

Of the Dying Evaluation' questionnaire) and purposively designed questions were used to assess the impact of COVID-19. Data was analysed using descriptive statistics, logistic regression and thematic analysis of free-text responses.

Results Respondents (n=278) had a mean age of 53.4 years (range 19–68); 216 (78.0%) female and 174 (62.6%) 'son/daughter' to the deceased. Over half (156, 56.5%) were unable to visit during the dying phase. Almost 70% of the deceased (mean age 80.5 years; 160 (57.6%) female) died in their 'usual place of care' (home n=30 (10.8%); nursing home n=162 (58.3%)). This was perceived as the 'right place' by 176 (75.2%) respondents. Positive perceptions were reported about nursing care compared with medical care. Unmet support was reported: 71 (30.1%) rated emotional support as 'poor'; 110 (45.5%) perceived they were inadequately supported prior to death. Being a male respondent (OR 2.9, p=0.03) and able to visit during the last days of life (OR 2.2, p=0.04) were independently associated with perceptions about being adequately supported. Corresponding free-text analysis suggested 'not knowing' about care was especially distressful; 'clear, compassionate leadership' contributed to positive experiences.

Conclusions Capturing these experiences during the height of the first COVID-19 wave is pertinent to inform measures to enhance care. Disconnection between dying patients and families is a key area to be addressed and the challenge of balancing individual and societal needs to enable high quality end-of-life care.

6 THE FIRST 6 MONTHS: WHAT DID ONE HOSPITAL SUPPORTIVE AND PALLIATIVE CARE TEAM (SPCT) EXPERIENCE DURING THE FIRST 6 MONTHS OF THE COVID-19 PANDEMIC?

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Background 26% of UK CoVID-19 patients requiring hospitalization die, often with high symptom burden. Needs of non-COVID patients, however, must also be met. Studies have focused on hospital PC COVID activity but understanding the whole experience of work in the first 6 months of the pandemic is paramount to help future service planning.

Methods 1. Retrospective case series review of all patients referred to SPCT (COVID and non-Covid) 1st Mar 20–31st Aug 20 and associated service level activity. Variables collected: Baseline demographic/clinical characteristics, outcomes, Phase of Illness (POI), AKPS. Results compared with same 6-month period in 2019.

2. Semi-structured anonymised online survey of all SPCT members regarding working experiences and needs.

Results Total of 904 patient episodes: 48 COVID, 856 Non-COVID (compared with total of 826 patient episodes in 2019). Regarding 48 COVID cases, mean age 81 years, mean initial AKPS 26%. 60% in Dying phase, mean caseload time 4.1 days with 80% dying in hospital. SPCT involved in 30% of all COVID deaths in hospital. For Non-COVID episodes, mean age 78 years and AKPS 32%; 27% in Dying phase, 35% unstable, 31% deteriorating. 43% died in hospital with 24% discharged home.

For 2019 data, mean AKPS 32% with 32% Dying phase, 35% unstable and 21% deteriorating.

One-third (9/12) SPC team had suspected COVID symptoms, a quarter self-isolated. Service developments included rapid introduction of 7-day CNS service & EOL COVID guideline introduction. COVID experiences centred on rapid patient deterioration, patient communication difficulties and challenging remote communication with families. Impact on own personal wellbeing also cited. For Non-COVID, similar experiences of activity compared with pre-COVID but possible later presentations highlighted and more symptomatic.

Conclusion In addition to managing COVID patients, the SPCT also saw more non-COVID patients compared with 2019. Planning for future phases underway to continue the service developments highlighted and maintain team wellbeing.

7 COLLABORATION BETWEEN PALLIATIVE AND CRITICAL CARE: A REVIEW OF END OF LIFE CARE FOR PATIENTS WITH COVID-19 ON THE CRITICAL CARE UNIT

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Introduction Providing end of life care for patients with COVID-19 on the Critical Care Unit (CCU) is complex. The novelty of disease symptomology and the impact of visiting restrictions pose significant new challenges for Palliative and Critical Care services. This review analyses end of life care for people with COVID-19 on the CCU during the first wave of the pandemic.

Methods All patients in a regional hospital who received continuous positive airway pressure (CPAP) or invasive ventilation (IV) and subsequently died on the CCU were included (n=23). Data were collected through retrospective review of clinical notes.

Results 15 patients received IV. Eight received CPAP only. Two were subsequently stepped down to high flow nasal cannula (HFNC).

All patients died within 24 hours of withdrawal of respiratory support. Nine people who received IV died within one hour of treatment withdrawal.

Patients who required CPAP had a high burden of symptoms including breathlessness (n=8), delirium/agitation (n=5) and anxiety/fear (n=4). Five patients requested removal of CPAP.

In the last 24 hours of life all eight patients on CPAP/HFNC required an opioid. Six also required midazolam. Only two patients had syringe drivers prescribed.

All patients who were recognised as being in the last days of life had discussions documented between healthcare professionals and their relatives (n=20).

Conclusions Patients treated on the CCU for COVID-19 demonstrated a high symptom burden. Time from withdrawal of ventilation to death was short. Medications required varied and the use of syringe drivers was low. This may indicate a need for earlier collaboration between Critical Care and Palliative Care teams. Despite complexities surrounding care provision in this setting there was a high standard of documented discussions with patients and families. This review highlights the need for early recognition of people being 'sick enough to die' to ensure good quality, individualised end of life care.