Method From January until the end of March 2021 support was provided to the designated care home in the form of:

- A weekly virtual ward round. Members on the virtual ward round included a GP, the Lead Nurse from the care home, an Advanced Nurse Practitioner, a paramedic and a Palliative Care Nurse Specialist.
- The provision of regular telephone calls throughout the week was dependant on need from the care home.
- If there were any particular patients that the care home staff had concerns about a clinical nurse specialist would be available at weekends and bank holidays for advice and support.
- Telephone calls to relatives.

Results

- Prevention of patients being readmitted to the Acute NHS Trusts following the input from specialist palliative care.
- Quality symptom control provided for patients not for escalation.
- Quality end-of-life care.
- Support for care home staff.

Conclusion The specialist palliative care input made a positive contribution to the care of patients and also to the symptom control of those patients who were end-of-life. Staff felt supported in looking after these patients at a time when care home staff were generally feeling very isolated.

P-70 THE EVOLVING ROLE OF RAPID RESPONSE CLINICAL NURSE SPECIALIST DURING THE COVID-19 PANDEMIC

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10.1136/spcare-2021-Hospice.88

Background Having access to a community non-medical prescriber (NMP) can enhance patient care by anticipating and responding quickly to symptom control issues at end-of-life and supporting patients to die within their preferred place of care (McGleish, Sivell, Nelson, 2015). With the predicted surge in demand that would overwhelm our local healthcare the end-of-life hub was expanded which included increased NMP capacity.

Aim To meet the predicated demand in services during the COVID-19 pandemic the end-of-life hub would have rapid response clinical nurse specialists (NMPs) available to rapidly assess and provide specialist palliative care advice and symptom control within the community.

Method All of the NMPs within the community team were redeployed to the end-of-life hub. By expanding the team this enabled access to NMPs seven days a week and at the height of the pandemic an NMP was available 24/7 for patients who required rapid assessment. Within the end-of-life hub there was also a quick implementation of access to emergency medications that the NMPs were able to obtain. This enabled the team to provide timely symptom control when accessing medications from a community pharmacy was not available.

Outcome Support was provided to patients who were COVID-19 positive or with a life-limiting illness that required rapid assessment either within their own home and critically those within nursing or residential placements. Assessment was often challenging due to limited information being available and therefore detailed assessment was needed to ensure the best outcome for each individual.

Conclusion The NMPs have now been permanently redeployed to the end-of-life hub and continue to provide cover seven days a week. The role has been critical in supporting patients within the community by enabling rapid assessment, symptom management and allowing patients to die within their preferred place of care.

P-71 END-OF-LIFE HUB- COORDINATING END-OF-LIFE CARE DURING COVID-19 PANDEMIC

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10.1136/spcare-2021-Hospice.89

Background With the concern that demand would overwhelm our local healthcare services our hospice in the home team was expanded to develop an end-of-life care hub. The hub would lead and co-ordinate all non-acute hospital end-of-life care within the locality.

Aim The end-of-life hub would ensure the efficient use of the entire end-of-life resources across the locality and enable timely access to care. This involved working in collaboration with external services including primary care, community nursing, ambulance service and local community hospitals.

Method The end-of-life hub is supported by call handlers, senior staff nurses, healthcare assistants and clinical nurse specialists and was operational 24/7. The main functions of the hub included:

- Single point of contact for all end-of-life matters for professionals, patients and family members 24/7.
- Receive diverted call from NHS 111 and out-of-hours services where patients were either COVID-19 positive and not suitable for acute admission or approaching end-of-life.
- Provision of 24/7 medical advice and specialist palliative care prescribing capability.
- Provision of 24/7 rapid response visiting in partnership with community nursing.
- Coordinating flow through all non-acute community hospital admissions for end-of-life care including medical and pharmacy support.
- Coordinating the expanding virtual ward service.
- Liaising with central continuing healthcare team on care that could not be provided through virtual ward.
- Coordinate the electronic end-of-life register (My Care Choices).

Outcome The end-of-life hub received a total of 45,670 calls into the service over the past year. During this time a total of 4943 referrals were received and processed through the end-of-life hub which coordinated their care and ongoing support within the locality.

Conclusion The end-of-life care hub continues to develop and remains a core service within the community to continue to increase our reach to serve our local population.

P-72 TURNING THAT FROWN UPSIDE DOWN; THROUGH COVID-19 AND BEYOND

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10.1136/spcare-2021-Hospice.90