family and wider community, varying across cultural backgrounds. Breast cancer is becoming the most common cancer among women in India. We aimed to understand the cultural context within which Indian women with breast cancer living in India, experience psychological concerns.

**Methods** Five focus groups were conducted in South India (clinicians [2], lay-public [3]). A topic guide explored: understanding of breast cancer, experiences of patients with regards to diagnosis and treatment, and psychological impact. Groups were audio-recorded and verbatim transcribed. Lay groups were conducted in Malayalam with translation and back-translation. Transcripts were subjected to thematic analysis in English.

**Results** Forty five (oncologists [5], nurses [10], church members [16] and community volunteers working in a palliative care unit [14]) participated. Three major themes (Psychosocial impact of diagnosis, Psychosocial impact of cancer treatment and Coping with diagnosis and treatment) and nine subthemes emerged from the two groups. All described psychological impact on women with breast cancer including body image, change of family role and their need for support. Family and faith were recognised as the major framework providing key support but also significant stress - particularly where there was poor involvement in treatment decisions. Clinicians were also concerned about financial implications and issues around early cancer detection. Lay people and nurses also commented that poor communication and lack of empathy from doctors, aggravated distress.

**Conclusion** Clinical and lay communities were aware of widespread psychological impact affecting women with breast cancer. Family and faith provided both a strong support structure, but also could be a cause of distress as roles and expectations were challenged by the disease and its effects.

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**Poster Abstract**

**EVALUATING THE USE OF DIGITAL COMMUNICATION TECHNOLOGY IN A HOSPITAL SPECIALIST PALLIATIVE CARE TEAM DURING THE COVID-19 PANDEMIC**

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**Background** Healthcare professionals’ use of technology-enabled communication has increased during the COVID-19 pandemic, due to social distancing restrictions. Currently, there is little published data about the experience of specialist palliative care teams using this technology, or how these tools can help to support care beyond the pandemic. This project aimed to evaluate the implementation of digital communication technology, in a hospital specialist palliative care team, during the COVID-19 pandemic.

**Method** During the months of September and October 2020, an online survey was distributed to staff in the specialist palliative care team at the Royal Liverpool University Hospitals. The following information was collected: purpose, scope, location of use of technological tools, barriers, and future opportunities.

**Results** The survey was completed by 14 healthcare professionals. Microsoft Teams and Zoom were the most commonly used tools, with team updates (n=14, 100%), multidisciplinary team meetings (n=14, 100%), education (n=12, 85.7%) and cross-site working (n=9, 64.3%) identified as the most common reasons for use. All participants used the tools on-site (n=14, 100%) with some also connecting at home (n=8, 57.1%) or at an alternative work location (n=2, 14.3%). Twelve (85.7%) reported that meetings were abandoned due to technical barriers. These barriers included: problems with logging in (n=12, 85.7%), connectivity issues (n=12, 85.7%), video/audio quality (n=8, 57.1%) and lack of training (n=8, 57.1%). Identified opportunities included the potential to use technology to support integrated palliative care, by improving communication between hospital and community teams and education. These findings have been used to identify local practice recommendations.

**Conclusion** Technology has the potential to improve specialist palliative care delivery; however, it is important to identify, and address, several issues (technical, process, and training) in order to overcome barriers to adoption in clinical practice.