based system and staff attitudes about the change in clinical practice.

**Results** Nine days post implementation, e-prescribing was fully implemented on the In-Patient Unit as all patients had a prescription in place as part of their electronic patient record. At the time of writing, staff continue to gain experience of using the system in clinical practice being supported by the IT team.

**Future plans** Pre-implementation questionnaires require analysis. The questionnaire will be repeated at three and six months post-implementation, to monitor staff experience and attitudes over time. Medication error rates will be monitored via an electronic clinical incident reporting system.
P-142 EVALUATION OF A HOSPICE BASED INTERVENTIONAL PAIN MANAGEMENT SERVICE FOR PALLIATIVE CARE PATIENTS

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Background Poorly controlled pain is the most feared symptom of patients at the end of life. It is the most common reason for cancer patients to access emergency out of hours care (Adam, Wassell & Murchie, 2014). Patients may need to travel to tertiary centres to access specialist pain management. Under-treatment of cancer pain (Deandrea, Montanari, Moja & Apolone, 2008), late referral (Allsop, Ziegler, Mulvey, Russell et al., 2018) and poor access to pain services have highlighted the need for better integration of Palliative Medicine and Pain Management Services. National guidance for provision of such services for cancer and life-limiting illness has been published (Framework for provision of pain services for adults across the UK with cancer or life-limiting disease, published by Faculty of Pain Medicine, Royal College of Anaesthetists). A hospice based interventional pain management service delivered by a consultant anaesthetist has been set up to address this.

Aim The aim of this evaluation is to:
- establish the characteristics of patients accessing the service;
- describe interventions delivered;
- perform a qualitative assessment of the impact of interventions;
- identify how access to the service can be improved;
- assess and report the value of providing a local, hospice-based pain intervention service.

Methods A retrospective case note review will be conducted and the following data collected from the narrative; number/demographics of patients, source of referral, interventions provided, patient perceived benefit, prescribed analgesics at referral as a surrogate marker of pain intractability.

Results It is anticipated that most patients are seen at a late stage in their illness and that the pool of referrals will be small. It is likely that patients referred will already be taking several analgesics due to intractable pain.

Conclusions Data will be used to assess the impact of the service, obstacles to setting up and delivering the service and the overall value of providing a local hospice-based interventional pain management service. A likely outcome will be targeting of referrers to facilitate earlier access to the service and to establish better communication between potential referrers and the service.