British Geriatrics Society
Improving healthcare for older people

BGS Wales Spring meeting

25-26 March 2021, Online

www.bgs.org.uk

Virtual

Book of Abstracts

Welcome to

BGS Wales Spring Meeting (Virtually Wrexham)

25th and 26th March 2021

British Geriatrics Society
Gwella gofal iechyd
i bobl hŷn
Cymru

Welcome to our second virtual conference supported by BGS UK and we endeavour to give you as virtual experience as possible.

Our council meeting on Thursday 25th March 2021 going to discuss some important issues including Welsh Govt Social care reform consultation document, our priorities for older people in Wales for politicians of all parties during the Welsh Senedd election in May and nominations of office bearers for 2021-22 from Autumn.

It is always encouraging to see young trainees and consultants submitting abstracts and platform presentation and we have an exciting scientific programme on Friday 26th march with record number of abstract submission.

There will be plenty of opportunities to interact with pharma, catch up with colleagues (through one-to-one swap card virtual chat / video / telephone calls). Do make it more interactive and enjoy the conference from comfort of your home / office gaining valuable CPD points.

Sandip
Chair
BGS (Wales)

We are delighted to welcome you all to the Virtual Welsh BGS spring meeting organised by the Wrexham team on 25th and 26th March 2021. Thank you for taking time to attend the meeting despite the challenges posed by the COVID pandemic. Hope you all have an interesting day and useful discussion on topics of interest and time to catch up with colleagues. We are grateful for the BGS central organising committee, our Chair Dr Sandip Raha, Secretary Dr Karl Davis and support from the BGS conferences team for arranging this virtual conference.

On behalf of the local organisers
Dr Walee Sayed, Dr Sara Gerrie and Dr Sam Abraham

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CQ - Clinical Quality - CQ - Clinical Effectiveness [Platform Presentation]

[580] The Impact of a Falls Assistant in The Welsh Ambulance Falls Pathway Responding To '999' Fall-Coded Calls in ABUHB

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Background:

The National Falls strategic group in collaboration with the Welsh Ambulance Service Trust (WAST) implemented a Tier 1 response as part of the fall response model (FRM). The Tier 1 response in Aneurin Bevan University Health Board (ABUHB) is provided by a St Johns Cymru Falls Assistant (Call sign FRS04). The FRM within ABUHB is unique in WAST, as both Tier 1 and Tier 2 (Paramedic, and Physiotherapist; call sing FRS01) are operational.

Introduction:
ABUHB has a yearly predicted falls rate in the older community population of 46,000. Prior to the implementation of FRM, WAST recorded a high conveyance rate of 72%. Since 2016, a Tier 2 service (FRS01) has existed in ABUHB, with a lower conveyance rate of 21%. In 2018, the Tier 1 response (FRS04) was piloted and implemented. This study evaluated the impact of FRS04 response on service capacity and conveyance rates.

Method:
QuickSense WAST data were collated for Dec 2018 – Dec 2020 for the hours 08:00-20:00, including total number of ABUHB falls calls by description, advanced medical prioritisation dispatch system code and call sign. Descriptive analysis was used to report on the data.

Results
A total of 1,503 calls were identified by description and AMPD code attended by FRS04 and/or FRS01 in the study period. FRS04 attended 813 falls and FRS01 attended 690. All falls (usual WAST response) had a conveyance rate of 58% over the same period. FRS04 and FRS01 conveyance rates were 36% and 21%, respectively. 73% of FRS04 dispatches were related to falls coded calls. Internal referrals to FRS01 increased by 87%.

Conclusion
Implementation of FRS04 doubled capacity to respond to non-injury/minor falls. FRS04 demonstrated a significantly lower conveyance rate than the non-specialist response conveyance rate. Internal referral to FRS01 increased.
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[593] Access to technology for People with Parkinson's

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Introduction
Covid-19 has thrown up multiple challenges in the management of chronic diseases like Parkinson's. Accessing ongoing specialist clinical support remains the cornerstone of successfully managing Parkinson's. With current uncertainty regarding Covid-19 trajectory and its impact on face-to-face clinical care, we want to explore whether technology in form of a web-app could support clinical care but prior to that we need to establish if our patient cohort were able to access technology.

Method
An 'access to technology' questionnaire was constructed. Primary data was inputted into the questionnaire from patients who contacted Parkinson's nurse helpline with queries. Demographical data was collected using the WCP.

Results
Of the 25 participants, only four (16%) used applications to help manage their PD - they were all younger than the mean respondent age (73 years old). Twenty respondents (80%) had WiFi access and there was no correlation between deprivation ranking and respondents without WiFi. Twenty-two respondents (88%) had mobile phones although only 68% had smartphones – there was decline in smartphone access with increasing age. Excluding four respondents, patients without smartphones had access to other devices capable of running applications.

Conclusion
Our review suggested most people with Parkinson's (PwP) had access to the internet and mobile devices either in form of smartphones or tablets. Evidence from literature suggests that with appropriate access to technological devices, mobile applications can act as a supplementary tool to specialist care in the lifestyle management of Parkinson's Disease. The team plan to co-produce a web-app to support PwP.

CQ - Clinical Quality - CQ - Clinical Effectiveness [Platform Presentation]

[595] What type of stroke do people on direct oral anticoagulants suffer?

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Introduction
Direct oral anticoagulants (DOAC) are increasingly used in patients with atrial fibrillation for secondary prevention. While they have been proven non-inferior or better than warfarin, patients are still at risk of developing strokes. Since there is little data on the nature of strokes people develop while on a DOAC, we did an observational study to answer this.

Methods
We identified and included all patients admitted with a stroke while taking a DOAC during a three-year period (Jan 2018 – December 2020) using Sentinel Stroke National Audit Programme dataset and gathered information on the nature of stroke, type, and dose of DOAC.

Results
During three-year period, 1500 patients were admitted with a stroke. 196 patients had AF, either on presentation or were identified during their stay. In patients with AF on admission, 22 were on warfarin, 109 were on DOAC and 49 patients were not on any medication. Amongst 32 patients who were taking Deoxidant, 31 had ischemic stroke and 1 had haemorrhagic stroke. In contrast, 12 out of 56 patients who were taking Apixaban had haemorrhagic stroke. Even though the numbers are small, it evident that majority of patients on Edoxaban had ischemic strokes.

Conclusion
The study on Edoxaban revealed that even though it was non-inferior to warfarin when all strokes are combined, for ischemic stroke, lower dose Edoxaban was inferior to warfarin. One may need to think whether lower dose Edoxaban is as effective as lower dose of other DOACs. When dosing patients based on the guidelines, occasionally a person would be eligible for standard dose of Apixaban, but only a lower dose of Edoxaban. Perhaps one should consider using an alternative DOAC in such a scenario. Data on a large cohort would be helpful as we do not have any head-to-head comparison between these drugs.
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SP - Scientific Presentation - SP - Falls (Falls, fracture & trauma) [Platform Presentation]

[415] Analgesia and peri-operative practice in fractured neck of femurs at York Teaching Hospitals NHS Foundation Trust.

Jonathan Dilley

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Introduction
Fractured neck of femurs are a significant public health issue. Prompt assessment and response to pain as per NICE guidelines aids speedy recovery and helps to prevent complications such as delirium in and already high risk, elderly population. Previous audits have found poor documentation of the assessment of pain and the rate of nerve blocks in A+E and theatres. This completed cycle audit will assess the interventions made in response to these audits including adding pain scores to e-observations and training staff to perform nerve blocks. The aim of this audit was to assess current anaesthetic and analgesic practice.

Method
This was a retrospective review of 32 case notes and electronic prescribing over November – December 2019. Data collected included documentation of pain assessment, which analgesia was prescribed as per NICE guideline CG124 [1] and rate of nerve block in A+E and theatres.

Results
The audit found that 100% of patients received analgesia as per NICE guidelines. Documenting the assessment of pain scores has improved from 44% to 63% in A+E, 64% to 81% on the ward pre-operatively and 0 to 100% post op. On admission, 41% of patients received a nerve block and 94% intra-operatively, up from 22% and 55% respectively, the majority of patients received a fascia iliaca block (FIB).

Conclusions
The large increase in post op pain assessment is likely credited to mandatory input as part of e-observations and overall practice has improved significantly. A refresher training session will be provided for nursing staff to re-iterate the importance of assessing and responding to pain. The Hip Fracture Specialist Nurse is now competent to perform FIBs which may further increase the number performed on admission. References
[1] NICE. Hip fracture: management. Clinical guideline [CG124]. https://www.nice.org.uk/guidance/cg124 (accessed 15/11/2020)
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[485] Outcomes of bisphosphonate medication reviews in General Practices in West Wales: a Quality Improvement project

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Introduction
Literature shows there is no clear evidence on optimal duration of oral bisphosphonate therapy particularly after 10 years of treatment. The FLEX and HORIZON trials found that patients are unlikely to benefit from continued treatment if their bone mineral density is >-2.5 after 5 years and they have suffered no further fragility fractures. Patients on bisphosphonates should have a medication review at 5 years, evaluating the risks of continued treatment (atypical fractures/jaw osteonecrosis) versus risks of stopping treatment (osteoporotic fractures).

Methods
This project involved one PDSA cycle. A retrospective audit reviewed patients who had been on oral bisphosphonates for 5+ years in 3 GP practices in West Wales. The review was conducted according to All Wales Medicine Strategy Group guidance and led to patients being categorised into 8 distinct outcome measures. Findings were presented to the GP partners and bisphosphonate checklist posters, follow up reminder cards for patients and bisphosphonate review guidance sheets were produced.

Results
180 patients were prescribed oral bisphosphonates for 5+ years; 155 of these had not yet had a medication review. 51 patients were identified as potentially benefiting from discontinuing their bisphosphonate treatment based on their flow chart outcomes (outcomes: monotherapy with combined calcium and vitamin D & bisphosphonate holiday or repeat DEXA). 36 patients required further specialist review (outcomes: check adherence, on bisphosphonates for >10 years needing individual review, re-review post current hospital admission or repeat DEXA).

Conclusion
Most patients on bisphosphonates for 5+ years had not had a medication review. Interventions were developed to increase the proportion of patients reviewed, including follow-up reminder cards, posters and guidance sheets. We recommend that GP practices re-audit annually to measure the interventions' efficacy and consider an electronic alert system to prompt medication review and encourage prescribers to limit the number of repeat prescriptions for oral bisphosphonates.

[591] Understanding the needs of People with Parkinson's and Carers during the first Covid-19 Lockdown Period

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Introduction & Aim
Over the Covid-19 Lockdown period in the Spring of 2020, telemedicine came to the forefront of community clinical care. For chronic diseases like Parkinson's Disease (PD), continuity of care is crucial, especially in terms of monitoring medication-intake, deterioration of symptoms and looking after general patient wellbeing. This study aimed to understand the needs of patients with Parkinson's (PwP) and their carers during this period.

Methodology
Between March-June 2020, data was recorded from the remote enquiries made by PwPs and carers to the Movement Disorders Service. Data was analysed to identify common reasons for approaching the service during this period.

Results
A total of 268 enquiries were made from 179 PwPs and carers, with telephone calls emerging as the most popular mode of enquiry. About 30% of the cohort made more than one enquiry during this period, with one patient making 13 enquiries. Data from 57 patients was further analysed to identify common themes in patient demographic and reasons for enquiries. From this cohort, 18% of patients had a diagnosis of dementia, 12% had anxiety/depression. Reasons for enquiry varied from deterioration of symptoms, medications, crisis interventions to covid-19 advice Of this cohort, 12% were redirected to GP and of those who sought medication advice, they were either provided with medication change letters or with general reassurance and advice.

Conclusions
The data collected from this retrospective study has provided an understanding into the needs of PwPs and carers during the Covid-19 lockdown period. Dementia and mental health concerns were highlighted during enquiries. This information can contribute to the development of technological applications, for example, that are aimed at providing targeted/specialised care remotely to PwPs and carers.

CQ - Clinical Quality - CQ - Patient Centredness [Poster]

[549] Improvement of Collateral History Taking By the Care of the Elderly Team at Royal Gwent Hospital

Joel Mock, Elizabeth Bowman, Amy Lowe

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Introduction
The Covid Pandemic has led to increased difficulty in taking collateral histories due to lack of accessibility to family members and increased time pressures. This has led to delays in diagnosis, investigation and management as a result. The lack of timely contact with next of kin and subsequent reduction in family updates has unfortunately, led to reduced satisfaction with care. The aim of this QIP was to reduce the time taken for collateral histories to be completed and improve the quality of these histories to aid diagnosis and management as well as improve next of kin satisfaction with care by encouraging more timely contact with family members and updating them with events earlier on during our patients' admission.

Method
After a discussion with our multiple disciplinary team we produced a collateral history COLLATES template which we then encouraged doctors to use when taking collateral histories. Using questionnaires we collected data before and after introducing the COLLATES template, on quality of information gathered, number of days between admission and history taken and also contacted next of kin via phone call to determine how satisfied they were with care provided and if they understood what was happening to their family member during the admission so far.

Results
After using the COLLATES template we found that the time taken for histories to be completed, quality of information taken, next of kin satisfaction and understanding were improved.

Conclusions
We determined that the use of the COLLATES template helped doctors ask more useful questions during their histories, having the template readily available on the ward encouraged earlier contact with families and this improved their understanding of events of their family members admission and therefore contributed to increased satisfaction with care. We conclude that the COLLATES template improved collateral history taking on our ward.

CQ - Clinical Quality - SP - Pharm (Pharmacology) [Poster]

[552] Polypharmacy and Potentially Inappropriate Medications (PIMs) in older adults referred to a Memory Clinic.

Dr Anietie Akpan, ST6; Cornelia Termure, Community Nurse; Issadevi Nellaya, Community Nurse; Dr Bruno De Blaquiere CT1; Dr Sujoy Mukherjee, Consultant Psychiatrist.

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Introduction
Medications are not routinely reviewed in elderly care. We sought to estimate the prevalence of polypharmacy, and potentially inappropriate medications (in this instance anticholinergics or medications with anticholinergic properties) in those referred to the Cognitive Impairment and Dementia Service (Elm Lodge), Older Persons Mental Health, West London NHS Trust. The older adult is more likely to be prescribed a lot of medications (polypharmacy) on account of multi-morbidity and consequently being under the care of several specialists. Adverse drug events and reactions account for significant morbidity and mortality in this population group. Common sequelae include confusional episodes, dementia syndromes, falls, and higher rates of acute hospital admissions.

Method
All referrals between 01/10/2020 and 30/11/2020 were screened for medications prescribed. Polypharmacy was defined as prescription of 5 or more medications. Medications with anticholinergic properties were considered examples of Potentially Inappropriate Medications (PIMs). The Anticholinergic Effect on Cognition (AEC) Tool, 'Medichec', was used to identify and rate anticholinergic burden.

Results
Total number of patients referred – 193 11 patients excluded due to unavailable/incomplete medication records. Study number: 182 Polypharmacy: 79.67% (n = 145) were prescribed 5 or more medications. 44.51% (n = 81) prescribed 5 - 9 medications. 23.08% (n = 42) prescribed 10 - 14 medications. 8.79% (n = 16) prescribed 15 - 19 medications. 1.67% (n = 3) prescribed more than 20 medications. Anticholinergics prescribed (AEC Tool): 37.36% (n = 68) prescribed an anticholinergic. 6.59% (n = 12) prescribed more than 1 anticholinergic.

Conclusions
Polypharmacy and potentially inappropriate prescribing (e.g. anticholinergics) remain widespread within the older adult population. Increased anticholinergic burden further compounds risks of cognitive impairment, delirium and death. On-going training, pharmacovigilance and collaborative working are needed cross services providing care to the elderly to mitigate adverse and compounded sequelae stemming from polypharmacy and potentially inappropriate medications.

CQ - Clinical Quality - CQ - Patient Centredness [Poster]

[560] Managing decompensated heart failure in frail patients; what aspects could be improved and what could be done in the community?

Kathleen Clare; Lisa McNeil

Kathleen Clare (NHS Forth Valley); Lisa McNeil (NHS Forth Valley)

Introduction
There is a high burden of cardiovascular disease in the elderly. Hospitalisation in this vulnerable cohort can result in adverse outcomes. In NHS Forth Valley, the geriatrician-led Enhanced Community Team (ECT) helps support frail patients in the community and avoid inappropriate hospital admissions. The aim of this review is to investigate the management of heart failure in frail patients and the potential role for community-based services such as ECT.

Methods
A retrospective review was performed on patients aged over 65 admitted to Forth Valley Royal Hospital between December 2019 and January 2020 with a primary diagnosis of decompensated heart failure who met frailty criteria. Case-notes were reviewed to determine details on their clinical management and outcomes.

Results
Approximately 10% of medical admissions aged over 65 were frail with a primary diagnosis of heart failure. The length of admission ranged from 1-98 days and averaged at 10 days. 59% of patients had a pre-existing diagnosis of heart failure. Only 26% of patients received an echocardiogram and 29% had a cardiology review. Oxygen was required in 62% of patients and intravenous diuretics in 79%. Outcomes were poor with a mortality rate during this admission calculated at 26% increasing to 44% at 6 months. A Rockwood score of 5 or above correlated with a higher mortality at 6 months at 65%.

Conclusions
This review suggests the majority of frail patients with decompensated heart failure could not be initially managed in the community due to their need for intravenous diuretics and oxygen therapy. It also highlights the inconsistences in specialist cardiology input with this cohort. For frail multi-morbid patients we plan to create and test a pathway for medical step-down to ECT and see whether this could evolve to manage community dwelling heart failure patients in conjunction with the heart failure team.

CQ - Clinical Quality - CQ - Patient Centredness [Poster]

[578] Improving Collateral History Taking For Patients with Cognitive impairment during the Covid-19 Pandemic

Dr Joel Mock, Dr Elba Peters, Dr Elizabeth Bowmann, Dr Amy Lowe

Dr Joel Mock; Dr Elba Peters; Dr Elizabeth Bowmann; Dr Amy Lowe

Abstract

Introduction
A comprehensive collateral history is highlighted by the European geriatric society as an essential standard of care medical professionals need to provide for patients with delirium. Restrictions on family members visiting wards due to infection control measures during the Covid 19 pandemic has led to them being less available on wards and has made collateral history taking over the phone a more essential skill. The aims of this project were to reduced time delay between patient admission and collateral histories being taken, improve the quality of information gathered by junior doctors and improve next of kin satisfaction of care by earlier contact with the medical team.

Method
The medical team collected data from patient notes to determine the type of information collected during collateral histories. The COLLATES collateral history template was then created with help from the multi-disciplinary team, this template provided example questions to help prompt junior doctors collect more relevant and important information during their collateral histories, this template also prompted junior doctors to update relatives about what had happened to their family member so far in hospital and also to ask how satisfied next of kin were about the care we were providing as a team. Data was collected from patient notes again using the same questionnaires as previous to determine if improvements had been made.

Results
After using the COLLATES template we found that collateral histories were taken earlier and involved more useful information aiding further management and discharge planning. Earlier contact with family members and earlier updates contributed to better satisfaction with care also.

Conclusions
The COLLATES template helps improve collateral history taking and therefore management of patients, the template helps prompt earlier phone discussions with relatives and provides an opportunity to update family members which contributes to better satisfaction with care.

CQ - Clinical Quality - CQ - Clinical Effectiveness [Poster]

[579] Standardising driving advice in stroke recovery

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Cardiff and Vale University Health board

Introduction
There are many factors which influence whether a patient could resume driving following stroke. Our "Early Supported Discharge Team" (ESD) support patients recovering from a stroke in the community and we identified a lack of confidence in many team members when advising patients about driving. We aimed to devise a protocol for any patient wishing to return to driving following their stroke to standardise the advice provided.

Methods
A protocol was devised based on the current DVLA guidance and consensus opinion of members of the multidisciplinary team. A survey was sent to all ESD staff both before and after implementation to evaluate clinical knowledge of how to advise patients and their confidence in where to find this information and how to record and communicate it effectively.

Results
Following implementation of the protocol, survey results demonstrated that there was at least a 2 Likert point average improvement in confidence when advising patients on their eligibility to drive, when to undertake the Rookwood driving battery and, in the communication, and documentation around these decisions. There was also at least 1 point average improvement in confidence in where to access information for both the clinician and the patient. Results also showed an improvement in the number of respondents able identify the correct advice for patients with visual field defects (36% to 100% correct) and cognitive impairment (50% to 57% correct).

Conclusions
Initial findings identified that driving advice was an area many team members felt under confident. Our results suggest that the introduction of a protocol in flowchart format to inform advice on driving following stroke is not only well received but helps to standardise practice and increase the confidence of team members to implement this. We feel our protocol enables staff to provide safe, legal, and appropriate driving advice following stroke.

CQ - Clinical Quality - CQ - Improved Access to Service [Poster]

[583] Improving Awareness of the Frailty Intervention Team

Ceri Hathway, Nedaa Haddad, Najla Elndari, Richard Marsh

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Introduction

The Frailty Intervention Team (FIT) is a multidisciplinary team that consists of Physiotherapists, Occupational Therapists and Frailty Nurse Specialists, led by a Consultant Geriatrician. It is a new service to University Hospital Llandough (UHL) in 2020. Monday to Friday patients admitted acutely to the medical assessment unit are screened by a member of the FIT. Patients are identified for review if they are aged over 70 with a frailty marker. The FIT provides front door comprehensive geriatric assessment (CGA) to improve medical management, communication with next of kin and discharge planning with an overall aim of improving patient care and reducing length of stay in hospital. The FIT review is documented on in a CGA booklet unique to the service. This is filled in the patients notes. We wanted to establish the level of awareness amongst medical ward staff of the work carried out by the FIT and if the documentation is being used as part of the ongoing patient care.

Method
We carried out a snapshot survey of staff on medical wards to establish levels of awareness of the FIT. We then designed a sticker to be placed in the patients notes following a FIT review to raise awareness and allow a brief plan to be documented. We carried out a second snapshot survey of ward staff two months after the introduction of the sticker.

Results
The overall awareness of the FIT rose from 44% to 68%. The proportion of staff reading the CGA assessment booklet did not change, however nearly half (47%) of those surveyed had seen the new sticker and subsequently read the documented management plan for the patient.

Conclusion
The introduction of a sticker did have an impact on awareness of the work carried out by the FIT but there is still room for improvements.

CQ - Clinical Quality - CQ - Improved Access to Service [Poster]

[584] Feasibility and Acceptability of Virtual Memory Clinics

Jemima Collins; Biju Mohamed; Antony Bayer

Cardiff and Vale UHB

Introduction

A timely diagnosis of dementia is crucial for initiating and maintaining support for people living with dementia. The pandemic has reduced the frequency and consistency of Memory Clinics, where this care is organised, the rate of dementia diagnosis has fallen. Despite the ever-increasing use of alternatives to face-to-face (F2F) consultations in other outpatient departments, it is not clear whether this is feasibly applied to the traditional Memory Clinic model.

Aims
The main aim of this service improvement project was to explore the feasibility of virtual (telephone – TC, and videoconference – VC) Memory Clinic assessments whilst clinic activities were restricted by the COVID pandemic.

Methods
Consecutive patients on the Memory Clinic waiting list were telephoned and offered an initial (and earlier) appointment by VC or TC. Data extracted included: age, internet-enabled device ownership, and reason for and choice of Memory Clinic assessment. The results of MoCA-Blind (TC) and ACE-III (VC via Attend Anywhere), consultation time and success of consultation were noted.

Results
Of 100 patients, 46 (46%), 21 (21%) and 6 (6%) preferred F2F, VC and TC assessments respectively. 27% were not contactable and were offered a F2F appointment. The main reasons for F2F preference was not owning, or not being able to use an internet-enabled device (37/46, 80%). The main reasons for both VC and TC preference were being unwilling to come to hospital (16/27, 59.3%), and more convenience (11/27, 40.7%). Mean consultation time for VC and TC were 52 and 41 minutes respectively. Feasibility or successful consultations were seen in 19/21 (90%) and 4/6 (67%) of VC and TC patients respectively. Patient satisfaction rate was excellent.

Conclusion
For patients who are able and willing, virtual Memory Consultations are both feasible and beneficial especially within the current pandemic circumstances. This has implications for future planning in dementia services.

CQ - Clinical Quality - CQ - Clinical Effectiveness [Poster]

[586] Developing an Onco-geriatric Service for South West Wales Cancer Service

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Introduction
Wales has an ageing population living with increasing incidence of co-morbidity and frailty. While oncological treatments are becoming more complex, other aspects of their health are noted but not routinely modified at the point of a cancer diagnosis. This project, under the auspices of the Welsh Clinical Leadership Fellowship, aimed to scope unmet need of frailty amongst older cancer patients.

Method
Data on unscheduled care, co-morbidity, polypharmacy, chemotherapy prescribing, and chemotherapy-related toxicity were analysed from local databases. Discharge summaries from cancer patients, and referrals to the acute oncology service, were reviewed for length of stay, markers of frailty, and polypharmacy. A pilot frailty service was implemented for 15 upper GI cancer patients identified due to markers of frailty in their referral to Oncology, and patient feedback was sought. Finally, a patient story of a patient living with frailty and cancer was recorded.

Results
In 2018, 46 patients with Upper GI cancer aged 75 and over were initiated with chemotherapy. Amongst this group, there were a total of 45 emergency admissions in the year following the chemotherapy start date (average length of stay 11.6 days), and 33 emergency admissions in this same group prior to chemotherapy. Markers of frailty were commonly described in discharge summaries. Frailty syndromes were common in patients referred to AOS, and average length of stay of AOS patients was 19 days.

Conclusion
Amongst older cancer patients, use of unscheduled care is high and frailty syndromes are common. Frailty is likely to impact on their cancer outcomes and survivorship. Early holistic interventions may positively impact treatment tolerance, reduce unscheduled care, reduce length of stay, and could improve cancer outcomes in Wales. A business case has been written for an “Over-65s cancer service” in light of this work.

SP - Scientific Presentation - SP - Education / Training [Poster]

[587] Communication in the time of COVID-19

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Introduction

The coronavirus pandemic has had a disproportionate effect on older people (Richardson et al, Age and Ageing, 2020, 49, pp901-906). Personal protective equipment (PPE) and social distancing have the unintended consequence of impairing communication with a population with high rates of hearing loss (Junghyun P, Journal of Gerontological Social Work, 2020, 63, pp598-601). Our aim was to improve awareness of this issue among medical students and to offer techniques to enhance communication. The Ageing Workshop is a teaching session which forms part of the Complex Medicine for Older People clerkship at Bristol Medical School and was modified to provide an interactive way to meet these aims.

Methods
During the Ageing Workshop, students wear aged-suits to simulate the physiological changes of ageing and perform a series of everyday tasks. Tasks focused on communication and included using a computer and completing a verbal questionnaire. Clinical PPE was worn and social distancing adhered to wherever possible. A mid-workshop discussion was used to highlight communication difficulties presented by PPE and techniques, including live transcribe apps and environment adaptations, which could be used overcome these. Students then repeated tasks using these techniques. Questionnaires were used to assess student knowledge and experience prior to and after the workshop.

Results
To date, four workshops have been conducted with fourth year medical students (n=16). Prior to the workshop, all students (n=16) agreed that PEE made communication more difficult for older people. Only 4 students felt confident seeing patients who had communication difficulties due to PPE. Following the workshop, all students (n=16) agreed that the techniques discussed had made communication easier during tasks.

Conclusion
Students are aware of the impact PPE has on communication. The Ageing Workshop provides an effective and novel way to enhance students' communication with older patients whilst wearing PPE.

CQ - Clinical Quality - CQ - Patient Centredness [Poster]

[588] Developing an electronic discharge summary toolkit for Orthogeriatric patients

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Introduction
Patients who sustain a neck of femur (NOF) fracture can have complex needs. Safe transfer of this cohort of patients to the community requires accurate and comprehensive discharge summaries.

Method
We completed a retrospective review of discharge summaries for consecutive NOF patients admitted over a period of a month (n=30) and audited them, using the department's existing 'ideal discharge summary' as a standard. Orthopaedic specific information such as the type of fracture and operation undertaken were almost universally recorded. Information more relevant to geriatric medicine however was often absent. Having identified areas of poor performance we developed an electronic toolkit, utilizing an excel spreadsheet with drop down menus for each domain. These generated a paragraph of prose that could be easily copied and pasted into the electronic discharge summary. We piloted the toolkit for a period of a month on the trauma and orthopaedic base wards and repeated the audit.

Results
In the first cycle overall compliance was only 52%. Domains including; continence, mental status, discussions with family and DNACPR decisions were particularly poorly recorded, with each documented in less than 10% of cases. Following introduction of the toolkit there was a significant overall improvement in recording of these domains, with 70% overall compliance ($p< 0.00001$). Highlights included the recording of continence improving to 44%, mental status to 56% and DNACPR decisions recorded in 50%. Unfortunately, the toolkit had not been universally adopted by those completing summaries, especially on outlying wards, presenting an avenue for further improvement.

Conclusion
The introduction of a simple toolkit can improve the quality of discharge summaries for patients who've sustained a NOF fracture and could be developed for use across a wider variety of orthogeriatric patients. There are however logistical challenges that need to be overcome to ensure it is used consistently.

CQ - Clinical Quality - CQ - Improved Access to Service [Poster]

[590] Implementing a covid-safe Parkinson's service

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Introduction
The COVID-19 pandemic created unprecedented challenges to running outpatient services with socially distanced approaches and subsequent reduction in the number of appointments. This has meant adapting to a virtual consultations which has implications for both, patients and clinicians

Method
After the first Covid related lockdown, new and complex follow up Parkinson's patients were seen face to face. Follow up patients were assessed virtually (phone or video). Between March and July 2020 all these patients were asked for their feedback via a telephone questionnaire. Feedback from healthcare professionals who ran clinics were collected.

Results
Of 71 patients, 72% of them were seen face to face (n=51). Telephone consultations comprised 9% (n= 6/71) whilst we attempted video consultations for 14/71(19%, 5 converted to telephone due to technical issues).3 out of 5 clinicians felt that they could provide comprehensive assessment. Majority (4/5) of them experienced technological problems when setting up video consultations. All patients were satisfied with their experience despite having to undertake infection control measures. 15 (38%) were willing to accept a virtual consultation if needed. With video consultations, 8 out of 9 patients were satisfied and felt that their concerns were addressed. 6 (66%) regularly accessed the internet. 8 needed help to access the internet due to lack of dexterity. Of the 11 telephone consultations (5 converted form video), all but 1 felt their concerns had been addressed.

Conclusions
Patients appeared comfortable attending face to face consultations with recommended infection control precautions. Virtual clinics were received well by those who undertook them successfully and it was this patient group who were predominantly more willing have a subsequent virtual appointments. However, high proportion of patients required assistance to undertake the appointment. Clinicians appeared to struggle with the video platform technology which will need to be overcome to ensure future success.

SP - Scientific Presentation - SP - Other (Other medical condition) [Poster]

[592] The impact of Covid-19 on physical function in hospitalised older adults: A review of literature

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Background
The Covid-19 pandemic has had a devastating global impact, putting significant pressure on health and social care systems. Older adults who survive Covid-19 are likely to experience functional decline. The aim is to review the literature to determine the impact of Covid-19 on physical function in hospitalised older adults during their recovery.

Methods
A structured literature search was conducted of material published in English within the last two years, using the following databases: Medline, CINAHL and Embase between 18th January and 18th February 2021. The key search terms used were 'Covid-19', 'Sars-Cov-2', 'Older adults' and 'Physical function' and synonyms of each. The population of interest was adults over the age of 60 who had been hospitalised with Covid-19. We included primary research studies that used validated outcome measures to assess physical function. Study selection and analysis was completed by two independent authors and then further discussed within the wider group.

Results
A total of 11 articles were included in this review (10 observational studies and 1 randomised control trial). All studies used validated outcome measures to assess physical function. Studies were grouped into phases of Covid-19 recovery including acute (up to 1 month), subacute (1-3 months) and chronic (> 3 months). In the acute phase of Covid-19 recovery older adults decline in physical function. Within the subacute and chronic phase of Covid-19 recovery, improvements in physical function are achievable, depending on factors including rehabilitation, severity of Covid-19 and pre-morbid physical function and frailty. Persistent limitations to physical function are observed at 6-month follow-up.

Conclusion
In conclusion, Covid-19 appears to cause measurable functional decline in older adults which is observed in the early stages of hospitalisation and can persist at 6 months post hospitalisation from Covid-19.

SP - Scientific Presentation - SP - Diab (Diabetes) [Poster]

[594] Optimal care for people with frailty and diabetes: comparing primary and secondary care sites in a cluster-randomised trial

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Frailty is an important comorbidity in older adults with diabetes. Management of this older population requires an individualised approach, considering multimorbidity and declining functional capacity. Given majority of diabetes and frailty care is delivered in the primary care setting, it is of clinical interest to compare whether an intervention targeting these co-existing issues can be effectively delivered from primary care. No studies have yet compared primary and secondary care sites in the care and intervention delivery for this population. The aim of this study is to examine the differences in outcomes between primary and secondary care centres delivering a multimodal intervention in terms of patient case mix, adherence to the intervention, adherence and effectiveness outcomes.

This will be performed through a secondary analysis of the MID-Frail cluster-randomised trial. As England and Spain were the only countries including primary care sites, this analysis focuses on the data from those two countries. The MID-Frail cluster-randomised trial delivered a multimodal intervention comprising an exercise, nutritional and educational programme for the frail and pre-frail older population with diabetes that recruited 964 people.

The study found a clinically important improvement in functional status, with a mean SPPB score 0.85 points higher in intervention group (95%CI, 0.44 to 1.26, $p < 0.0001$). A total of 396 people were included in England and Spain, with 15.4% from primary care sites. Significantly more frail patients were managed in secondary care than primary care ($p=0.049$) with significantly more patients on insulin ($p=0.002$). Patients managed in secondary care scored significantly poorer for baseline activities of daily living and instrumental activities of daily living ($p<0.001$).

The secondary analysis is currently underway. This study will help guide optimum service delivery and intervention implementation for the frail and pre-frail older population with diabetes, and highlight any key factors associated with non-adherence.

SP - Scientific Presentation - SP - Education / Training [Poster]

[599] A novel use of medical book club as a palliative & elderly care teaching tool

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Aims
To improve awareness, understanding, communication skills and education of ageing, palliative care and end of life care challenges amongst fourth year medical students, undertaking their geriatric rotation, via the medium of a book club.

Design & methods

Two non-fiction works were chosen for their openness and honesty in talking about ageing and dying; Atul Gawande's 'Being Mortal' and Kathryn Mannix's 'With The End in Mind'. Both authors are clinicians. Twelve fourth-year medical students were invited to read these books during their geriatric rotation, and attended a book club for each book (November 2020, January 2021) via Microsoft Teams. A scheme of questions was designed to cover various concepts regarding geriatric and palliative medicine. The students were asked to complete a questionnaire about their understanding and confidence in various aspects of elderly and palliative care both preceding and subsequent to the session.

Results

The reaction to the sessions was overwhelmingly positive. All respondents (n=15) found the sessions educational and the majority felt more confident in communication with patients and relatives about end of life issues and escalation discussions. The proportion of students feeling confident in their ability to identify a patient nearing the end of their life increased from 44% to 85%. Students identified a broader range of topics as critical in palliative care provision, such as patients wants and needs, and spiritual needs.

Conclusion
Prior to the book club the student's self-declared learning objectives were non-specific and covered low level learning domains. Post-session evaluation demonstrated significant insight and deeper-level learning in the application of palliative care. Book club can be a useful tool to aid learning about complex elderly care and palliative care challenges encouraging both dialogue and reflection about ageing and dying.

CQ - Clinical Quality - CQ - Patient Safety [Poster]

[602] Quality improvement project; how a 'Blood Champion' simplified a complex process of phlebotomy in the community hospital setting

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Introduction
After a change over to the new ward (26 bedded community geriatrics rehabilitation ward), I noted the phlebotomy process was complex. When I mapped this process, I found that there was no clarity of who's bleeding whom and when. Samples were sent to laboratory based at a different site. These were significant concerns as we did not know which blood tests needed to be chased and when. Frequently, it required a handover to out of hours on call doctor. Delay in chasing results potentially affected and delayed further management.

Method
As the aim was to develop a robust system, a quality improvement project was undertaken using the plan, do, study, act model. I introduced a phlebotomy wall; which had a sheet of paper attached. Names of patients requiring venepuncture for that day were written; which staff could tick when samples had been taken. They would also document the unsuccessful attempts. I designated myself initially as a 'blood champion', who would act as a safety net and oversee the process. Later, the aim was to have staff in turn became blood champions to continue the new good practice. This was a cost neutral change.
Result
After implementation of these changes, I re-collected data. Now all patients who have had venepuncture are clearly logged and samples are being taken to the laboratory in a timely manner. From no information to 100% compliant phlebotomy record keeping was observed. Routine blood results are back during working hours. Handover of chasing bloods to out of hours on call doctor was reserved only for emergency situations.

Conclusion
Process mapping of a complex system and introduction of a cost neutral role of a blood champion simplified phlebotomy, improved patient safety and reduced out of hour handovers. Simple things made complex things simpler.

SP - Scientific Presentation - SP - BMR (Bone, Muscle, Rheumatology) [Poster]

[414] Adult Lactose Intolerance, Calcium and Bone Health

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RDN

Background
Bone health is a complex issue affected by multiple hormones and minerals. Findings show that 1 out of 3 women and 1 out of 5 men are suffering from osteoporosis. Some of the adults group are suffering from Adult Lactose Intolerance (ALI). Those cases prefer not consume dairy products since they feel uncomfortable after eating cheese or drinking milk knowing that they are not lactose-free food. Now, we investigate the influence of (ALI) on Calcium intake, absorption and osteoporosis.

Method
Investigated calcium intake single nucleotide polymorphism of LCT, markers of bone metabolism and BMD in 183 Turkish immigrates.

Result
154 out of 183 was (ALI) diagnosed. Osteopenia was diagnosed in 59 out of 183 (32%) and osteoporosis in 15 out of 183 (8%). Probands had a decreased calcium intake and probands with reduced bone mass density (BMD) had (ALI) in 86%. There was no significant association between (ALI), Calcium intake, BMD or markers of bone metabolism.

Conclusion
Turkish immigrates who suffer from (ALI) don't consume dairy products and this means low calcium intake compared to other people who normally eat dairy products. However, (ALI) didn't significantly influence calcium intake. Therefore, (ALI) doesn't seem to be a risk factor for osteoporosis or affect directly the bone health.

CQ - Clinical Quality - CQ - Patient Safety [Poster]

[427] Polypharmacy and Potentially Inappropriate Medications (PIMs) in older adults referred to a Liaison Psychiatry service.

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Introduction

The older adult is more likely to be prescribed a lot of medications (polypharmacy) on account of multi-morbidity and being under the care of several specialists. Adverse drug events and reactions account for a significant number of acute hospital presentations in this population group with increased risks of delirium, lasting cognitive impairment, falls and death. Medications are not routinely reviewed or rationalised in the elderly, often contributing to preventable harm. We sought to estimate the prevalence of polypharmacy and potentially inappropriate medications, anticholinergics in particular, in patients (65 years and older) referred to the St Mary's Hospital Liaison Psychiatry Department over a 3-month period.

Methods
Between 01/06/2019 and 31/08/2019 all referral forms (from in-patient wards and A&E) for patients aged 65+ were screened for medications currently prescribed and administered. The medications were confirmed via the St. Mary's Hospital electronic records, pharmacists' completed Medicines Reconciliation and GP Summary Care Records. Polypharmacy was defined as patients prescribed 5 or more medications. Drugs with anticholinergic properties were considered as an example of Potentially Inappropriate Medication (PIMs) using the Anticholinergic Burden Scale. 77 patients were referred in the time period. 9 were excluded due to incomplete/unreconciled medication information.

Results
77.94% (n = 53) were prescribed 5 or more medications 38.24% (n = 26) were prescribed over 10 medications. 10.29% (n = 7) prescribed over 15 medications. 69% of (n = 47) prescribed an anticholinergic. 42.65% (n = 29) prescribed more than 1 anticholinergic.

Conclusions
Polypharmacy and potentially inappropriate prescribing remain widespread within the older adult population. On-going training and pharmacovigilance are needed across services providing care to the elderly to mitigate adverse and compounded sequelae stemming from polypharmacy and potentially inappropriate medications.

SP - Scientific Presentation - SP - Education / Training [Poster]

[445] Cardiopulmonary resuscitation: knowledge and attitude of the doctors from Lahore

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INTRODUCTION
Cardiopulmonary resuscitation (CPR) is described by the American Heart Association (AHA) as a part of a "chain of survival" that is an emergency medical procedure for the victims of sudden cardiac arrest or respiratory arrest. Inadequacy in any step of CPR due insufficient knowledge and attitude is associated with the poorer return of spontaneous circulation outcomes and decreased survival rate. There has not been any study done in Lahore to evaluate the knowledge and attitude of doctors regarding this highly effective and easy manoeuvre. Furthermore it is the largest study done so far in Pakistan in this regard

PLACE AND DURATION OF STUDY
The study has been conducted from March 2019 to March 2020 in the six hospitals of Lahore included Jinnah Hospital Lahore, Mayo Hospital Lahore, Punjab Institute of Cardiology Lahore, Sir Ganga Ram Hospital Lahore, Services Hospital Lahore, and Mid City Hospital Lahore.

METHODOLOGY
It was a cross sectional study. Sample size calculated was 792 at the confidence level of 95% and the relative precision of 5%. Total respondents were 724. A structured questionnaire consisting of 34 questions and designed according to the current AHA guidelines was used. Data were analysed using statistical package for social sciences (SPSS)23 version. Chi-square significant test was used for the comparison of different variables. Knowledge was assessed based on the scores (good knowledge = score ≥10/15 and poor knowledge = score < 10/15).

RESULTS
The knowledge of 600(83%) respondents was poor and only 123 (17%) doctors had good knowledge. Anaesthesiologists had the highest score than the other specialists. Score increased with the increase in years of experience except the unusual low score achieved by he consultants.

CONCLUSION
Overall knowledge of the doctors regarding CPR is not satisfactory. However, the attitude of the doctors towards CPR is positive.

CQ - Clinical Quality - CQ - Clinical Effectiveness [Poster]

[544] Improving recognition and documentation of delirium in the acute hospital setting

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Introduction
Delirium affects many elderly patients admitted to hospital. Delirium can lead to permanent cognitive impairment, thus increasing patient institutionalisation. However, despite these effects on mortality and morbidity, it remains under-diagnosed and at worst, undiagnosed.

Aim
Improve the recognition, diagnosis and management of delirium in the acute hospital setting.

Method
Retrospective review of medical notes in patients >65yrs who presented with 'confusion', 'cognitive impairment' or 'dementia' to the Royal Gwent Hospital, Newport over a week. Review the correct recognition of delirium (based on NICE definition) and the use of a validated cognitive assessment tool.

Pilot results 2019
Identified 52 medical patients. 16% were formally diagnosed with delirium. 6% were screened using a validated assessment tool.
Change
Formal teaching sessions and workshops and appoint 'Delirium Champion' nurses to educate across the MDT. Plan to include 4-AT in assessment pro-forma

Repeat 2020
Identified 26 medical patients. 25 % correctly diagnosed with delirium. 19 % were screened using a validated assessment tool.

Provisional results and future changes
Although there was some modest improvement from the 2019 cycle there are clearly areas to expand and improve, including introduction of an admission pro-forma to be used during admission clerking for all 'confused' patients. This pro-forma will promote the recognition of delirium with the use of the 4-AT tool, and guide initial investigations and management. We eagerly await these results