- 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P-49 ABSTRACT WITHDRAWN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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10.1136/spcare-2021-Hospice.68

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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10.1136/spcare-2021-Hospice.69

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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10.1136/spcare-2021-Hospice.70

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.

Trend analysis showed participants report improvements in confidence that were equivalent between the two courses. Thematic analysis demonstrated clear constructive alignment between learning outcomes, course content and participant learning. Our findings indicate that communications skills training delivered via blended learning can deliver equivalent outcomes to face-to-face learning.

P-53 'ARTSi' (ART FOR SELF-ISOLATION) – A LOCKDOWN EMAIL SERIES TO STAY CONNECTED

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10.1136/spcare-2021-Hospice.71

Background Engaging in a creative process can help improve social functioning (Lefevre, Economos, Tricou, et al., 2020) and reduce symptom intensity (Collette, Guell, Farinas, et al., 2020), anxiety and depression (Bosman, Bood, Scherer-Rath, et al., 2021) for palliative individuals. The pandemic suspended all in-person creative services at two hospices, so a move to virtual support was required. An email series, 'ArtSi', was developed to continue providing creative arts support remotely.

Aims Weekly emails were designed at enhancing wellbeing through creative practice and generating a sense of connection (Jensen, Bonde, 2018). They offered a channel for patients, carers and bereaved individuals to stay present and mindful, relieve stress, play, momentarily forget distressing factors and find relief from overwhelming emotions.

Method Each Monday, a creative prompt/activity was emailed to 280+ individuals who the hospices support. Participants were encouraged to reply with a photo of their completed artwork by the following Sunday, so everyone's creations could be shared together in the next week's email - creating a sense of connection and community.

Results The email series spanned over 20 weeks and we received 500+ artworks from individuals (emailed and physical). Participants reported that they looked forward to receiving the new email each Monday as it often provided some light on darker days and a way to find pleasure and healing through enjoyment, creation and communication.

Conclusion The ArtSi emails were successful in keeping us in touch with those who we usually support through the arts, and highlighted the positive influence that creative practice and reflection can have on an individual's life (Stuckey & Nobel, 2010). The email series provided a means for continued engagement and connection (especially for those who were particularly vulnerable or socially isolated) throughout the difficult and uncertain lockdown period.

'ArtSi has really kept me sane during lockdown. Once the art journaling sessions at the hospice had to end, I wasn't sure how to go forward... ArtSi and keeping creative have been a real life-saver.'

P-54 CREATING AN INFORMATION HUB TO SUPPORT PEOPLE LIVING WITH TERMINAL ILLNESS DURING A GLOBAL PANDEMIC

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10.1136/spcare-2021-Hospice.72

Background When the UK went into national lockdown in March 2020, there were many questions about what that would mean for someone with a terminal illness. At a time when many face-to-face services had to stop, people had more questions than ever before. There was little government guidance for specific questions related to terminal illness and caring. Many carers, family members and people with an illness felt more isolated than ever before.

Aim We wanted to make a dedicated online information hub to provide a place where these questions could be answered, linking to our wider support offer.

Method We streamlined our usual content production process to get this information to our audience at the time they needed it. This allowed a small team to continually update our pages in plain English, providing guidance for all four nations of the UK as rules regularly changed. We maintained a high level of involvement from health and social care professionals, as well as policy stakeholders, ensuring the content was accurate, up-to-date, and relevant for our audience. The hub is available free on our website, and consists of 23 pages. The comprehensive resource answers questions related to coronavirus (and restrictions) for those at different stages of the caring journey - it is not just aimed at people who have (or had) COVID-19.

Results We monitored impact using Google Analytics and page surveys. Between 1 April 2020 and 31 March 2021, the hub had been accessed by 879,653 users. The page views for the hub were regularly between 25k-30k per week during this period. Three quarters of our users found the page they were reading useful, and said they felt better informed and reassured. The resource was shortlisted (final five from over 260 entries) for the BMA Patient Information award in 2021.

P-55 DEVELOPING A 'KEEP CONNECTED' HELPLINE DURING THE COVID-19 PANDEMIC

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10.1136/spcare-2021-Hospice.73

The COVID-19 pandemic had significant impact on how services, such as the hospice social programme and bereavement groups, were able to operate; many were either suspended or had to move to an online model. Understandably this affected individuals who relied on that social contact to manage and cope with their well-being and grief. In recognition of this Mountbatten created a helpline for all individuals living on the Isle of Wight affected by isolation, loneliness and bereavement. The 24/7 'Keep Connected Helpline' was developed in March 2020 and was supported by both staff and volunteers. Mountbatten recruited volunteers with the willingness and skills to manage the helpline. All volunteers received comprehensive training to respond to sometimes very complex calls. They received regular support and supervision from trained staff.

Outcomes The numbers of calls received were low but these calls were often complex. It was clear that some individuals with mental health needs were finding it hard to manage in the lockdown, and many bereaved individuals were struggling to cope with their grief in the absence of their usual peer and social network. One call was received