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LIVING WELL AND PALLIATIVE CARE IN THE VIRTUAL COVID-19 WORLD: A NEW WAY OF WORKINGClare Gallie, Amanda Harris. *Lewis-Manning Hospice Care, Poole, UK*

10.1136/spcare-2021-Hospice.104

Background Living with a life-limiting illness is very isolating; COVID-19 led to patients shielding and increased loneliness. Patients longed to see our nurses' faces and their friends from day hospice. At Lewis-Manning Hospice Care we developed a virtual day hospice service to improve patient communication. **Aim** To develop a virtual service that gave patients the tools and services to 'see' our team, receive clinical and emotional support, and access a range of activities from the safety of their homes.

Method

- Patient-led service design based on feedback from patients about their needs
 - Consulted 50 patients about their needs and the impact of COVID-19
 - Collated their views on potential virtual day hospice services.
- Service research
 - Networked with 'virtual' service providers sharing ideas and best practice.
- Technology
 - Spoke with other hospices using iPads for symptom control
 - Piloted patient video calls and a virtual art group
 - Invested in hand-held tablet devices with direct connection to the hospice with a mixture of SIM and WiFi enabled connectivity
 - Trained staff/volunteers on how to use tablets, cascaded training to patients
 - Delivered devices into patient homes.
- Ongoing developments
 - Introduced exercise and mindfulness sessions.

Results Our virtual service succeeded in:

- Improving our patients' wellbeing, mobility, and reducing pain.
- Reducing isolation, loneliness, anxiety, and distress.
- Supporting carers' wellbeing.
- Improving patients' ability to stay independent at home.
- Upskilling patients' technological know-how.

When surveyed:

- 96% enjoyed the service and found it of benefit
- 96% wanted virtual services to be part of their care going forwards
- Benefit longer-term if patients are too unwell to attend.

Conclusion Evaluation of Lewis-Manning Hospice Care virtual day hospice shows a positive contribution to the wellbeing of our patients, supporting communication, reducing isolation and allowing patients to learn new skills. Providing equipment and supported use of technology via volunteers into patients' homes has increased inclusivity for previously hard-to-reach groups.

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ST OSWALD'S HOSPICE AMBULATORY CARE SERVICE PILOT PROJECTOwen Lever, Jennifer Saunderson, Jolene Brown, Kath Clark. *St Oswald's Hospice, Newcastle-upon-Tyne, UK*

10.1136/spcare-2021-Hospice.105

Background For patients with chronic, life-limiting haematological conditions such as Myelodysplastic syndrome (MDS), regular transfusion for relief of symptoms of anaemia requires frequent attendance to acute hospital. Literature demonstrates MDS is associated with significant impairment and poor prognosis with critical palliative care needs (Nickolich, El-Jawahri, LeBlanc, 2016). Opportunities to address these needs can be challenging in an acute environment. The COVID-19 pandemic led to a revision of services offered in St. Oswald's Hospice day services with the development of a new ambulatory care service for patients requiring regular transfusion. This involves working with specialties to offer services to patients who would benefit from earlier palliative care support.

Aim Evaluating a pilot service to capture patient experience, patient need to access services available from palliative care MDT and working collaboratively with haematology services.

Method The pilot involved 11 patients referred by haematology services requiring regular blood transfusion. Records were kept of MDT services accessed alongside collated patient feedback.

Results Eleven patients referred between 31 March 2021 and 27 May 2021, with 26 individual attendances:

- All 11 patients had initial assessment with a senior palliative medicine doctor.
- Three patients have engaged in advance care planning discussions.
- Three patients reviewed by physiotherapy.
- Six patients received complementary therapy.
- One patient reviewed by social worker.
- Four patients had medical review for specific symptom management need.
- One patient assessed by lymphoedema specialist.
- Two patients referred to music therapist.
- One patient admitted to the inpatient unit for observation overnight.
- Feedback has been very positive from patients and their families.

Conclusion The initial pilot has been very positive with patients accessing palliative care services and engaging in advance care planning earlier. Increasing the number of referrals to the service will continue to widen access to patients not typically referred until later in their disease process, promoting improved quality of life and advance care planning.

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STAYING CONNECTED – TRANSFORMATION OF DAY SERVICES DUE TO PANDEMICShona Eyre. *St Gemma's Hospice, Leeds, UK*

10.1136/spcare-2021-Hospice.106

Background St Gemma's day hospice offered a broad range of face-to-face support services prior to the pandemic. This activity had to stop in March 2020, but it was clear that patients and families still needed support. The day hospice service was transformed into the Support, Therapy and Resources team (STAR).

Aim STAR aims to support patients and their families with advanced disease, many of whom were shielding during early stages of the pandemic and not able to access their normal treatment and support.