

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.

Funding Self-funded

Posters 90 – 119 | service development

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

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10.1136/spcare-2021-PCC.108

Background Healthcare professionals' use of technology-enabled communication has increased during the COVID19 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.

91 ENHANCING THE QUALITY OF OUT OF HOURS TELEPHONE ADVICE: A DECISION SUPPORT TOOL FOR NURSING STAFF

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10.1136/spcare-2021-PCC.109

Background The majority of hours in the week fall outside of '9 to 5' working hours and it is well recognised that all branches of care need to develop out of hours (OOH) services. The Ambitions for Palliative and End of Life Care Framework suggest that services should offer 24/7 access to their users and provide specialist advice day or night. This poses a challenge for many centres across the UK with currently no standardised approach. Reviewing OOH telephone calls received by our inpatient unit over two months identified a need to streamline and standardise specialist advice and improve staff confidence in managing these calls. This issue is relevant to all palliative care services.

Method An established triage tool previously developed by the Gippsland Region Palliative Care Consortium was analysed. Differences in pathways of care or clinical approach were identified and addressed in light of both our national and local service. Interactive, small group education was provided to teach staff about the triage tool.

Results Phase 1 - triage tool adapted and tailored to the specific set-up of our local service

Phase 2 - Pre- and post-education questionnaires demonstrated increased confidence among all attendees

Phase 3 - Next step to evaluate clinical impact

Conclusion This work demonstrates a positive change achieved by adapting and modifying processes from other healthcare settings and is applicable to any specialist palliative care service where inpatient nurses provide OOH telephone advice. Further work is required, ideally as a multi-centre collaboration, to evaluate the clinical impact of the triage tool in ensuring access to specialist palliative care advice in accordance with the Ambitions for Palliative and End of Life Care Framework.