P-86

LIVING WELL AND PALLIATIVE CARE IN THE VIRTUAL COVID-19 WORLD: A NEW WAY OF WORKING

Clare Gallie, Amanda Harris. *Lewis-Manning Hospice Care, Poole, UK*

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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.

P-87

ST OSWALD'S HOSPICE AMBULATORY CARE SERVICE PILOT PROJECT

Owen Lever, Jennifer Saunderson, Jolene Brown, Kath Clark. *St Oswald's Hospice, Newcastle-upon-Tyne, UK*

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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.

P-88

STAYING CONNECTED – TRANSFORMATION OF DAY SERVICES DUE TO PANDEMIC

Shona Eyre. *St Gemma's Hospice, Leeds, UK*

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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.

Methods Support was offered by telephone, face-to-face home visits, in virtual groups or more recently in outpatients. Registered nurses and palliative care support workers hold their own caseloads. The service has provided advice and education for patients and families, enabled access to MDT, reduced social isolation, built relationships and introduced patients to hospice. STAR evolved using patient feedback and review of future model will include stakeholder engagement, cost effectiveness, activity levels, the broader community model and government guidelines.

Results Day hospice attendances, prior to the pandemic were, on average, 128 per month (2019-20) in contrast to 216 patient contacts per month 2020-21. With the same staffing model this provided a reduction in gross costs of over £30 per patient (Scheme 1 £101.16 vs Scheme 2 £70.32). Patient feedback is excellent – one patient stating ‘STAR has been a lifeline in difficult circumstances when people needed to shield and were very isolated’.

Conclusions STAR has provided much needed support during a difficult period. Work is ongoing on the final community model at hospice although, through work so far, we know video training is as effective as face-to-face, patient satisfaction is high and the service is liked by the whole team but lack of peer support/social engagement is missed by patients and use of technology is a barrier for some.

P-89 THE SURPRISINGLY POSITIVE OUTCOMES FOLLOWING THE COVID-19 RESPONSE WITHIN DAY HOSPICE

Sarah Kerry. Ashgate Hospicecare, Chesterfield, Derbyshire

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Background Day hospices, along with most other healthcare services changed dramatically in response to the COVID-19 pandemic, this included halting face-to-face services, stopping traditional day hospice models and in this case being left wondering what their role within the provision of specialist palliative care was. There was a period of grieving for what was seen as the loss of the day hospice service by staff members, colleagues, patients and their families. Despite the challenges, there have been some very positive outcomes from these enforced changes.

Aim The discontinuation of face-to-face contact within a traditional day hospice model enabled teams to evaluate their roles and services, leaving a blank canvas to allow development of more accessible and responsive services to meet changing needs during and after COVID-19.

Method The break in service allowed time for obtaining feedback from all users of the day hospice including patients, carers and professionals, enabling the development of user-led systems, processes and services.

Development and growth Feedback enabled the team to develop pilot programmes aimed to help meet the needs of service users. The pilots were then tested using the PDSA cycle, ensuring robust evaluation processes were embedded within each.

Results Pilots included the development of virtual services, a community hub, and MDT outpatient suite. These pilots are currently being evaluated and results pending.

Outcomes

- The opportunity to reflect and re-evaluate service aims.

- A flexible, empowered, and confident team.
- Developing an accessible, user-led specialist palliative care service using a quality improvement approach.
- Robust evaluations in place to measure the impact of pilot services.

P-90 TRANSFORMATION OF THE LIVING WELL SERVICE

Liesl Hopkins. St Richard's Hospice, Worcester, UK

10.1136/spcare-2021-Hospice.108

Background In one week the Living Well team completely changed the way they worked with patients and carers, from face-to-face to virtual support working from home (except essential home visits and essential reviews on the inpatient unit). Individual roles were adapted to meet the needs of patients and support of other hospice departments.

Aim(s)

- The Living Well stepped model of care needed to continue to meet the needs of the patients and carers.
- To provide choice and empower patients to manage their own illness.

Methods

- 8 – 12 weeks virtual therapeutic programme via video or telephone call
- Virtual outpatient clinics via video call or telephone call.
- A wide range of therapeutic Living Well zoom courses including Men's Space, adapted Tai Chi, breathlessness, fatigue management.
- A wide range of drop-in groups via Zoom including nature therapy, art club and relaxation.
- 10 weeks empowerment webinar series including sleep hygiene, journaling, and self-care through bereavement.
- All patients had access to the Living Well virtual services leaflet and website resource page.

Results Attendances increased by 173% to 2,209 comprising; Therapeutic programme 442, Living well 413, clinics 677, Social/information groups 677.

Conclusions We will offer a hybrid model of care (virtual and face-to-face) going forward, utilising the new space 'The Green'. This will enable the living well team to offer more choice and flexibility to patients and carers and empower patients, at any stage of their illness, to live well.

P-91 POST COVID-19 COLLABORATIVE APPROACH TO SERVICE ADAPTATION BY THERAPY AND COMMUNITY DEVELOPMENT TEAMS

Karen Bell, Christine Novelli. Isabel Hospice, Welwyn Garden City, UK

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Background Our service supports patients and carers to manage the challenges of living with a life-limiting condition; helps maintain independence and enhance quality of life, and gives patients the confidence to live as well as possible. Prior to COVID-19, we offered one-to-one therapy assessments, personalised programmes, group therapies and open-ended general wellbeing activities; our Compassionate Neighbours