

**Aim** Embed three measures from the OACC suite into clinical practice in our service.

**Method** Phased implementation began with identification of IPOS champions for each service area. Champions received training on Phase of Illness (POI) and Australia-Modified Karnofsky Performance Status (AKPS). Email communication was sent to all staff regarding OACC. Posters were displayed and project team members were available to answer questions. POI and AKPS were then routinely recorded across the service.

A training package was devised and delivered to all staff on using IPOS with patients. Community teams implemented IPOS into clinical practice first, followed by the inpatient units.

Initial audit used a randomised purposive sampling approach to obtain a sample of 10% of the caseload over the initial three month period which included patients from all service areas. The patient records for these patients was then reviewed using a standardised proforma to determine whether IPOS had been considered and completed where appropriate.

**Results** 84% of patients had at least one IPOS considered. IPOS was not considered at only 36% of encounters.

IPOS is now completed weekly and reviewed in MDT for all inpatients. It is considered at each encounter for community patients. Responses are used to guide clinical decision-making.

**Conclusions** Appropriate use of IPOS was much higher in our implementation period than reported for other services (Bausewein, Schildmann, Rosenbruch, Haberland *et al.*, 2018).

We attribute this success to the quality and structure of staff training, phased implementation and to the visibility of the project team throughout the implementation process (Antunes, Harding & Higginson on behalf of EUROIMPACT, 2014).

P-104

#### THE EVOLUTION OF IMPACT REPORTING IN A HOSPICE DAY SERVICE

Katherine Rugen, Aimee Doyle, Kate Dreyer, Chris Crompton, Kate McIntegart, Kate Marley. Woodlands Hospice, Liverpool, UK

10.1136/bmjspcare-2019-HUKNC.127

Existing quantitative evidence for the benefits of Hospice Day Services is limited. Clinical Commissioning Group funding decisions are often based on numbers of attendees, rather than overall impact on individuals engaging with those services.

At Woodlands Hospice, an outcome measures questionnaire, the Integrated Palliative Care Outcome Scale (iPOS), was implemented on the inpatient unit several years ago, and, in addition to being clinically useful for individual patients, audit data showed an overall improvement in average iPOS score during patients' admission.

The use of iPOS was piloted for new patients to our Day Services at their initial assessment from December 2018. This tool was used to assist in transforming our individual patient care plan, with a change in our practice being to repeat iPOS for each patient every four weeks to update the care plan. A baseline audit showed a mean overall improvement in patients' iPOS score when repeated

after four weeks. Interventions during the four-week intervening period varied according to the patient's own personalised plan of care. The interventions ranged from solely medical outpatient review, to multidisciplinary assessment and management, with some patients attending individual outpatient sessions only, and others attending group therapy sessions.

This audit looks at the breakdown in improvement of physical symptoms and psychological wellbeing, and compares the reduction in iPOS score to changes in other outcome measures, namely the OACC Phase of illness and the Palliative Performance Scale. The use of these outcome measures will enable the hospice to monitor the effect of the care and interventions it provides to each individual patient and ensure their personal care plan is continually adapted in accordance with their specific needs as their condition changes.

P-105

#### MANAGEMENT OF A TRAINEE-LED RESEARCH COLLABORATIVE

<sup>1</sup>Heena Khairova, <sup>1</sup>Natasha Freeman, <sup>1</sup>Hazel Coop, <sup>1,2</sup>Clare Marlow, <sup>1,3,4</sup>Derek Willis. <sup>1</sup>WM CARES, Wolverhampton, UK; <sup>2</sup>New Cross Hospital, The Royal Wolverhampton NHS Trust, Wolverhampton, UK; <sup>3</sup>Severn Hospice, Telford, UK; <sup>4</sup>University of Chester, Chester, UK

10.1136/bmjspcare-2019-HUKNC.128

**Background** The West Midlands Collaboration Actioning Research in End of life and Supportive Care (WM CARES) is a palliative medicine trainee-led research collaborative, established in 2016. WM CARES enables trainees to be involved in research to benefit patient care and to gain experience in research prior to becoming consultants (Coop, Macfarlane, Twigger, Doré *et al.*, 2017).

Published literature reveals several experiences of setting up trainee-led research collaboratives (Chamberlain, Schofield, Hancock, Etkind *et al.*, 2019; Dowswell, Bartlett, Futaba, Whisker *et al.*, 2014) but there is a paucity of information relating to the ongoing management and output of these collaboratives. Existing published work relates mainly to surgical specialties (Dowswell, Bartlett, Futaba, Whisker *et al.*, 2014; Bhangu, Koliass, Pinkney, Hall *et al.*, 2013; Jamjoom, Phan, Hutchinson & Koliass, 2016).

**Aim** This work aims to describe our experience of managing and maintaining a trainee-led research collaborative within the field of palliative medicine. We wanted to understand potential barriers to maintaining a registrar-led research collaborative.

**Methods** We distributed a survey to the palliative medicine registrars in the West Midlands deanery in March 2019 to explore past, present and future levels of engagement with WM CARES.

**Results** Fourteen trainees (78% of total) completed the survey. To date, WM CARES has published two papers (Coop & Marlow, 2019; Macfarlane, Shayler, Nelms, Willis *et al.*, 2018) and the latter has sparked the idea for the first project being conducted by the UK Palliative trainees Research Collaborative (Chamberlain, Schofield, Hancock, Etkind *et al.*, 2019). Despite the pool of trainees changing since the conception of WM CARES, there is willingness to take on leadership roles within the collaborative, with all roles except one expected to be filled next year. The most common reasons cited for not taking on roles were maternity leave (40%) and

completion date of training approaching (30%). Four ideas for future research projects were submitted.

**Conclusions** Surveying trainees to gauge opinions on our research collaborative has shown a continued enthusiasm for developing research ideas and commitment to trainee-level leadership. WM CARES has demonstrated the value of trainee-led research with an expanding footprint in the palliative care literature.

**P-106 REGIONAL COLLABORATION FACILITATES DELIVERY OF PALLIATIVE CARE RESEARCH IN THE WEST MIDLANDS**

Claire Ferguson. *West Midlands Palliative Care Research Community, West Midlands, UK*

10.1136/bmjspcare-2019-HUKNC.129

**Background** Within the West Midlands there are a number of palliative care services which are actively engaged in research whilst others are working to become 'research ready'.

**Aims**

- To increase research activity within palliative care providers across the West Midlands;
- To develop and conduct original research in these settings across the West Midlands;
- To support delivery of the National Institute for Health Research (NIHR) and Charities Consortium for Hospice and Community Research objectives.

**Methods** A collaborative network was formalised in 2018, which meets quarterly and is made up of clinical and non-clinical staff that represent:

- Hospices;
- NHS community palliative care services;
- NIHR senior research staff for supportive and palliative care;
- University representatives;
- A representative from the registrar-led West Midlands research collaborative.

**Results** Meetings are attended by over 10 organisations and this number continues to increase. Feedback on being part of the group includes:

- Excellent networking opportunities and a useful forum for problem solving;
- Helpful with job descriptions and interview questions for recruiting research nurses;
- Useful for gaining ideas of how to promote research within a hospice and to hospice Boards;
- Has enabled us to identify studies to which we could recruit patients and become part of the study;
- Being able to discuss a research project with other organisations before deciding whether it was appropriate to put in an expression of interest;
- NIHR research nurses have reported improved ability to signpost potential studies and training opportunities through the group.

**Conclusions** So far, the group has led to an increase in recruitment to portfolio studies within the region and is helping to establish the infrastructure that will enable through collaborative working the development of original research projects.

**P-107 ENABLING DYING PATIENTS TO TAKE PART IN RESEARCH USING ADVANCED CONSENT METHODOLOGY**

<sup>1</sup>Sarah Stanley, <sup>1,2,3</sup>Amara Nwosu, <sup>1</sup>Laura Chapman, <sup>1</sup>Marie Curie, *Liverpool, UK*; <sup>2</sup>Royal Liverpool and Broadgreen Hospitals, *Liverpool, UK*; <sup>3</sup>University of Liverpool, *Liverpool, UK*

10.1136/bmjspcare-2019-HUKNC.130

**Background** The need for research is a priority area in palliative care. Palliative care research is essential to establish evidence based models of care that are required to improve outcomes for people with terminal illness (Higginson, 2016). Obtaining informed consent for participation in hospice and palliative care clinical trials is an ongoing challenge faced by researchers (Agar, Ko, Sheehan, Chapman *et al.*, 2013; Hardy, 2000; Rees, 2001).

**Aim** By consenting patients in advance, we aimed to improve research opportunities in the last week of life.

**Methods** Advanced consent methodology was used to recruit participants to a National Institute for Health Research Portfolio study. Potential participants with capacity were given verbal and written information by a researcher outlining the aims of the study and the advanced consent process, looking to continue research into the last week of life.

A 'Personal consultee' was identified to act as a point of contact should the participant lose capacity to consent to further assessments.

Once recruited to the study the researcher ensured regular contact with both participant and consultee throughout their inpatient stay.

Hospice staff were regularly updated on research processes, with an aim to minimise gate keeping (Preston, Payne, Salt, Griggs *et al.*, 2013).

**Results** The majority of patients agreed to provide consent in advance, leading some to have assessments in the last week of life. This is consistent with previous work reporting patients' willingness to participate in research (Nwosu, Mayland, Mason, Varro *et al.*, 2013; Henderson, Addington-Hall, Hotopf, 2005). Regular communication ensures that caregivers are kept informed. Feedback has been positive when performing assessments in the last week of life, with focus on improving future care.

**Conclusions** Our experiences have demonstrated that palliative patients want to participate in research up to and including the last week of life. Caregivers have shown great desire to support research.

These findings could encourage other palliative care settings to recruit patients to research studies using advanced consent, thus informing policy for best evidence based care at the end of life.

**P-108 A RECIPE FOR ENABLING RESEARCH IN NON-NHS ORGANISATIONS**

Wendy Gamble. *LOROS Hospice, Leicester, UK*

10.1136/bmjspcare-2019-HUKNC.131

**Background** Health and social care research has expanded beyond hospitals and GP surgeries to include hospices, charities and care homes. The NIHR has increased support for research in palliative and end of life care to support activity in this area, which includes some non-NHS organisations.