mainstreaming a proactive approach, later spread to the wider Notts Integrated Care System/ICS population. Local hospices are working in partnership with community, third sector and acute sector organisations to lead development and expand capacity and flexibility of the service. The partners led on advance care planning, Respect implementation, a new ICS end of life strategy, a co-designed care-co-ordination service and regular interdisciplinary training for all care providers. Progress in population-based end-of-life care was assessed using robust comparative audits of digital record-sharing (EPaCCS) data against whole-system GSF end-of-life care metrics.

Results Nottinghamshire data shows (trend 2019- 2021)

- Earlier patient identification (0.22-0.66%).
- Earlier and increased advance care planning (ACP) discussions and improving quality Respect forms (audited).
- Those on register attaining preferred place of care/death (54.7-67%).
- Reduced hospitalisation and system resource savings (10% Quipp).
- Better outcomes for individuals (commendations, fewer complaints).
- Nottinghamshire's use of GSF and ACP laid the foundations for a later robust, generalist-led response to the COVID-19 pandemic.

Conclusion A key challenge for our health/social care systems is responding to the increasing care needs of frail co-morbid patients. Our strong foundations enabled quick integrated responses for the most vulnerable during the COVID-19 pandemic, toolkits for primary and social care at the onset and increased resilience and sustainability thereafter.

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THERAPEUTIC SERVICES MERGE INTO WELLBEING DEPARTMENT WITH ONE REFERRAL AND HOLISTIC FAMILY SUPPORT

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10.1136/spcare-2021-Hospice.145

The traditional hospice setup has been developed with silos across therapeutic services - resulting in families receiving multiple referrals for support with little or no understanding of the wider influences and having to retell their stories. Combining Social work, Counselling, Physio, OT, Creative therapy, Complementary therapy, Family support and Spiritual care into a wellbeing department streamlines the process with one referral, one holistic assessment, one MDT and one family-centred therapeutic plan. Families access the right support at the right time.

Aims Early intervention; holistic family support; integrated services; robust referral pathways; preventing crisis.

Methods

- Internal audits.
- Review of current counselling demand.
- Review of best practice guidance.
- Embedding a social care model for social and wellbeing needs.
- Client feedback.
- Evaluations.
- Referral trends.

Results

- Reduction in counselling waiting lists.
- Improved early intervention to prevent crisis.
- Streamlined referral processes – one referral to wellbeing services.
- Improved multidisciplinary working.
- Strengthen relationships with stakeholders.
- Embedded holistic family assessments.

Conclusion Therapeutic services improve wellbeing and should be integrated. Families consistently tell professionals that they do not want to keep repeating their stories and communication is key. To provide person-centred care we must look at all the influencing factors and family dynamics and support play a key role. To improve family wellbeing, we must look at the whole picture. This way of working is innovative in hospices but best practice in all therapy and family-based settings. Further research in hospices could strengthen this practice.

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VOLUNTEER TELEPHONE SUPPORT SERVICE (VTSS) TO SUPPORT SELF-MANAGEMENT AND ACHIEVEMENT OF GOALS

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10.1136/spcare-2021-Hospice.146

Aims To develop the role of the volunteer to provide telephone support for patient goals following a self-management approach.

Description It is recognised that continued self-management in a long-term condition is difficult to sustain. The lymphoedema specialist service has limitations for supporting longer term goals and providing the social support needs of some of the patient group. It was identified that positive regular input could assist in continued self-management. Volunteers were unable to continue their usual role in the clinic during the COVID-19 pandemic and it was acknowledged that their skills could support patients in a less illness focused method.

The Volunteer telephone support service (VTSS) was developed with input from both lymphoedema/lipoedema patients and volunteers. The documentation, established in collaboration with patients and volunteers, assists with background information, purpose of the call, a guide through the phone call and a reminder of any 'red flags' which would need urgent follow up. At present the VTSS runs one day fortnightly. Outcomes of the calls are documented and there is a de-brief for the volunteer with a specialist lymphoedema practitioner to highlight any issues or follow up required. The patients decide whether they wish for further contact and the timescales are mutually agreed with the volunteer. The documentation generated is scanned into the electronic notes as a record of the contact.

Evaluation So far (March – May) 27 patients have been supported by this service, 13 requested regular contact with the volunteers and nine appropriate review appointments generated.

Evaluation - by questionnaire to the service users as well as quotes obtained during phone contacts and feedback from the volunteers. The service has evaluated very positively by both the patients and the volunteers.

We plan to develop this service by training more volunteers and encouraging a 'buddy' system to review goals particularly around exercise/activity and weight loss.

P-130 BEREAVED CAREGIVERS' EXPERIENCES OF END-OF-LIFE CARE FOR PEOPLE WITH ADVANCED HEART FAILURE

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10.1136/spcare-2021-Hospice.147

Background Heart failure is a life-limiting condition with a debilitating symptom burden (McMurray, Adamopoulos, Anker, et al., 2013). The prognosis for those living with heart failure is unpredictable and poor (Jaarsma, van der Wal, Hjelmsfors, et al., 2018). Research has indicated that end-of-life care can improve symptom management and decrease caregiver burden (Buck, Harkness, Wion, et al., 2014; McIlpatrick, Doherty, Murphy, et al., 2018). However, despite this, referrals to palliative care services for people with heart failure remains low (Gadoud, Kane, Macleod, et al., 2014). Therefore, exploration of bereaved caregivers' experiences of providing end-of-life care to a person with heart failure is required.

Aim The aim of this review was to present and synthesise the current evidence around bereaved caregivers' experiences of providing end of life care for people with heart failure.

Methods A systematic review of the literature was undertaken using a search of four electronic databases (CINAHL, PubMed, BND, PsycINFO). Due to a scarcity of literature relating to heart failure, the search was expanded to include other long-term conditions. Research published between January 2000 – March 2021 with a qualitative methodology, focusing on bereaved caregivers' experiences of providing end-of-life care for people with heart failure and other long-term conditions was included. Data was analysed and presented using a narrative synthesis approach.

Results Nineteen articles were critically appraised and included within this review. Four broad themes were identified: Limited and inadequate communication around the condition (including prognosis, preparations for death and the role of palliative care), the burden of caregiving, the positive experience of providing care at the end-of-life, limited provision of services and formal support.

Conclusion Bereaved caregivers experience significant challenges when caring for a loved one dying of heart failure or another long-term condition. This includes high levels of caregiver burden which is exacerbated by perceived inadequate communication, limited service provision and access to formal support. However, further research is required in this area to greater understand the specific end of life care experiences of bereaved caregivers of people with heart failure.

P-131 HOW CONFIDENT DO PALLIATIVE AND NON-PALLIATIVE PATIENTS FEEL ABOUT MANAGING THEIR LYMPHOEDEMA?

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10.1136/spcare-2021-Hospice.148

Background Lymphoedema is recognised as a chronic condition that requires lifelong management (National Lymphoedema Partnership, 2019). One of the NHS' core requirements

for supporting individuals with a long term condition is promoting self-management, through professional led training, support and information sharing (NHS England, 2017). Clinical intervention is adapted to the patient needs, although often involves skin care, exercise, lifestyle and risk reducing advice, alongside the provision of a compression garment (British Lymphology Society, 2016).

Aim To explore palliative and non-palliative patient confidence with oedema self-management, via a clinical evaluation survey before and after a clinical intervention.

Methods New palliative and non-palliative patients attending the Dorothy House Hospice lymphoedema service between November 2020 and May 2021, received a questionnaire via post, or via their lymphoedema practitioner, for completion prior to initial assessment (Time 1), and at six weeks (palliative) or three months (non-palliative) follow-up (Time 2). Participants rated their confidence in self-managing their lymphoedema, and if swelling increased, on a five point Likert scale (Not at all confident-Very confident). Exclusion: re-referral of patient who had received previous lymphoedema input.

Results 27 patients (n=15 palliative) were invited to participate in the survey. Two patients declined participation. 25 patients took part (palliative n=15 & non-palliative n=10). Complete data n=12 participants. Incomplete data n=13 (n=1 declined participation during study, n=3 misplaced forms, n=7 died, n=2 deteriorating health).

Self confidence in managing their lymphoedema

Non-palliative patients [n= 6] reported:

Not at all confident/Not confident – at T1=58% & at T2=50%,

Neutral [no change in confidence] at T1 & T2=17%,

Somewhat confident/Very confident at T1=25% & at T2=33%.

Palliative patients [n= 6] reported:

Not at all confident/Not confident – at T1=33% & at T2=8%,

Neutral [no change in confidence] at T1 & T2=25%,

Somewhat confident/Very confident at T1=42% & T2=67%.

Conclusion This small service evaluation suggests non-palliative patients are globally less confident about self-managing their lymphoedema than palliative patients pre- and post- our clinical intervention. Patients were generally more confident about their oedema management in stable and worsening conditions following clinical intervention. Further qualitative exploration with patients around their confidence in lymphoedema management, our clinical intervention and service delivery would be valuable.

P-132 ADMINISTRATION OF SUBCUTANEOUS FLUIDS IN THE COMMUNITY SETTING; A QUALITY IMPROVEMENT PROJECT

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10.1136/spcare-2021-Hospice.149

Aim To identify patients suitable for subcutaneous fluid administration (SCF) in the home/care home setting and standardise clinical approach to assessment, decision making and evaluation of response.

Methods A standardised decision support tool was developed which supported bedside assessments. Patient/carer information leaflets were given and documentation of discussions/outcomes recorded in relevant clinical records (EMIS or SystmOne). We evaluated clinical response over three days: symptoms, side-