

## **OP49.01**

### **Use of emergency CCRE by patients with terminal cancer**

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**Background & Aims:** Patients with cancer often experience complex pain and symptom control issues that can cause them to presentation to Accident and Emergency [A&E]. This aims to establish what proportion of patients with terminal cancer present to Accident & Emergency (A&E) departments in their last year of life, and to determine the commonest causes for their presentations.

**Methods:** Using GRO death data, we identified 4,407 patients who had died from cancer between 2011 and 2014. Data from each A&E attendance in their last 12 months of life was obtained, yielding 197 ‘presenting complaints’. Descriptive statistics were used to analyse the data.

**Results:** Of the 4,407 patients in the cohort, 1,668 patients (38%) used A&E in their last year of life. Of these, 797 (18%) presented more than once. The mean number of presentations was 1.4 with a range from 0-21 attendances per year. There were 197 different presenting complaints (PCs) recorded during these attendances. The commonest PCs were ‘closed fracture’ (9.5%), ‘pneumonia’ (7.1%), ‘soft-tissue injury’ (6.4%), ‘chest pain’ (6.0%) and ‘shortness of breath’ (5.2%). Of the top 10 reasons for presenting to A&E, four were pain-related presentations.

**Conclusions:** Over a third of patients with cancer present to A&E departments in their last year of life. Presentations are commonly due to uncontrolled pain. Adequate pain relief is an important factor in improving patient journey and minimizing unscheduled care use. This research can potentially identify factors associated with unscheduled care use and suggest clinical and service provision changes that could be made to improve the patient journey in patients with terminal cancer. Determining patient factors, care planning, and prescribing features that are associated with use of unscheduled care services is crucial to increase patients autonomy, facilitate greater continuity of care, and reduce demand on unscheduled care.