software package, Stata (Version 15; StataCorp, 2017). Qualitative data were analysed using an inductive thematic analysis framework (Braun & Clarke, 2006). Three members of the rehabilitation team were interviewed about encountered benefits and challenges.

Results Thirteen members completed the questionnaire (68%) and all were positive about the transformed sessions. Eight respondents (62%) felt that the Zoom sessions were 'no different' or 'better' than in-person sessions. No adverse events were reported. Themes from open-ended comments included patient-level effects such as maintained exercise and social contact when in isolation and removed travel requirements. At the service level, there was improved access but technological challenges. Most respondents (9, 69%) suggested keeping the option of Zoom for flexibility and 46% (6) wanted both staff-led and self-led elements.

The rehabilitation team felt their rapid response and team working enabled efficient transition to Zoom. This included risk assessments, particularly for those living alone. With help, users quickly learned and the virtual delivery provided opportunities to try new activities. At times, staff found the 'silent audience' challenging. The rehabilitation team felt the approach may only work with groups with existing rapport.

Conclusions The hospice rehabilitation team now provide concurrent sessions at home via Zoom and in the hospice. These access options provide choice, appear to be acceptable and offer flexibility around changing condition status and personal factors.

P-84 VIRTUAL WELLBEING AT THE KIRKWOOD- 'YOU'RE ON MUTE...'

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In March 2020, due to the increasing numbers of people affected by the coronavirus pandemic in Kirklees, a number of The Kirkwood's services were suspended, including those which involve public gatherings of patients, carers, family members and volunteers – this included all of the wellbeing and self-management information sessions for people affected by life-limiting conditions. Following trials in virtual delivery of small pockets of this programme in the latter part of 2020, a virtual wellbeing programme was launched. It was identified that there was a lot of duplication within the different self-management modules and the decision was made to minimise this and bring the different groups of patients and carers together to cover the more generic topics such as breathlessness management, living with fatigue and sleep promotion. This resulted in decreased burden on our community colleagues who were under immense pressure due to COVID-19.

Sessions took place from Tuesday to Friday over Zoom and covered different aspects of self-management and general wellbeing. These included information sessions around living with fatigue, managing breathlessness and sleep promotion. More generic wellbeing sessions were also provided which covered self-care, social interaction and music therapy. Partnerships with pre-COVID-19 partners such as Huddersfield Town Foundation were re-established and joint sessions (e.g. Sporting Memories) were delivered virtually. New partnerships were developed (Nordoff -Robbins) and initiatives such as an online choir were developed and thrived.

Patient feedback was collected in real time and retrospectively after a 12-week period. Real time feedback was overwhelmingly positive and constructive with a consistent emphasis on their helpfulness, relevance, inclusiveness and enjoyability. The main themes of the retrospective feedback were that the sessions were easy to access, useful, informative and social.

When asked if we could have done anything differently, the only request from some was for face-to-face sessions when restrictions allowed.

P-85 HOSPICE VIRTUAL WELLBEING SERVICE: SUPPORTING PATIENTS AND CARERS ONLINE THROUGH THE PANDEMIC

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Background Wellbeing centres across the UK have been closed to face-to-face attendances by terminally ill patients and their carers since the start of the COVID-19 pandemic in March 2020 (Swann, Easton, McGuinness, et al., 2021). Day hospices have had to be flexible (Dunleavy, Preston, Bajwah, et al., 2021; Etkind, Bone, Lovell, et al., 2020; Stevens, Martin, White, 2011) and think creatively (Roberts, 2021) to maintain support for our patients. We developed a virtual programme to continue our high level of support for our patients and carers.

Aims We aimed to offer a wide variety of virtual sessions to our patients and their loved ones to help with symptom control and maintain social and psychological support (Stevens, Martin, White, 2011).

Methods We provided virtual group sessions such as yoga, exercise classes, guided relaxation, art, Q&A sessions with our doctors, discussion support groups, carers' groups, management of breathlessness and pain, anxiety and fatigue management, in addition to one-to-one nursing assessments. Our complementary therapist offered aromatherapy education and our physiotherapists supported patients to maintain mobility and physical function. Two online surveys captured service users' experience of the virtual programme.

Results Our first virtual session was held on 1 April 2020 with three participants attending. This grew to 18 scheduled sessions per week supporting an average of 23 patients a day. Up to April 2021, we had 4,525 attendances and 371 external referrals. Our survey showed that attendees felt the online sessions improved mood (91.2%) and helped to improve symptom management (84.2%).

Conclusions Our patients and carers showed keen enthusiasm for the virtual wellbeing sessions. We plan to continue to offer this support going forward alongside a return to face-to-face sessions when possible with the advantage of extending the reach of our service to patients and carers who may not be able to attend in person. Maintaining a link with the hospice during the pandemic and social interaction for our patients who have been shielding at home has been appreciated.