

**P-94 THE TRANSFORMATION OF FARLEIGH CLINICAL SERVICES IN RESPONSE TO THE PANDEMIC: A TALE OF TWO MODELS**

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**Background** Farleigh Hospice provides palliative and end-of-life (EoL) care to the people of Mid Essex (population ~400k) including fast track support services. It operated a traditional hospice model of care with a dedicated Inpatient Unit (IPU) and community services i.e. day therapies, CNS team, and domiciliary care etc., which were not closely aligned.

**The problem** During the first wave of the pandemic it became apparent that the current service model was not viable. Clinical vacancies existed in both community and inpatient services and were significantly exacerbated by shielding guidelines and the loss of 'patient facing' staff.

**The intervention**

- In March 2020 the Farleigh clinical services were reorganised as part of an emergency COVID-19 resilience plan
- Three multidisciplinary 'Locality Care Teams (LCTs)' were created and aligned to local Primary Care Networks (PCNs)
- Each locality provided oversight of all clinical services in their geographical area ranging from specialist to domiciliary care.
- The IPU was closed and all staff were redeployed to the LCTs to maximise the community effort.
- Non-clinical members of staff were 'upskilled' and redeployed into the community teams.

**Outcomes** Between April and September 2020, we cared for over 1300 patients (a 28% increase on the same period last year) with a 21% increase in referrals. Near 90% of PDD was achieved during this period, the majority dying at home. A successful reorganisation of clinical services in September 2020 solidified the new clinical model.

**The learning**

- At a time when many hospices were concentrating on inpatient services, our hospice took the bold step to mobilise all the workforce to support the community locality teams and care for more people in their own homes.
- The use of COVID-19 as a catalyst for organisational change to create multidisciplinary community teams aligned to PCNs.
- The need for a transformation phase post reorganisation in order to firm up processes and systems.

**P-95 SPIRITUAL CARE REFRAMED IN A TIME OF CRISIS**

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Spiritual care provision in palliative care has faced considerable challenges during the COVID-19 pandemic. Chaplains and spiritual care teams found themselves working in very different circumstances and needing to adapt to the requirements of their organisation.

The value and role of spiritual care support for patients, families and staff was highlighted in an international research study conducted by the European Research Institute for Chaplaincy in Healthcare (ERICH). This presentation explores the findings of this study in regard to answering the following questions: What was lost?; What was effective?; What

changed?; What new learning will be taken into future models of spiritual care?

The study contains responses from all over the world, giving a full picture into how spiritual care were deployed and how adaptive, flexible patterns of offering spiritual care emerged. There was a good response from UK chaplains, especially from palliative care units. This presentation particularly focuses on the experience of chaplains working in end-of-life care, drawing on the author's personal experience alongside chaplains belonging to the Association of Hospice and Palliative Care Chaplains.

A significant theme emerging from the study and experience of those involved in end-of-life care, is that the presence of chaplaincy teams and spiritual care provision made a significant impact to overall support and care of patients, families and staff. There were, however, notable losses of spiritual care provision occurring due to financial pressures on hospices. This trend is at odds with the value placed on spiritual care as described in the study. The presentation will describe the changes that have taken place in spiritual care provision during the pandemic and stresses the significant contribution chaplains are continuing to offer to the well-being of patients, families and staff.

**P-96 ABSTRACT WITHDRAWN**

**P-97 A COLLABORATIVE APPROACH TO PROVIDE BEREAVEMENT SUPPORT IN RESPONSE TO THE COVID-19 PANDEMIC AT BLACKPOOL TEACHING HOSPITALS**

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Following national guidance (NICE 2014) the need for seven-day specialist palliative care at Blackpool Teaching Hospitals has been a longstanding aim of the Fylde Coast Strategy (2016-2021). The COVID-19 pandemic further highlighted this gap, alongside the need for a structured bereavement service. The need for significant bereavement support for staff as well as families became clear early on in the pandemic.

As a direct response to the pandemic, a collaborative approach with Fylde Coast partners including Trinity Hospice and Macmillan enabled the provision of a period of seven-day, face-to-face specialist palliative care in the acute trust alongside a bereavement service for patients, families and staff, providing immediate support and after-care.

The changes made during the pandemic reinforced the need for a permanent bereavement service and seven-day specialist palliative care input in the acute trust. Data collected from the pandemic resulted in the successful submission of business cases to allow for this.

A divisional restructure has aligned all three teams (palliative care, Swan\* and bereavement and chaplaincy) so that we can continue to provide a collaborative approach to end-of-life care, education and training across the trust.

\* The Swan Team offer support to provide the highest quality end-of-life and bereavement care.