

Results 17 requests were activated. 1 call was stood down. 15 out of the 16 requests had a JEMP delivered within 2 hours. This ranged from 34 minutes to 111 minutes. The mean time was 72 minutes.

Conclusion This is a pioneering service that developed during the coronavirus pandemic, it went from concept to a national pilot in 6 days. The uptake of services was less than originally predicted. However, it has been successful in its primary aims to maintain the supply chain and deliver vital EoL medications directly to the patient anywhere in Wales (24 hours 7 days a week) within 2 hours from the initial request. Further work needs to be done on collecting feedback and assessing sustainability.

3 THE USE OF ONLINE VIDEOCONFERENCING FOR FOCUS GROUPS IN PALLIATIVE CARE RESEARCH

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Background Qualitative focus group research traditionally involves participants meeting face-to-face in small groups to allow for participant interaction. The Covid-19 pandemic has prevented such meetings. Consequently, research has moved to holding online meetings using videoconferencing software. We discuss the advantages and challenges of running such groups.

Method We ran two focus groups on early palliative care in haemato-oncology using the videoconferencing platform Zoom. Recruitment was conducted online using pre-existing mailing lists and in person within the hospital outpatient department. Potential participants were emailed information about the focus of the discussion, before signing a consent form returned by post or email. Groups were audio recorded with the consent of participants and transcribed for analysis.

Results One person declined to participate due to the group's online setting. Four and eight participants respectively attended the groups, each led by a lead facilitator and two PPI co-facilitators. Participants conversed openly, using hand raising to indicate when they wanted to speak. Conversation did not appear hindered by the online setting. Participants commented that they felt able to interact easily on the virtual platform even when discussing highly emotive issues; in-depth discussion of the chosen topic was achieved. Participants thought that some participants may be deterred from participation in online videoconferencing; one person declined to participate due to the group's online setting. The virtual platform enabled participants from a wide age range and geographical location to participate. There were no significant technical challenges. One person declined to participate due to the group's online setting.

Conclusion Online videoconferencing is increasingly common in professional and social settings due to the Covid-19 pandemic. It can be used effectively in qualitative research. Choice of platform, recruitment methods, obtaining valid consent, and recording the meeting need to be carefully considered. Researchers and participants should be supported to engage with technology to support robust research but consideration must be given to several factors to ensure success.

4 RESTRICTED VISITING DURING COVID-19 PANDEMIC : AN UNCOMFORTABLE OXYMORON FOR HOSPICE STAFF

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Background Visiting in a hospice setting during COVID-19 has been incredibly emotive and challenging, not only for patients and relatives, but also for staff. Restricting visiting conflicts with holistic patient-centred care, and the complexity of discussions and decision-making cannot be underestimated, impacting on the emotional burden for staff morale and resilience.

Method A three-pronged approach was taken. 1. A hospice visiting task and finish group was set up. 2. A new role was developed, using government COVID-19 funding- a 'Visitor Co-ordinator' for an initial three-month period. This role supported decision making, communication with families and screening/practical support in the use of PPE as well as facilitating virtual visiting. 3. A 3-tiered Visitors Traffic Light Guideline (green, amber, red) providing some clarity for staff around 'essential visiting' and adapting to fluctuating local government restrictions was developed, and implemented. Feedback was collated for the visitor coordinator role, and a survey is underway to evaluate the Visitor Traffic light guideline.

Results Feedback from staff members following the introduction of the Visitor co-ordinator role was extremely positive and demonstrated an improvement in wellbeing at work. Staff reported the role of the co-ordinator relieved a 'huge burden and source of stress' and as a consequence allowed them to 'dedicate more time to patients'. The hospice visiting tiered guideline has aligned with the 'Visiting healthcare inpatient settings during the COVID-19 pandemic: principles' NHS guidelines however, some staff still report that the application of guidelines remains extremely challenging.

Conclusions A Visitor Co-ordinator role was extremely beneficial during the first weeks of the pandemic. Although helpful, a guideline alone does not alleviate all the challenges associated with restricted visiting; it remains an uncomfortable oxymoron for hospice staff and a flexible individualised risk approach is still needed to ensure compassionate visiting at the end of life.

5 RESTRICTED VISITING AND GENDER INFLUENCE PERCEPTIONS ABOUT END-OF-LIFE CARE SUPPORT: A NATIONAL UK SURVEY OF BEREAVED RELATIVES' VIEWS

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Background The COVID-19 pandemic significantly affected experiences of death and dying for patients and families. Our focus was on bereaved relatives' perceptions about experiences of care in the last days of life during the pandemic to help inform practice and policy.

Methods A national online survey, informed by patient and public involvement, was developed and disseminated via social media, public and professional networks between June and October 2020. Validated instruments (e.g. abbreviated 'Care