

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

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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