Oral Presentations

Parallel Session 1.1 – Contemporary reflections on our workforce worlds (Wednesday 3 November, 13:30 – 14:45)

0-1 CARRYING THE TORCH FOR PHYSICIAN ASSOCIATES (PAS) WORKING IN UK HOSPICES

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10.1136/spcare-2021-Hospice.1

Background The Physician Associate (PA) role is well established in primary and secondary care, however, a PA has never previously been employed by a UK hospice. To qualify PAs complete a bachelor's degree in health/life sciences, followed by the PA diploma or Masters (Royal College of Physicians: Faculty of Physician Associates; Royal College of Physicians: Faculty of Physician Associates. Code of conduct for Physician Associates). With the arrival of Shape of Training and future palliative medicine trainees dual accrediting in internal medicine, hospices need to find innovative ways of managing this significant change in workforce provision.

Aim We aim to share our experience, acting as a benchmark employer of the PA within UK hospice teams.

Method During the first six months of employment a service evaluation was conducted. The PA and consultant team worked closely together to understand the role and how it works alongside the traditional inpatient unit medical team, looking at the strengths and limitations.

Results The PA acts as a complementary role alongside the doctors on the team. As a permanent member of the medical team who understands the unique systems in place, the PA allows continuity of patient care. Daily tasks include: ward rounds, clerking new inpatient admissions, co-ordinating the weekly MDT meeting, discharge paperwork, family meetings, following up test results and practical skills such as blood taking and catheterisation. Non-clinical work includes education, audit and policy updates. Limitations to consider: PAs are not currently able to prescribe, are unable to complete after death paperwork and do not partake in the medical on call rota, therefore need to work alongside doctor colleagues to ensure the smooth running of the inpatient unit.

Conclusion The PA role can bring much needed continuity, ensuring smooth transitions between medical rotations and acting as a highly skilled addition to the hospice multidisciplinary team, ensuring efficiency and excellence in patient care. The PA role has potential within the hospice community team. This will be explored further in the coming year.

0-2 'GOING AGAINST THE GRAIN OF ALL WE DO': HOSPICE STAFF EXPERIENCES OF MORAL DISTRESS DURING COVID-19

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10.1136/spcare-2021-Hospice.2

Background COVID-19 has placed huge stress on healthcare systems and services, often impacting the well-being of staff across all settings (Mehta, Machado, Kwizera, et al., 2021). Little is known about the pandemic's impact on hospice staff. **Aims** Identify how responding to COVID-19 has impacted hospice staff, whether and why this resulted in experiences of moral distress, and how hospices have responded in supporting staff well-being.

Methods Qualitative multiple case study (Yin, 2017) (n= five cases), as part of the CovPall study which explored the multi-national response of specialist palliative services to the pandemic. Cases were hospices in England providing specialist palliative care services in any setting. Data collection involved individual interviews with hospice professionals and analysed using framework analysis (Ritchie, Lewis, Nicholls, et al., 2013).

Results 24 participants sampled by role, experience, and setting. Themes demonstrated how infection control constraints (i.e., visiting restrictions) prohibited and diluted staff's capacity to provide care that reflected their professional values. This caused moral distress. Despite organisational, team, and individual support strategies to address moral distress, continually managing these constraints led to a 'crescendo effect' with cumulative effects of moral distress (e.g., sadness, guilt, frustration, and fatigue) sometimes leading to burnout. Solidarity with colleagues and the feeling of making a valued contribution provided 'moral comfort' for some.

Conclusions Despite their experience of dealing with death and dying, the well-being of hospice staff has been, and continues to be, affected by experiences of moral distress during the pandemic.

How innovative or of interest is the abstract We provide an in-depth insight into why and how hospice staff experienced moral distress during the pandemic, alongside how voluntary organisations responded. Given that prolonged experiences of moral distress has detrimental effects on staff and the quality of patient care, (Burston & Tuckett, 2013) national and organisational changes need to be implemented to alleviate and manage the short and long-term impact of moral distress (Jameton, 2017).

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0-3 APPLICATION OF THE LANTERN MODEL TO STORIES FROM THE PANDEMIC: ITS USE IN ENHANCING MDT WORKING

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10.1136/spcare-2021-Hospice.3

As a large multi-disciplinary community palliative care team, together we have experienced a whole range of unexpected and unprecedented demands as a result of the COVID-19 pandemic. In March 2021 to mark a point in time when the nation came to stand still, in 'locking down', and when our world changed irrevocably, the St Christopher's Community

Palliative Care Team held an extraordinary multi-disciplinary team meeting to reflect on the previous year.

We gave space and time to discuss the care and support we have provided to specific individuals who have had a personal impact on us as human beings and professionals working in extremely challenging circumstances. Each discipline from within the multi-disciplinary team was invited to present at least one case, and discuss this person's story, and their own story within this, to consider the impact this person and their care had for them, and their learning from this. Within this meeting we heard contributions from nurses, doctors, arts therapists, social workers, the hospice chaplain, a cognitive behavioural therapist, and the rehabilitative allied health professionals.

In this presentation, by layering the St Christopher's Lantern Model of Palliative and End of Life Care Nursing onto each story, we present a number of the case studies we discussed, which highlight the unique contribution of palliative care professionals at a unique point in the history of a global pandemic. The Lantern Model (Mitchell, 2021; Overview of the Lantern Model – see: https://cdn.ps.emap.com/wp-content/uploads/sites/3/2021/03/Overview_of_the_Lantern_Model.pdf) supports practitioners to be curious in relation to the key tenets that shape and guide the care being provided, the context of care, the personal prerequisites required to provide care, the organisational conditions required to support care, the processes of nursing care, and the possible outcomes of care. Therefore, we will draw on the components of the Lantern Model to highlight and celebrate the work of a specialist palliative care team at a unique time in history.

0-4 HIDDEN WORK AND HIDDEN WORKERS IN HOSPICE CARE

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10.1136/spcare-2021-Hospice.4

In this presentation, I draw on an ethnographic study conducted as part of a PhD research project in a hospice in England over a six-month period. The research explored the everyday working lives of a range of hospice workers, from clinical staff to cooks and complementary therapists. I will explore the hidden work of those in the spaces of the hospice often unexplored, such as in the kitchens and the therapy spaces. In these places, intimate interactions unfold and moments of sensory care between patients and staff take place. Here, I particularly focus on the hospice workers' influence and involvement in experiences at the end of life through the three sensory domains of silence, touch and taste. The use of silence and touch have been well explored in hospice settings, however, this paper adds the importance of those in often hidden spaces, carrying out hidden sensory forms of care. The touch of a cleaner on a patient's arm and the individualised last meal comprise some of the hidden moments of care, which tell us of the importance of these often hidden workers.

Parallel Session 2.1 – Lenses on building bereavement support, and building equitable care (Wednesday 3 November, 15:30 – 16:45)

0-5 ONLINE COMMUNITY OF PRACTICE DEVELOPMENT – PALLIATIVE CARE AND HOMELESSNESS

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10.1136/spcare-2021-Hospice.5

Background People experiencing homelessness have a high rate of most long-term conditions at a young age and are at high risk of dying young. Many people with complex and advanced physical and mental health problems are living in homeless hostels, and rarely have access to palliative care support. Hostel staff are often left to support people with inadequate health and social care input. In response, we created an online programme of learning to facilitate development of multidisciplinary communities of practice for people from different professional backgrounds in the same geographic location to connect.

Aims To develop and pilot a programme to:

1. Develop communities of practice to promote inter-professional working and support.
2. Develop shared understanding of palliative care and the different roles and services involved in the support of people experiencing homelessness.
3. Improve access to care for people experiencing homelessness with advanced ill health.

Learning from the pilot will be used to adapt the programme prior to national roll out.

Methods The programme, containing eight online sessions, was piloted in three locations. Topics relating to homelessness, inclusion health and palliative care were included. Sessions consisted of pre-recorded content and discussions focussing on shared learning and case discussions, acting as a vehicle for developing a multi-professional response to challenges encountered in real time. Data were collected via surveys and focus groups throughout, and after completion of sessions.

Results A range of homelessness, health and social care professionals attended the programme. Pilot data provided insight into the perceived usefulness of the programme in terms of connecting and empowering professionals and access to care and services. The importance of including a wide range of professional groups was highlighted and national roll out recommended.

Conclusion/Discussion To address the inequity that exists in palliative care access for people experiencing homelessness, a joined up, supportive, multi-professional response is essential. Online community of practice programmes are one way of achieving this.