Differences were apparent between the two hospices in the frequency of referrals to SLT. Staff had skills in caring for patients with communication impairments but some spoke of a desire for further training and closer links to SLT.

Conclusions Findings from this study and the literature suggest limited specialist communication support for patients accessing palliative care. Clinicians are encouraged to reflect upon the approach in their own setting to consider if changes could be implemented.

P-117 IMPLEMENTING A HOSPICE TRAINING PROGRAMME FOR THE MANAGEMENT OF PATIENTS WITH AN ALTERED AIRWAY

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10.1136/bmjspcare-2019-HUKNC.140

Background Only 40% of hospitals demonstrated good practice in the care of patients with tracheostomies. Six recommendations have been made to improve the care they receive. These include having a protocol and mandatory training to ensure that staff are competent in recognising and managing common airway complications (National Confidential Enquiry into Patient Outcome and Death, 2014). There is little research or evidence about the quality of care patients with an altered airway receive in adult hospices.

These patients usually have complex care needs and present a significant challenge for hospices in that staff are not caring for patients with an altered airway regularly enough to maintain competence and confidence in this area.

Aims In-patient (IPU) clinical staff will be competent and confident caring for patients with altered airways.

Intervention Mandatory, continuous education programme titled 'Essentials in tracheostomy and laryngectomy care in the hospice setting'.

Methods

- Pre- and post- education intervention on-line survey to all clinical staff undertaking the educational intervention;
- Practical simulation of the care of patients with an altered airway;
- Assessment of confidence and competence in caring for patients with an altered airway.

Findings This educational intervention is on-going. Analysis of the accumulative data will be undertaken in September 2019 and reported in the proposed paper.

Conclusion This appears to be the first evaluation of its kind; addressing retention of knowledge and assessment of competence/confidence in an adult hospice caring for patients with an altered airway.

P-118 INVESTIGATING ANAEMIA AND TARGETING TREATMENT IN A HOSPICE POPULATION: A QUALITY IMPROVEMENT PROJECT

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10.1136/bmjspcare-2019-HUKNC.141

Background Anaemia is common in palliative care. Results of the national audit of blood transfusion practice in hospices, published (online first) last year, recommended more rigorous investigation of anaemia and increased use of alternative

therapies (Neoh, Gray, Grant-Casey, Estcourt *et al.*, 2019). This project aimed to improve the proportion of patients with anaemia at Marie Curie Hospice Liverpool having haematinic investigations and receiving appropriate, targeted therapies.

Methods Several changes have been implemented through this project. To raise awareness, education sessions were delivered and practical written guidance on performing and interpreting haematinic investigations disseminated. A protocol was implemented to ensure outpatients attending for blood transfusions had investigations completed. Finally, an electronic template was developed to prompt investigating and recording results. Between August 2018 and February 2019 continual retrospective analysis was performed using laboratory and patient records. All patients who had haemoglobin checked at the hospice had clinical details, haematinic tests (ferritin, iron studies, B12 and folate; if performed within 6 weeks before or 2 weeks after) and resulting treatments recorded.

Results 125 patients with anaemia were assessed over the project (excluding repeat sampling). Amongst those having blood transfusion, assessment of both iron status and B12/folate improved from 2/12 (17%) in the first two months to 7/7 (100%) in the last two months of the project. Including all patients with Hb <100 g/dL, iron status assessment improved from 7/22 (32%) to 12/18 (67%) and B12/folate from 5/22 (23%) to 9/18 (50%). Results led to alternative therapies in 13 cases: oral iron (n=5), intravenous iron (n=6) and folic acid (n=2).

Conclusions This quality improvement project has led to more patients being investigated for underlying causes of anaemia and increased usage of targeted therapies. Research is required to establish if this approach impacts symptoms or transfusion utilisation and the role of specific treatments, particularly intravenous iron therapy, in this population.

P-119 THE EMOTIONAL IMPACT OF CANCER CACHEXIA: ARE HEALTHCARE PROFESSIONALS PROVIDING ADEQUATE SUPPORT?

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10.1136/bmjspcare-2019-HUKNC.142

Background There remains no cure for cachexia. In the UK up to 60% of patients with a diagnosis of advanced cancer will develop cachexia. Palliative patients and their family frequently experience emotional distress as a result.

Aim To critically appraise the literature relating to the emotional impact of cachexia to make recommendation to change practice.

Methods A systematic literature review was conducted using five databases exploring literature from 2008 to 2018. The research question was structured using the PEO framework, which assisted in narrowing down pertinent keywords. Critical appraisal of the articles was conducted using tools such as the Critical Appraisal Skills Programme.

Results 1042 articles were identified, limits were applied followed by set inclusion and exclusion criteria narrowing the search to 29 articles. Following critical appraisal eight papers were included.

Conclusion Palliative patients and their family frequently experience emotional distress, as a result of cancer cachexia. The review identified the main factors that contribute or exacerbate the wide range of negative emotions experienced between

patients and their family are: reduced dietary intake, conflict over food, lack of information, lack of understanding and knowledge, and perceived neglect from Healthcare Professionals (HCPs). Therefore, there is a need from the patient and family for psychosocial and educational support from the HCP. However, this review demonstrated that the HCP also requires educational support around cachexia to be able to provide support. A theme was identified, that if a conversation began around cachexia that this would then lead onto more difficult conversations relating to death and dying, and the HCP did not feel capable of this. In summary, those HCP who routinely work within specialist palliative care appear to be more able to provide this support, whereas, for others in disciplines related to palliative care there appears to be a need for development.

P-120 DEVELOPING EXCELLENT END OF LIFE DEMENTIA CARE

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10.1136/bmjspcare-2019-HUKNC.143

Background There is a variation both in access to high quality end of life care for people with dementia (Department of Health, 2015) and how proactive hospices are in meeting their needs (Care Quality Commission, 2016). Partnership working with dementia experts is best practice (NICE, 2018; Department of Health, 2009; National Council for Palliative Care, 2009). We identified gaps in training and wrote a two-year strategy outlining how we would improve our dementia care and support.

Aim To enable staff to provide excellent individualised end of life care and support to patients with dementia, and their families. To promote equity of access to all hospice services for people with dementia.

Methods Formed internal dementia working group. Scoped, reviewed observations tools that aid assessment of pain and distress in people with dementia. Researched and wrote three e-learning packages for employed staff. Designed and delivered end of life dementia care study day/workshop for health/social care staff (external and internal). Initiated regular Dementia Friends sessions for staff and volunteers. Developed partnerships with dementia teams at local acute hospitals. Established strong links with local CCG commissioned community dementia service and dementia action alliance.

Results thus far Two observation tools implemented within hospice. Over 80 attendees at study day/workshop, well evaluated. Over 100 attendees of dementia friends' sessions including our hospice shop managers. A memory box now in use on the inpatient unit. Evaluation of staff knowledge and confidence planned. Delivered end of life care training to community dementia service and advised on their end of life care pathway which now incorporates the hospice 24hr advice line and referral process. Invitation from local hospital to deliver an End of Life Dementia Care session at their annual dementia champions study day, over 50 staff in attendance. Partnership meeting planned for acute trust dementia leads, community dementia service team manager and hospice dementia lead.

Conclusions Impact of e-learning planned, however excellent verbal feedback from staff, stating feeling more enabled. Staff report benefit of observation tools in improving assessment.

P-121 RAISING AWARENESS OF PALLIATIVE CARE NEEDS OF PATIENTS WITH HEART FAILURE: AN EDUCATIONAL APPROACH

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Funded under the St James's Place Charitable Foundation grant programme, managed by Hospice UK.

Problem identified People with heart failure, have a high burden of unmet palliative care needs. It was identified that education, support and development for team members may help (Hospice UK, 2017).

Aim To examine outcomes of a three-hour interactive heart failure workshop on perceived self-reflection of a combination of mixed health care professionals.

Methods At the start and end of the workshop the participants were asked to reflect on their understanding of heart failure, and the causes of heart failure and symptoms of heart failure. Participants were asked to identify their own personal learning objectives, these were gathered by the facilitator at the beginning and revisited at the end of the workshop.

17 workshops - 110 participants completed the questionnaire.

Results The workshops increased attendees' self-assessed understanding of heart failure and its cause and symptoms with average scores improving from 2.6 to 4.6 on a 5 point Likert scale. Before the workshop only 6% of people strongly agreed that they felt competent to care for a patient with advanced heart failure. This increased to 54% after the workshop. 97% of participants said that their personal learning needs were met.

Discussion Following the course all participants were asked to reflect on their practice and how the course may change their care. The pathology of heart failure and how this related to symptoms was identified: '*Being able to link the mechanics of the heart for what I deal with on the ward each day.*'

Participants also identified having discussions earlier and advance care planning could help also being aware of patient's prognosis.

In order to establish if application of knowledge is to be put in to practice, further research is being undertaken to explore the impact the training has had on the ability of the participants to care for patients with heart failure.

Conclusion A three-hour workshop may promote awareness, increase confidence and may enable change to practice.

P-122 REFRACTORY ANGINA IS A GROWING CHALLENGE FOR PALLIATIVE CARE: A SYSTEMATIC REVIEW OF INTERVENTIONS

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Background Refractory angina is a chronic and potentially debilitating condition that is estimated to affect 30–50,000 new patients per year in Europe. It is likely to become more prevalent as the likelihood of survival with ischaemic heart disease increases. There is a demand for palliative intervention in patients whose quality of life is significantly affected and where conventional medical treatment and revascularisation