deviation; CI – confidence intervals; IQR – interquartile range; COPD – chronic obstructive pulmonary disease; GSES – general self-efficacy score.

physical activity. There is also a signal of possible particular benefits in people with COPD which is worthy of further study.

No funding was required for this study.

9 MEETING THE DEMANDS FOR THE FUTURE: HOW DO SPECIALIST IN-PATIENT PALLIATIVE CARE SERVICES NEED TO CHANGE TO MEET THE NEEDS OF THE POPULATION IN 2040?

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With advances in anti-cancer treatments, for some, cancer is becoming a chronic disease. As life expectancy increases many are living longer with a higher burden of morbidity. Consequently, there is a higher demand for specialist in-patient Palliative Care services. In order to meet the requirements for the future, how does in-patient Hospice Care need to evolve?

Data regarding Hospice in-patient services was collected from Hospice Care in the UK (Hospice UK, 2017). Data regarding population forecasts was collected from the Office for National Statistics (Office for National Statistics, 2018). From this, the data was extrapolated to make forecasts about how in-patient Palliative Care will need to grow in order to satisfy the growing population.

In 2017 there were 2760 in-patient hospice beds in the UK with 71% of service users over the age of 65. This served a population of 66.4 million of whom 18.2% (12,084,800) were over 65 (Office for National Statistics, 2018). By 2040 the UK population is forecasted to increase by 9.1% to 72.7 million, with the over 65 population increasing to 25% (18,172,063) (Office for National Statistics, 2018).

This suggests the number of in-patient Palliative beds will need to increase by 36% to 3749 by 2040 in order to meet the requirements of both a growing and aging population.

The demand for specialist in-patient Palliative Care services is set to increase exponentially, therefore the number of in-patient hospice beds will need to increase dramatically. However, this will not be sufficient in isolation, with the need for the development of other Palliative services as part of a longer-term strategy to support this increased demand.

10 COMPLETION RATES OF DISCHARGE SUMMARIES FOR PATIENTS THAT DIE DURING THEIR ADMISSION TO HOSPITAL

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All patients admitted to hospital should have a discharge summary completed, including those that have died during their admission. This ensures good continuity of care between secondary and primary care.¹ We looked at the current level and practice of doctors completing discharge summaries for these patients, and the quality of information provided.

We initially looked at patients who died between November and December 2018. 114 patients died. Only 35 (31%) patients had a discharge summary completed. A survey of junior doctors highlighted confusion about what documentation was required, they felt they are often too busy to do discharge summaries and see patients who have died as a lesser priority.

A project was conducted to highlight the importance of these summaries and to improve the quantity and quality of them being done. This included presenting our initial data at Grand Round, the Junior Doctor Forum and piloting a 'Bereavement Box' on one of the medical wards. This was used in morning board rounds to highlight summaries that needed to be done, but to also use it as an opportunity to debrief and learn from deaths.

Following these changes, we looked at the deaths in June 2019. 55 patients died. 33 (60%) patients had a discharge summary completed. 100% of patients who died on the ward with the 'Bereavement Box' had a discharge summary.

With these interventions, there was a 100% increase in discharge summaries being completed. However, there are still further improvements to be made. We plan to roll the 'Bereavement boxes' out to all wards, make an automatically generated notification sent to the GP upon a patient's death and roll out Medical Examiners within the Trust. We hope that these further interventions will ensure that all patients will have discharge summaries completed and there will be improved continuity of care.

REFERENCES

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11 CHART REVIEWS OF PALLIATIVE CARE DAY SERVICES: SIGNALLING THE START OF SOMETHING NEW

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The number of people requiring palliative care is increasing sharply (Etkind et al., 2017). Forty per cent more people will need palliative care by 2040. Recommendations are that palliative care should be initiated at diagnosis, even concurrently with curative treatment (Guo et al., 2012). In response, Palliative Care Day Services are designed to support people during assessment and treatment through the provision of regular outpatient attendance at specialist centres to deliver out-patient services so that patients can remain at home. Such interventions have been found to be effective (Stevens, Martin & White, 2011), however the evidence is limited. To inform further development, we undertook retrospective chart reviews at three Marie Curie centres: reviewing the records of people attending for the first time in 2015.

We found that services were accessed mainly by older people with a primary diagnosis of cancer; referrals came mostly from: hospitals, other palliative care services or a GP; and people typically attended weekly for 6 or 12 weeks. In 82 cases, we found people had their physical (331), psychological (55), social (46) and spiritual (14) needs addressed. Day Services were provided by nurses, doctors and therapists. Patients had their medication regime reviewed and equipment was 'prescribed' as necessary. In a third of cases, support was also offered to a family member. About half of patients were helped to develop an advance care plan and almost 300 referrals were made to other health and social care services.

Day Services can provide specialist palliative care outside the inpatient unit to help address specific, pre-identified health and social care needs. The effectiveness of such services requires further investigation and chart reviews can be useful in contributing to such evaluations.

12 OPIOIDS IN PALLIATIVE CARE: INITIATING DRUG TREATMENT

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Background A large proportion of the UK population have been diagnosed with progressive, chronic diseases resulting in pain. Potentially requiring strong opioids which are often prescribed in primary care (National Collaborating Centre for Cancer, 2012). Concerns about adverse effects, confusion about which opioid to prescribe and the wide array of available options may result in undertreated pain or increased risk of adverse effects (National Collaborating Centre for Cancer, 2012). The National Collaborating Centre for Cancer has developed guidelines for NICE to clarify the pathway for initiation of strong opioids in palliative care patients.

Aims To identify all patients in the practice population with progressive disease, specifically: Cancer, CKD 3/4, Heart Failure, Liver Failure, COPD who were initiated on a strong opioid and to investigate if prescribing practice and management was compliant with NICE guidance.

Method Standards based audit undertaken in a London General Practice. Data collection by foundation year 2 doctor. EMIS searches by practice IT manager with retrospective identification of patients coded as chronic kidney disease, COPD, heart failure, liver failure, cancer and initiated on a strong opioid before or on 31.12.2017, review of consultation notes to identify prescribing practice and referral if appropriate. Comparison against standards outlined in NICE 'Clinical audit tool : initiating drug treatment' and data collection sheet, data input into Microsoft Excel.

Results 33 patients identified for inclusion. 48% patients initiated appropriate initial strong opioid. Only 13% of patients with renal or hepatic failure were discussed with a specialist, 10% of patients were prescribed immediate release oral morphine for breakthrough pain and 21% of patients were prescribed laxatives.

Conclusions This audit has identified discrepancies between prescribing and referral practice and the guidelines, which could result in poor patient management and risk of adverse effects. The findings of this audit were presented in a practice meeting accompanied by teaching and distribution of the guidelines. A re-audit is due to be undertaken in 2020.

13 'WE CAN DO SO MUCH MORE': RECOGNISING THE NEEDS OF PEOPLE WITH DEMENTIA IN PALLIATIVE CARE

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10.1136/spcare-2019-mariecuriepalativecare.13

With dementia on the rise, palliative care services are increasingly supporting people with dementia, as a primary or secondary diagnosis. Care provision can be challenging for palliative care staff who may have limited experience and knowledge of supporting people with dementia.

A survey assessed the confidence and competence in supporting people with dementia for healthcare staff in inpatient and community palliative care services. Only 10% of hospice staff had received any formal dementia training. Based on