and administrator. The meetings take place monthly and last for 1 hour. In view of the size of the Trust, the meetings are Video conferenced across the 3 acute sites (Margate, Ashford and Canterbury) enabling professionals in the different parts of the Trust to take part with least disruption. The newly designed proforma (figure1) and the list are sent to all the members, in advance. Compliance data and blood gases are pre-populated on the proforma. The group also has an educational arm which takes the form of an evening meeting every three months.

Result On an average, 11 patients are discussed at each session; numbers may vary based on clinical need. Following discussions, the proforma is updated and uploaded on to the patient's record with copies to the GP and consultants. Feedback from all members of the MDM has been excellent, stating that it has improved patient care and empowered them. The educational evenings have provided a forum for team building across community and secondary care, as well as develop innovative ideas.

Conclusion There are many forms of MDMs in the NHS now, but this was designed to help address our particular problem and ensure that all patients on home ventilation had adequate support and equal access to specialist care, irrespective of where they lived in East Kent. It has not only achieved this but has also built a cohesive team across primary, community and secondary care, enhancing education.

P198 DOMICILIARY NIV (DOMNIV) IN A REAL WORLD SETTING: A RETROSPECTIVE STUDY IN A DISTRICT GENERAL HOSPITAL

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Introduction DomNIV in patients with chronic Type 2 respiratory failure results in improved survival. HOT-HMV study produced encouraging results in patients with COPD treated with home oxygen and DomNIV. [Murphy et al, JAMA, 317(21), 2177–2186] DomNIV usage with or without oxygen has been prevalent in our hospital setting over for 10 years.

Objective Our primary aim was to look at the indications for prescription of DomNIV in our local hospital. Our secondary aim was to look at overall unadjusted mortality in this cohort and in particular any relationship with different types of oxygen provision.

Methods We collected data on all patients who have received DomNIV from 2008–2018 with or without oxygen prescription from our local database. Data on mortality was obtained from our Clinical Portal. We used MS Excel and Vassar stats (http://vassarstats.net/) for statistical analysis.

Results 105 patients commenced DomNIV; 60% were female with a mean (SD) age of 61 (13) years. Indications were Obesity hypoventilation (OH), Overlap syndrome, COPD, Neuromuscular disease, Bronchiectasis and others. 40% of patients did not receive oxygen with DomNIV (wO2), 36% received long term oxygen therapy (LTOT), 15% received overnight oxygen (OO2) and the rest received PRN oxygen.

43% of patients (N=45) died during the study period, of these 40% (N=18) died within the first 12 months. 29% died with LTOT versus 17% wO2 and 0% with OO2 in the first 12 months. This was statistically significant between LTOT and OO2 groups: RR 0.71 (95% CI 0.58–0.87), and also between wO2 and OO2 groups: RR 0.83 (95% CI 0.72–0.95).

Conclusion

1. Majority of patients received DomNIV treatment for OH;
2. 36% (N=38) had received long term oxygen therapy (LTOT) along with DomNIV;
3. Patients receiving overnight oxygen with DomNIV survived longer compared to those who had it as LTOT or who didn't have any oxygen at all.

P199 IMPACT OF THE INCREASING EVIDENCE BASE OF THE BENEFITS OF HOME MECHANICAL VENTILATION IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE ON A HOME MECHANICAL VENTILATION SERVICE: ONE REGIONAL SERVICE'S EXPERIENCE

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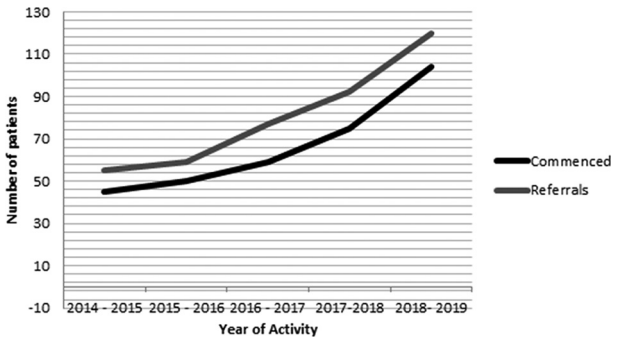
Background There is an increasing evidence base to support the use of home mechanical ventilation (HMV) in chronic obstructive pulmonary disease (COPD) Kohnlein[1]et al (2014) demonstrated an improvement in 12 month mortality in a stable COPD population with chronic hypercapnia and the Murphy et al[2] (2017) demonstrated prolongation to first admission or death, following an acute episode of hypercapnic respiratory failure. However, little is known about the impact on such evidence in this patient group on clinical services.

Aim To identify the number of patients with COPD referred for consideration of HMV and subsequently set up on HMV within our regional specialist HMV service per year over a 5 year period (2014–2019).

Results During this five year, our service saw a year on year increase in referrals for consideration for HMV in patients with COPD (figure 1). Over the 5 year period our referrals for patients with COPD increased by 118% with an 131% in set ups per year, with the biggest increase in referrals and set ups being seen following the publication of the Murphy et al paper from 2017–2018 onwards (see figure 1).

In consequence, we have recruited both a respiratory consultant and respiratory specialist nurse to our HMV team to



Abstract P199 Figure 1 Referral and commencement of COPD patients on HMV