

- Increased patient and family uptake of spiritual care.
- Increased and diverse community networking.
- ‘Chapel’ changed to ‘Sanctuary.’
- Multi-faith approach to spiritual care study days.
- Has contributed to ongoing cultural change around inclusivity.

Conclusion

- Inclusive spiritual care is embedded across Havens Hospices.
- There is increased uptake of spiritual care because patients see it as personally relevant.
- Continued organisational connection to its founding ethos and values without a religious context.
- Instigated independent review of culture and focus on equality and diversity throughout.

P-49 ABSTRACT WITHDRAWN

Resourcing palliative care

P-50 ADVANCE CARE PLANNING VIRTUALLY DURING A PANDEMIC

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The Marie Curie Virtual Advance Care Planning service was set up in response to the vulnerability of care home residents during the COVID-19 crisis. The high degree of variation in completed Coordinate My Care (CMC) records pan-London was identified. Many care home residents and their families had not had discussions about their end-of-life care preferences recorded. As well as providing holistic person-centred information, documenting evidence for the transfer to hospital for those for whom it would be appropriate is vital to enable the health and social care system to provide better person-centred care.

Marie Curie had existing experience of working with care home staff and GPs to create CMC records. This experience was used to initiate and provide this virtual service across several areas in London involving care home residents and the service has expanded to receive referrals from hospital consultants for their out-patients who they believe would benefit from advance care planning and the creation of a CMC record.

The project is staffed with registered nurses, initially with those who were shielding, and Marie Curie were able to recruit these staff from widespread locations because of its virtual nature. A training programme was established involving recognised CMC training, using webinars on advance care planning and issues surrounding mental capacity of patients, including Lasting Power of Attorneys Best Interest Decisions for patients who lack capacity. This was underpinned by the experience of Marie Curie Nurses with excellent communication skills as well as foundational mandatory training such as general data protection, safeguarding and mental capacity assessment.

On receipt of the referral, the Marie Curie Nurse identified individual needs and began liaising with necessary parties in order to create an advance care plan that was of a high

quality and would contain the most useful information about personal preferences to the multi-disciplinary teams.

P-51 ANTICIPATORY CARE PLANNING IN SCOTTISH CARE HOMES DURING COVID-19

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A 14-week quality improvement partnership project was undertaken with care/nursing homes in the most deprived area of Scotland during the COVID-19 crisis. Care home staff were trained to use the internationally recognised Supportive and Palliative Care Indicators Tool (SPICT) (Highet, Crawford, Murray, 2014) to identify patients who would benefit from anticipatory care plans (ACP) and then care plans were developed for identified individuals. An ACP sticker was developed to act as an aide-memoire during emergencies, ensuring patient autonomy. Monthly reviews were undertaken, and a calculated 134 hospital bed days were saved due to developed ACPs, and an estimated £159,460 saved from avoided admissions for local NHS. Perhaps, more importantly this upskilled care home staff to recognise palliative conditions and reduced pressure on hospital beds at a time when these were crucially required for COVID-19 patients.

P-52 EVALUATION OF ADVANCED COMMUNICATION SKILLS TRAINING (BLENDED VERSION): IN RESPONSE TO THE PANDEMIC

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The COVID-19 pandemic has once again highlighted the relationship between skilled communication by health professionals and patient outcomes (Moore, Rivera Mercado, Grez Artigues, et al., 2018). However, the pandemic has also introduced challenges in delivering face-to-face communication skills training. To overcome these challenges and meet the ongoing need for communication skills training we used an approach based on Kolb's (1984) model of experiential learning to adapt our ACST programme for blended learning delivery.

Blended learning has been used to train health professionals for many years, but there remains much to be learned about the transition of ‘soft skills’ training to the online environment (Moore, Rivera Mercado, Grez Artigues, et al., 2018; Kolb, 1984; Hess, Hagemeyer, Blackwelder, et al., 2016). We contribute to this literature by evaluating our blended learning course in comparison to our long-running face-to-face equivalent.

Our two-day course has been evaluated since inception (2016) using an anonymised, self-reported questionnaire created by Bibila & Rabiee (2013) that measures level of confidence in communication. We analysed trends in pre/post confidence scores from our final three face-to-face courses and first three blended learning equivalents. We then used thematic analysis of participant feedback to evaluate choices made in the educational design of the blended learning course against evidence from health education literature.