0.0009. Those referred in for end of life care was 27 vs 35. Of those that died during their admission there was no difference in the length of stay 12.2 vs 10.1 days, $p=0.41$. There was no significant difference in length of stay prior to starting the care and communication record, 9.4 vs 5.6 days, $p=0.06$.

Conclusions Though there were no differences in numbers of admission during the COVID 19 pandemic. There were significant differences in the length of stay. It was thought that the those coming in during the pandemic were more likely to be coming in for end of life care but as no significant difference between length of stay of patients that died nor in how quickly they were started on the care and communication record this was not the case. This information should be considered when improving current discharge processes.

11 EXPERIENCE OF COVID-19 IN A HOSPICE INPATIENT UNIT: CHARACTERISTICS, SYMPTOMS AND ETHICAL ISSUES

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10.1136/spcare-2021-PCC.29

Objectives One of the established risk factors for death from coronavirus disease 2019 (COVID-19) is comorbidity. Patients referred to palliative care before developing COVID-19 infection are therefore more vulnerable due to their pre-existing conditions. This study aimed to describe the impact of COVID-19 infection on hospice inpatients.

Methods A retrospective review was performed of patients with confirmed COVID-19 during an admission to one hospice inpatient unit in the five months between 1st March 2020 and 31st July 2020.

Results 12 patients were identified with confirmed COVID-19. Mortality during the admission was 67% ($n=8$). Patients had a median age of 74, were 75% male and had a median Australia-modified Karnofsky Performance Status (AKPS) of 30. 100% had comorbidities, most commonly malignancy (58%), hypertension (50%) and diabetes (50%). The symptoms most frequently recorded were confusion (67%), agitation (67%), fever (50%), cough (50%) and breathlessness (50%). Symptoms at the end of life were treated with subcutaneous infusion (100%) using commonly prescribed medications (oxycodone used in 75%, morphine 13%, midazolam 88%, levomepromazine 63%, glycopyrronium 88%, haloperidol 13%) and doses. A third of cases were detected by a routine COVID-19 swab, however this policy led to ethical debate around testing in the last days of life.

Conclusions This small case series suggests that larger studies into symptoms of COVID-19 at the end of life and their control would be helpful, particularly if they take into account baseline (and the impact on those with palliative conditions or frailty) and collect data from community settings as well as hospital care. We understand that there is heterogeneity in COVID-19 testing policies at hospices across the UK, and feel further discussion around the ethical questions raised by testing, particularly at the end of life, would be beneficial in finding our way forward in this ever-changing pandemic landscape.

12 REFLECTIONS ON PALLIATIVE CARE HEALTH CARE PROFESSIONALS' NEEDS DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC 'THEMATIC ANALYSIS OF A POSTGRADUATE COHORT OF STUDENTS' DISCUSSION BOARD

Fiona Rawlinson, Ross Smith, Toby Dinnen, Ed Hayes, Karianne Harper, Tony Duffy, Tamarha Jones, Lucy Thomas, Jo Clarke, Anjum Joad, Rajam Iyer, Rachael Marchant, Melissa Day, Matt Hooper, Lisa Bailey, Gayathri Subramaniam, Deepa Khurana, Wendy Wolfe, Sivakumar Iyer, Lipika Patra, Daniel Barry, Diana Lees, Heidi Leeder, Catriona McKeating, Sian Gallard. *Cardiff University*

10.1136/spcare-2021-PCC.30

background/Introduction The Covid-19 pandemic created immense unexpected pressure on postgraduate health care professional students undertaking academic study. The role of a community of practice within an international cohort of postgraduate students became apparent as the pandemic progressed. Needing a supported space away from social media in which to discuss developing issues, and a forum in which useful resources could be shared swiftly became apparent. A closed 'Discussion board' facility was used within the virtual learning platform in which themes and collections of support, ideas and materials were developed.

Methods Qualitative thematic analysis of anonymised contributions to the Discussion board 25th March 2020 - 31st July 2020. Permission was sought retrospectively from all participants on the Discussion Board; any information from those not willing for their content to be included was deleted from the transcripts before review. The transcripts were reviewed by 2 independent researchers for content and context.

Results 13 themes developed. Sharing resources (March); ethical issues, communication skills (including virtual communication), symptom control, team support and leadership, the challenge of covid 19 in remote communities, the collateral damage of the pandemic for children, involving the family remotely and maintaining one's own wellbeing in a pandemic (April); Developing services, moving forward and quality improvement (May); moral courage and managing the symptom of breathlessness (June).

Conclusions The generation of themes reflected the unprecedented challenges of the phase of the pandemic being experienced. Symptom control, communication skills and ethics leading to their application in different settings and the need after the first few weeks for team support, mental resilience and leadership. Valuable reflections and resources have been developed to help support future surges.

13 SUPPORTING COMMUNITY PALLIATIVE CARE RESOURCES IS VITAL IN THE CONTINUING PANDEMIC

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10.1136/spcare-2021-PCC.31

Background Covid-19 had a dramatic effect on the delivery of health care across all settings: institutions reduced footfall and strict social distancing measures were introduced. Face to face consultations were reduced; referrals to a community palliative care team (CPCT) increased. Referral data was explored for trends in referral patterns that might inform optimal use of resources.

Methods A retrospective notes review was undertaken for referrals received in the first 4 weeks of the pandemic after 'lockdown' in UK. Numbers were compared to 2019. Information was sought on reason for referral and resulting actions.

Results 92 referrals were received, an increase of 26% from 2019. 11 patients died before first assessment, 2 declined a visit because of self isolation and 1, no longer needed CPCT input. 40% referrals were from primary care, 33% from specialty nurses, 13% from palliative care hospital teams, 7% from oncology and 5 others from secondary care. 78% had cancer, 14% - frailty, 5% - dementia and the remainder end stage liver and heart disease. Referral information for the 79 patients reviewed cited pain in 24%, 'support' (not specified) -18%, advance care planning (ACP) mentioned specifically in 14%. Covid 19 affecting usual treatment or follow up plans leading to referral was mentioned in 27%. On first review, 65% needed some aspect of ACP, 43% had pain, 82% had other symptom needs, 15% -ADL needs, 20% - mood problems, 18% care or financial needs, 11% were in the last days of life.

Conclusions Although alternative health care delivery was imperative at the time to ensure hospital capacity, the impact on care delivered by CPCT cannot be underestimated. Referrals increased, 27% appearing to be as a direct result of altered services elsewhere. There is a need to work collaboratively across all settings as future surges of the pandemic progress.

14 THE DEVELOPMENT AND EVALUATION OF A VIRTUAL VISITING PROGRAMME FACILITATING REGULAR FRIENDS AND FAMILY CONTACT FOR HOSPITAL INPATIENTS DURING THE COVID-19 PANDEMIC

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10.1136/spcare-2021-PCC.32

Background The ongoing COVID-19 pandemic has necessitated significant restrictions on physical visitors to hospitals to reduce infection risks. Consequently, patients are separated from loved ones at times of extreme stress and ill health. To reduce this burden, we have developed a structured service of staff-facilitated 'virtual visiting', where patients can see and communicate with loved ones using secure video calling applications on Trust electronic devices.

Methods Trust devices (Ibads and Iphones) are utilised by ward staff to facilitate virtual visits. Timing of such visits are usually pre-arranged with family members and patients after appropriate consent is gained. An instruction sheet was available to assist facilitators.

Quantitative and qualitative feedback was obtained focusing on the experiences of staff members who facilitated the visits, as well as some of the people 'visiting' during these calls.

Results 46 responses were received from staff facilitators, and from 11 virtual visitors. Unanimously (n=46), staff indicated that virtual visiting helped them deliver good patient care and they would facilitate again. There was agreement that it added value for patients and staff (n=46). Feedback from relatives

reflected they found it very positive and it allowed them to know much better what was going on with their loved ones (n=11).

The most common challenges included poor internet connections (40%), lack of training resources (35%), and lack of privacy in bays (9%).

Many staff reported in free text feeling grateful and humbled at being able to help those in such difficult situations with what were often very important communications.

Conclusion Data shows that structured virtual visiting has been beneficial for patients & loved ones during COVID. To address challenges, there is scope for more training provision and addressing connectivity issues. Overall, this is something that would be valuable to continue as good practice, during the Covid-19 pandemic and afterwards.

15 THE IMPACT OF COVID-19 ON PALLIATIVE CARE AT WIRRAL HOSPICE ST JOHN'S

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10.1136/spcare-2021-PCC.33

Background COVID-19 was declared a pandemic by the World Health Organisation on 12th March 2020. Whilst COVID-19's general impact on health systems is well documented at a national and international level, is as yet unknown how individual hospice-based palliative care services have been affected.

Aims To assess how COVID-19 affected the palliative care service at Wirral Hospice St John's (WHSJ).

Methods The first wave of COVID-19 cases in the UK initially peaked during March, April and May 2020. We collected data from the Hospice's local data system comparing those months in 2020 with 2018 and 2019, as well as longitudinally from September 2018 until present. We looked at inpatient referrals, inpatient length of stay, time from admission to death, outpatient referrals, and outpatient deaths. Secondary outcomes investigated included referral sources to WHSJ outpatient services, and time waiting for a package of care, both measured longitudinally from January 2019 until present.

Results The most significant result found from this study revealed a 64% drop in average monthly outpatient referrals to the hospice during the 1st peak of the Coronavirus pandemic, dropping to 17.3 in March to May 2020, compared with 46 in the same monthly period in 2018 and 51.3 in 2019. This trend is even more apparent when viewed over a full two-year timeframe. Further to this, a sharp decline in the number of hospital referrals to outpatient services was seen, dropping from 19 in February to 5 in April 2020.

Discussion/Conclusions The main conclusion that can be drawn from this dataset is that COVID-19 pandemic likely reduced the rate of outpatient referrals to WHSJ. The sizeable reduction is likely multifactorial; due to patients shielding, a reduction in face-to-face GP reviews, reduced hospital admissions for non-COVID-related diseases, wellbeing services unavailability, and a perceived reduction in service capacity.