

**Methods** The project steering group developed four workshops: (1) All about me. (2) Who and what matters. (3) Choices and wishes. (4) Legacies.

**Results**

- Online art ACP workshops with reasonable adjustments
- Co-delivered online education
- Film
- Community artwork
- Twitter handle
- Pilot led to NHS Charities Together funding for qualitative research, education and art workshops for people excluded by identity, culture, ethnicity or race.

*'It's great how the group shared things. I felt safe to do that.'*

*'If you're cynical about what art-making adds to health-based discussion, this project will challenge that cynicism.'*

**Conclusion** It is important that people are supported to identify end of life wishes (PCPLD Network & NHS England, 2017). 'No Barriers Here' increased awareness of the challenges people with intellectual disabilities experience and how using a creative approach can improve conversations.

**Please note** an easy read version of this abstract is available from the first named author.

## Parallel Session 3.1 – Thinking differently through networks, knowledge and narratives (Thursday 4 November, 10:45 – 12:00)

0-9

ABSTRACT WITHDRAWN

0-10

SUSSEX HOSPICES COLLABORATION

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10.1136/spcare-2021-Hospice.9

**Background** Since 2018 the seven Sussex adult hospices have been actively pursuing opportunities to collaborate. This gives opportunities to combine resources, share knowledge and speak effectively with one voice, raising the quality and profile of hospice care in Sussex. This chimes with key themes from the Hospice UK Future Vision Programme (2020), the NHS 'Next Steps' document (NHS England and NHS Improvement, 2020) and the Ambitions Framework (National Palliative and End of Life Care Partnership, 2021).

**Aims**

- To increase collective reach.
- Create sustainable hospices capable of influencing and leading the wider health and social care system and responding coherently to threats and opportunities.
- Share learning and resources to improve existing variation and inefficiency.
- Create flexibility allowing hospice sub-sets to work at place level.
- Seek to standardise and improve statutory funding.

**Methods**

- Autumn 2018 – scoping work done.
- March 2019 – joint meeting of Trustees/Chief Executive Officers to agree initial work programme.
- May 2019 – combined launch event with staff.
- June-October 2019 – five workstreams developing proposals.
- November/December 2019 – proposals brought to hospice Boards. Financial commitment for 18-month programme and memorandum of understanding signed. Collaboration Steering Group established.
- March 2020 – pause due to pandemic, joint work to establish basis for additional beds funding.
- September 2020 – programme recommenced.

**Results**

- Set up Project ECHO superhub for care home education.
- Agreed joint mandatory and management learning programmes.
- Creating Sussex Education Hub to combine resources in one jointly-owned entity.
- Benchmarking core activity.
- Working on common data set.
- Created Sussex Hospices brand.
- Appointed Programme Manager.
- Shared posts.
- Place-based collaboration.
- Growing influence and representation with commissioners and in ICS planning forums.
- Selected as a pilot area for NHSE sustainability work.

**Conclusions** We are now seeing growing momentum and, from the evidence so far of our ability to cost share, exchange knowledge and influence thinking in key forums, we are convinced of the imperative for this work if we are to make the best use of our knowledge and resources for the benefit of the people of Sussex.

0-11

DEVELOPMENT OF A JOURNAL CLUB TO IMPROVE CARE IN A HOSPICE THROUGH EVIDENCE BASED PRACTICE

<sup>1</sup>Sarah Stanley, <sup>1,2,3</sup>Amara Callistus Nwosu, <sup>1</sup>Lynda Finney. <sup>1</sup>Marie Curie Hospice, Liverpool, UK; <sup>2</sup>International Observatory on End of Life Care, Lancaster University, Lancaster, UK; <sup>3</sup>Royal Liverpool University Hospital, Liverpool University Hospitals NHS Foundation Trust, Liverpool, UK

10.1136/spcare-2021-Hospice.10

**Background** Many palliative care organisations use journal clubs to support educational development for staff. However, to date, the potential to use journal clubs to directly improve clinical care in hospices (through quality improvement activity) has not been described in the literature.

**Aims** We describe the development of a multidisciplinary hospice journal club, through which aimed to (1) develop research questions to clinical care problems in the hospice and (2) identify solutions to these problems to improve care delivery.

**Methods** In January 2019, we established fortnightly journal club meetings, which provided staff with the opportunity to present hospice-relevant palliative care research. In these meetings, we discussed the main findings, clinical practice implications and future research questions. Initially, the meetings were in-person, but we later hosted these online (via

Microsoft Teams) due to the COVID-19 pandemic, which enabled virtual participation. We used the research questions generated to inform future quality improvement work. We asked staff to complete a feedback survey to determine their views of the process.

**Results** We have conducted 30 journal club meetings, which have generated 124 research questions. Thirteen meetings were virtual. We have conducted quality improvement work using these research questions to improve clinical care. Nineteen staff (representing five clinical sites) completed feedback. The feedback was positive, with participants stating that the journal club was educational, clinically relevant and enjoyable. The main problem identified by participants were technological issues relating to participating in the virtual meetings.

**Conclusion/Discussion** We have demonstrated how a palliative care journal club can be used to improve clinical care in a hospice. Our experience can be used by other palliative care settings to engage staff in research and improve care for those with serious illness.

#### 0-12 HOSPICE HERITAGE STORIES: MAKING EVERY MEMORY MATTER

Sarah Beer. *St Helena Hospice, Colchester, UK*

10.1136/spcare-2021-Hospice.11

**Background** As we approached a key anniversary, we found our timeline lacked real people's stories of our hospice's origin. The number of surviving founders was dwindling so we risked losing first-hand accounts. We also respected the value of our current stories. We applied successfully to The National Lottery Heritage Fund to support the project.

**Aims** Preservation of our hospice heritage through recording memories of people involved from its inception in 1979 to the Royal opening of our day centre in 1988, and to add to historical research of the hospice movement. By sharing past and present stories throughout the project, and curating the collection for an online archive, an exhibition at the hospice, and a mobile exhibition including to local areas of deprivation; we are aiming to engage, educate, inspire, and dispel fear about hospice care. Aimed to record 20 heritage stories and 15 stories of current patients, families, staff and volunteers.

**Methods** Conduct and record oral history interviews digitise images and VHS film footage; use digital and traditional media to invite reminiscence and share stories; build heritage area on website; present the heritage stories through exhibition; deposit oral histories with records office.

**Results** Currently in the last stages of the project, preparing the collection for: online and physical exhibitions; book of heritage stories; podcast series; repository. Throughout the project social media engagement with our heritage stories is showing that we are inspiring pride in our heritage; opportunity for reminiscence; inclusive access for different audiences. Recorded 21 heritage and 30+ current stories. Data from digital analytics, exhibition visitor numbers and feedback will be collected for evaluation.

**Conclusions** Heritage and current stories are generating positive hospice public relations and marketing opportunities; preserving memories before they are lost to benefit wider historical research of the hospice movement; giving people a voice.

## Parallel Session 4.1 – Enhancing support in the community (Thursday 4 November, 13:30 – 14:45)

#### 0-13 INTEGRATED CARE – MAKING POSITIVE IMPACTS WHEN IT MATTERS MOST

<sup>1</sup>Kay Greene, <sup>2</sup>Debbie Martin. <sup>1</sup>*Mary Ann Evans Hospice, Nuneaton, UK;* <sup>2</sup>*South Warwickshire NHS Foundation Trust, North and South Warwickshire, UK*

10.1136/spcare-2021-Hospice.12

We have been working together in a blended way with a common vision to ensure palliative and end of life care services provided in the home setting, inclusive of care homes, truly makes a difference to people known to be palliative – regardless of the stage of their disease. Our integrated, 24/7 rapid responsive care service, is not defined by an illness time point.

Our vision was to provide an enhanced specialised team together. This team would do their utmost to ensure that any calls for help resulted in people remaining being cared for in their own home setting wherever possible – a wraparound service, ultimately avoiding unnecessary acute care admissions.

Patients, family members, friends or professionals simply have to dial our direct mobile number and circa 90% of those calls for help will receive a visit from our team in person within 30 minutes of making their call overnight, 365 days a year.

In the first full operational year (2018-19) of the service, 823 patients received 1479 visits between 8pm-8am. As the service extended to 24 hours in 2020-2021, our visit count reached 3628, with only 16 of these visits resulting in an acute admission for clinical need. Our team reported that 2216 of the 3628 visits, without their input, most likely the outcome would have been transmission to local A&E.

In addition to people being able to receive care where they prefer to; our service costs us between £50-60 per hour to provide – considerably less than an onward ambulance journey and potential acute hospital admission.

Working as a large NHS Foundation Trust – over 5000 employees and a small independent charity community hospice with just over 60 employees brought us several challenges as well as benefits. The benefits of integration for our local population have by far outweighed any challenges which we overcame together and will continue to do so going forwards.

#### 0-14 CREATION OF A VIRTUAL WARD: A RESPONSE TO COVID-19

Sheona Evangeli, Nikki Tuff, Matt Sweeting, Sue Griffith, Alison Stevens, Alison Gray. *Farleigh Hospice, Chelmsford, UK*

10.1136/spcare-2021-Hospice.13

**Background** With a second wave of COVID-19 peaking in mid-December 2020, one hospice closed its inpatient unit to allow clinical staff to be utilised to greater effect in the community. This approach had been used during the first wave of the pandemic, with good effect, allowing more referrals and