The use of iP0S was piloted for new patients to our admission. 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 (iP0S), 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 iP0S score during patients’ admission. The use of iP0S 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 iP0S for each patient every four weeks to update the care plan. A baseline audit showed a mean overall improvement in patients’ iP0S 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 iP0S 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.

**Management of a Trainee-led Research Collaborative**

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

**Method** Phased implementation began with identification of iP0S 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 iP0S with patients. Community teams implemented iP0S 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 iP0S had been considered and completed where appropriate.

**Results** 84% of patients had at least one iP0S considered. iP0S 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 iP0S 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).
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.

Abstracts

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

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

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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 gatekeeping (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

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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.