to the lead investigator were excluded. Face-to-face interviews were conducted, audio-recorded and transcripts analysed using Thematic Analysis.

Results Nine interviews were conducted; 3 families were excluded as they were known to the lead investigator.

None of the children of the interviewees had formal ACP. A large number of themes emerged, which were collapsed into 31 sub themes, 8 major themes and 3 super-ordinate themes. The superordinate themes were: Communication: A Powerful and Essential Tool to Be Used with Care, Impact of LLC: Beyond the Clinic, and Priorities: Putting Families in Control. Deficiencies in communication – both in its content and form – were the most salient and frequent themes that arose, and interviewees reported lasting negative impact. None of the interviewees reported distress needing intervention as a result of participating in the study.

Conclusions Sensitively conducted qualitative research with bereaved families is safe and feasible. Formal ACP and early prognostic discussions are not yet part of routine paediatric practice in the region. Formal ACP and early integration of palliative care are likely to positively impact subjective experiences as well as outcomes such as realisation of preferred PoD. This study was limited by diagnostic heterogeneity and socio-cultural homogeneity of the sample and potential recruitment and recall bias.

Further training of paediatric professionals in communication skills and ACP, and improved access to specialist PPC are recommended. Further research is needed into a. the impact of ACP in different patient groups and b. to professionals' perceptions and barriers.

G371(P) BARRIERS AND FACILITATORS TO PAEDIATRIC SYMPTOM MANAGEMENT AT END-OF-LIFE: RESULTS FROM A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Managing symptoms, including pain, at end-of-life for infants, children and young people is challenging due to the broad spectrum of life-limiting or life-threatening conditions, and also differing care needs depending on patients' age. The UK National Institute for Health and Care Excellence (NICE) highlights pain management in paediatric palliative care as a research priority. A clearer understanding of these challenges could inform the development of effective interventions.

Aims We aimed to conduct a mixed-methods systematic review and meta-analysis investigating the barriers and facilitators experienced by patients, carers and healthcare professionals managing symptoms in infants, children and young people at end-of-life.

Methods PROSPERO, Cochrane Library, CINAHL, MEDLINE, PsycINFO, Web of Science Core Collection, ProQuest Dissertations & Theses Database, Evidence Search and OpenGrey were searched from the inception of each database for qualitative, quantitative or mixed-methods studies that included data

regarding barriers or facilitators to paediatric end-of-life symptom management from patients, family carers or healthcare professionals. Search terms were derived from a thorough reading of relevant literature and in discussion with a medical librarian. Data extraction, quality appraisal, and narrative thematic synthesis were undertaken for all eligible studies, with meta-analysis also performed where data permitted.

Results We identified 34 quantitative, 19 qualitative and 17 mixed-methods eligible studies of medium-low quality (assessed using GRADE-CERQual). Themes were generated around the barriers and facilitators experienced by family carers (Treatment efficacy, Treatment side-effects, Healthcare professionals' attitudes, Hospice care, Homecare, Families' symptom management strategies) and Healthcare professionals (Medicine access, Treatment efficacy, Healthcare professionals' demographics, Treatment side-effects, Specialist support, Healthcare professionals' training, Health services delivery, Homecare). Only one study included patients' views. Caring at home for a child was reported as a barrier to symptom management by between 22 and 24% of participants (pooled weighted mean of 0.244, $k = 3$, $n = 197$, 95% CI = 0.177–0.326).

Conclusions This review highlights the need for clear communication within and between healthcare professionals and families; more training for healthcare professionals and improved symptom management planning, including anticipatory prescribing. There is an urgent need for more research into children and young people's experience of symptom management at end-of-life.

G372(P) A SYSTEMATIC REVIEW OF BREAKTHROUGH PAIN ASSESSMENT TOOLS AND THEIR PSYCHOMETRIC PROPERTIES

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Background Breakthrough pain is commonly experienced by both children and adults with cancer, and also by patients with other terminal conditions, including those approaching end-of-life. Management of breakthrough pain is often insufficient, which could be due in part to a current lack of validated assessment tools. The aims of this systematic review are to (1) identify all available instruments measuring breakthrough pain in infants, children, adolescents or adults, and (2) critically appraise, compare and summarise the quality of the measurement properties of each identified instrument using established COSMIN criteria.

Methods Two searches were carried out, one corresponding to each aim of the review. For both, the Cochrane Library, PROSPERO, EMBASE, CINAHL, MEDLINE, PsycINFO, Web of Science Core Collection, Google Scholar, the ProQuest Dissertations & Theses Database, Evidence Search and OpenGrey were searched from the inception of each database to October 2019. Search terms were derived from a thorough