number of patients reported a willingness to try an online group, we trialled a six-week online Mindfulness and Meditation group.

Aim(s) To discuss the principles of mindfulness and how it can benefit those living with life-limiting illnesses; deliver tangible experience of mindfulness practice; and provide social connectedness to patients with symptoms of anxiety shielding in their homes.

Methods November - December 2020: course scoping and planning; December 2020 - January 2021: patient recruitment; 27 January - 3 March 2021: course delivered via presentation slides on Zoom and weekly homework tasks; March - April 2021: evaluation and service user feedback. Outcome measures: number of attendees, service user feedback.

Results Attendee numbers: 11 patients signed up with between five and eight attending each session. Six patients provided feedback: 100% reported the course helped them a) feel less stressed and overwhelmed, b) change the way they view their thoughts, and c) change their behaviours. 83% were either 'satisfied' or 'very satisfied' with the course.

Conclusions The online Mindfulness and Meditation group had good and regular attendance, and service users indicated that it contributed to positive changes in their mental health. The course will run online again in July 2021, this time with pre- and post-questionnaires to assess the reduction in symptoms of anxiety more robustly.

P-59

GROWING CONNECTIONS

Lucy Heaps. *Garden House Hospice Care, Letchworth Garden City, UK*

10.1136/spcare-2021-Hospice.77

Background In March 2020, due to COVID-19 the Social and Therapeutic Horticulture (STH) group in day services had to close. The hospice occupational therapist (OT) wanted to support the group to stay connected to nature and each other, so decided to introduce an interactive monthly newsletter.

Aims To encourage and support patients and volunteers to connect with nature (and each other) to support their mental health and sense of wellbeing through a period of shielding and isolation.

Approach

- April 2020 – monthly newsletters were posted to patients and volunteers.
- June 2021 – reviewed and agreed plans to relaunch the STH face-to-face groups (following the social distancing and PPE requirements).
- August 2021 – face-to-face 'wellbeing through nature' sessions to start and newsletters to continue.

Results 32 people have accessed the monthly newsletter, whereas the face-to-face session only had six per session (on average). It has reached patients who had been unable to attend sessions at the centre due to logistics and care needs. It has enabled new patients to connect and benefit. It has kept people connected as they shared their news and stories together in the 'grapevine' section of the newsletter. The OT has inspired good practice for other health professionals.

Conclusion The newsletter has proven to be a fantastic medium for patients and volunteers to stay connected to the hospice and their peers through the pandemic. It has gathered

a great deal of positive feedback from patients and families/carers alike. It has enabled the service to demonstrate that even through the pandemic we have been able to keep to our hospice core values. The newsletter will continue post COVID-19. It has enabled our patients to connect in a virtual way. We now look forward to restarting our face-to-face STH sessions in our day service.

P-60

COMPTON VS COVID: STEPPING UP

Beverley Clarke, Tricia Evans, Jenny Warren, Angela Matthews, James Elliott. *Compton Care, Wolverhampton, UK*

10.1136/spcare-2021-Hospice.78

Background and Aims In March 2020 our hospice was faced with an unprecedented challenge. The COVID-19 pandemic affected every aspect of our work, from patient care to fundraising, but proactive cooperation with local services enabled us to 'Step Up' our support for patients and families.

Method and Results The 'Stepping Up' appeal found innovative ways to raise funds and engage with the public, from virtual events to gathering messages of support for our hard-working staff. Our Compassionate Communities team launched a telephone befriending service and virtual bereavement information hubs, reaching out to those isolated by the pandemic. Our inpatient unit expanded to better facilitate admissions from local hospitals and the community, overseen by a dedicated flow co-ordinator. The team was rapidly upskilled in managing more acutely unwell patients, including those with COVID-19, and challenging situations such as withdrawal of NIV.

Our Living Well Centre, temporarily closed due to the pandemic, was transformed into a nurse-led unit for COVID-19-positive patients awaiting care home placement. As well as being redeployed, our Living Well nurses embraced new technology to support their patients remotely. Our community team provided additional support to local district nursing teams, taking over personal care for some of their more complex palliative patients. Training in procedures such as catheter insertion and venepuncture was also expedited. Working collaboratively with NHS colleagues we were able to manage more complex medical situations at home, reducing the need for inpatient admissions. Video consultations and a professional support line allowed the medical team to become more responsive.

Conclusion Despite the many challenges, we have taken the opportunity to improve continuity of care and build better working relationships within our organisation. Cooperation with external partners, a keystone of good palliative care, has been vital to our ability to respond and adapt, and we hope to see these positive changes continue.

P-61

ST LEONARD'S HOSPICE COVID-19 RESPONSE – COORDINATION AND RESPONSE

Jenny Brandom. *St Leonard's Hospice, York, UK*

10.1136/spcare-2021-Hospice.79

Background St Leonard's Hospice were approached by the local health and care system to lead the response and co-ordination of care for those people requiring end-of-life care in

the community at the start of the COVID-19 pandemic. In response we worked with the local NHS Hospital Trust to develop and provide an urgent community service and Single Point of Coordination that responded to patient need.

Aim To ensure that those patients that required end-of-life care in the community received a co-ordinated local expert response.

Methods In wave 1 of the pandemic, government directive required patients to be rapidly and urgently discharged from hospital. Clinical pathways were redesigned to ensure that patients who needed to be diverted away from acute hospital settings received a responsive end-of-life service. A Single Point of Coordination was initiated to ensure that patients, families and health and care professionals had access to a single telephone number for advice, care and contact.

Results The urgent community team response received positive patient and family feedback in response to the service being mobilised. A coordinated approach resulted in improved expert experience for patients and families when it is most needed. The Single Point of Coordination continues to take an average of 45 calls per day totally up to 6000 calls over a six-month period through 19/20. Patients were able to die with family members present. No patients referred to the service were inappropriately admitted to hospital.

Conclusion Evaluation of the services are ongoing in response to maintaining business continuity. Following positive feedback from patients and key stakeholders we have continued to provide Single Point of Coordination to serve the local population in line with the 'Ambitions for Palliative and End of Life Care' (National Palliative and End of Life Care Partnership, 2021).

P-62 EXPLORING PATIENTS AND FAMILIES EXPERIENCES OF SERVICE ADAPTATIONS IN THE CONTEXT OF COVID-19

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10.1136/spcare-2021-Hospice.80

Background In March 2020, care within hospices had to be dramatically altered to comply with COVID-19 government guidance. Some services at Dorothy House Hospice were rapidly suspended, others adapted due to safety restrictions. Frequently, the human touch, typically enshrined in hospice care, was replaced with virtual/remote connections including video (Zoom) and telephone calls.

Aim To identify and understand the impact of communication changes on patients', clients' and families' experiences of Dorothy House Hospice in the context of COVID-19 and explore their future communication preferences.

Method In July 2020 a postal survey was sent to all who had used Dorothy House Hospice services since March 2020. Using closed questions plus free text comments, the survey asked about people's experiences of services since March 2020 including levels of satisfaction with communication, difficulties encountered and preferences for future communication types. Data were analysed using frequency counts, with exemplar quotations extracted.

Results Responses were received from 218 participants comprising: patients (62%), family/carers/friends (28%) and

bereaved people (10%). 189 (87%) of respondents reported receiving the right amount of information despite service changes, and 185 (85%) were happy with the format of contact received. 172 (62%) respondents did not want to receive video calls in future, however, 71% (n=10) of respondents aged 18-44 were happy with this method, compared with 12% (n=18) aged 65+. Respondents reported minor technical difficulties with Zoom and regret at restrictions on face-to-face interactions. Concerns surrounding privacy during remote consultations at home, and hearing difficulties, were occasionally raised.

Conclusion The majority of responses were overwhelmingly positive; patients, clients and families were reassured and appreciative that they were still able to access Dorothy House Hospice services, albeit sometimes in alternative formats. Steps to improve online access and technical support/education are needed to support older service users to access services with confidence.

P-63 A LONDON HOSPICE'S EXPERIENCE AND RESPONSE TO THE COVID-19 PANDEMIC: A SERVICE EVALUATION

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10.1136/spcare-2021-Hospice.81

Background The COVID-19 pandemic resulted in increased demand for specialist palliative care, however, there is little description in the literature of the impact on specialist community services (Bone, Finucane, Leniz, et al., 2020). Service-level changes were made by an inner London hospice and community team to respond to changing needs and pressures on local acute hospitals and primary care.

Aims To explore how the COVID-19 pandemic impacted local hospice referrals made and describe how inpatient and community services adapted across the first and second waves.

Methods A retrospective analysis of referral data was conducted, comparing first and second COVID-19 waves (5 March 2020 - 31 May 2020 and 5 November 2020 - 23 February 2021 respectively) with 'control' data for the same periods, one year prior. Qualitative methods were used to describe new interventions and adaptations to the delivery of care across the service during this period.

Results There was little change in referrals for hospice services, when comparing control waves with COVID-19 waves. Several adaptations were made which ensured that safe delivery of care could continue across all settings including early fit-testing for staff, vaccinations, regular testing and the introduction of inpatient COVID-19 referral pathways. Referrals for COVID-19 positive patients to the inpatient unit increased between the first and second waves. Despite improved attendance at virtual care home MDTs, fewer referrals were received compared with the control waves.

Conclusion Though overall referrals to the service did not change when compared with control waves, the number of referred COVID-19 patients increased between first and second waves. This may reflect adaptations in and improved use of dedicated COVID-19 pathways by acute hospitals. The reduction in number of care home referrals may represent lost referrals due to a preference for remote advice over face-to-face reviews and deterioration of residents before referral could be made.