Woodlands Hospice hosts a weekly Joint Pain and Palliative Care clinic in collaboration with Aintree University Hospital and The Walton Centre. The service would qualify as a tertiary service as described by the Faculty of Pain Medicine’s framework for cancer pain management (2019). The Walton Centre offers a range of interventions and is one of only three centres in Britain offering percutaneous cervical cordotomy and patients frequently attend from a distance for this procedure.

This audit was borne of a concern that we were unable to help some patients due to their short prognosis and lack of fitness for procedures or because they had died prior to assessment. It is a prospective audit of all referrals to the service and the outcome of the referrals over a six month period.

Out of 43 referrals, seven patients died or were too unwell to attend for assessment within days of the referral being received. Most patients who were able to attend were offered an appointment between one and four weeks from the referral. A further seven patients were assessed by phone as unsuitable for intervention due to short prognosis, poor performance status or their pain being too diffuse to be helped by an intervention and were spared a fruitless journey to clinic.

This audit highlights that referrals often come too late for the service to be of benefit and we must investigate the reasons for this, whether it be a lack of awareness of availability of procedures or reluctance on the part of patients to consider interventions. We plan to survey our local referrers and provide education about procedures and develop a pain MDT in the first instance and repeat the audit once these measures are in place in order to maximise the number of patients who may benefit from the service.

Method A comprehensive supervised once a week programme plus home exercise programme was set up following the Otago principles. The patients received an informative theoretical session on falls prevention. Standardised objective measures including the timed up and go, sit to stand in 30 seconds, unsupported stand and tandem stand were taken before and after the 12 week course. Qualitative feedback was also gained through the local views on care questionnaire.

Results Ten patients were recruited and eight completed. Two patients had to stop the course due to various other commitments. 50% patients improved their sit to stand. 100% improved in the timed up and go. Tandem stand and unsupported stand was achieved by 100%. The subjective feedback was all very positive.

Conclusion The Otago course had a positive impact on patients over 12 weeks. This will likely lead to a reduction in any falls and subsequent costs on healthcare provision and increase in quality of life.