

2.18 Improving ILD patient access to community palliative care through multidisciplinary team working.

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Background: Interstitial lung disease (ILD) is often progressive and associated with an increasing symptom burden and high mortality rates. Palliative care can improve the quality of life by reducing symptoms and aligning end-of-life care with patient wishes. Early involvement of palliative care has shown benefits, including preferred location of death. Since 2021, our centre has introduced an ILD Palliative Care multidisciplinary team (MDT) meeting, and in 2023, combined ILD and Palliative Care clinics were initiated. **Methods:** A retrospective audit was performed on prospectively collected data on deceased patients within the ILD service, who died between 01/06/2021 to 01/07/2024. The audit evaluated the impact of the ILD Palliative Care MDT and combined clinics on referral rates to community palliative care services and the proportion of patients dying at home or in hospice. **Results:** Of 79 deceased patients, the proportion dying at home or in hospice increased yearly: 38% (2021), 40% (2022), 48% (2023), and 50% (2024). Referrals to community palliative care services rose from 40% (2022) to 71% (2024) after the introduction of combined clinics. **Conclusion:** The ILD Palliative Care MDT and combined clinics have significantly increased community palliative care referrals and supported more patients dying at home or in hospice. **Conflicts of Interest:** The authors declare that they have no conflicts of interest.