

which was a key part of the sector wide response to COVID-19. This set the tone for ongoing forums that are run to support this community of staff. One care home manager commented: *'I have really enjoyed being a part of this network and I have learned a lot. It certainly helped me think through numerous (COVID-19) policies and helped us navigate a way through'*.

Session evaluations are overwhelmingly positive and over 90% of participants say that: the session helped me feel more connected with other care staff; I would recommend Project ECHO to my colleagues.

Current work with key stakeholders is delivery of ECHO networks to the palliative care, homeless/complex care support and primary care communities in North Yorkshire. With new Networks in the pipeline continually, the possibilities for our hospices to deliver training via Project ECHO are huge.

The palliative care workforce

P-164 DIGITAL ACCELERATION: EMBRACING A VIRTUAL EDUCATION PROGRAMME

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Introduction Mountbatten Hampshire Education Team wanted to seek an alternative way of delivering education when all face-to-face training was cancelled during the COVID-19 pandemic. The aim of the virtual education programme was to enable health and social care providers to access end-of-life education and for staff to be feel supported as well as continuing to enhance their knowledge and skills.

Method We had to decide on a method of delivery that would be achievable for staff to attend. We took into consideration the effects of the pandemic and the impact it was having on staff/organisations. It was decided that staff could potentially engage for two-hour bite size sessions on a range of end-of-life topics including, for example, care of the dying and symptom control. The core themes were developed from our existing programmes plus new adapted training. We wanted the sessions to be live for chat engagement and collaboration with others and Microsoft Teams was decided to be the platform for delivery to support live facilitation, chat, breakout rooms and presentation/video communication options.

Results Data are presented [in the conference poster] in relation to attendee numbers, the range of access, i.e., groups and individuals accessing training, along with quality survey information.

Discussion/Conclusion The results indicate that despite the pandemic our education sessions have reached many and interest in training has remained high. The virtual method of delivery has also enabled new interest in Mountbatten's training offer. Staff from various health and social care providers both trained and untrained signed up as well as internal staff. The value placed on learning together has been maintained through an online facilitator and is demonstrated through quality ratings. Challenges are discussed in relation to managing technological issues and learning new methods of engagement. Virtual training is now an integral part of the education service which is continuing to develop.

P-165 A SYSTEMS APPROACH TO LEARNING

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Background The new Integrated Care Systems promote collaboration and hub-based multidisciplinary (MDT) working (NHS. The NHS long term plan, 2019). Services working in an integrated way for the benefit of patients and their carers is necessary to improve health outcomes (Flanagan, Damery, Combes, 2017).

Project ECHO (Extension for Community Healthcare Outcomes) promotes learning as a community of practice, where everyone learns together from each other (Piriz Alvarez, 2018).

Aim To build multidisciplinary networks and evaluate the effectiveness of a systems based approach to learning using Project ECHO.

Method A community palliative care network was created. Health and social care professionals from across the county were invited. An existing care home network was widened to include teams going in to support residents. Evaluation was based on feedback, learning, changes to practice, attendance, geographical spread, variety of professions and session observations.

Results Community Palliative Care Network: 23 spokes spread throughout the county, including physical, mental health and social care services. Professions include medical, nursing, allied health professionals and paramedic. Case studies and discussions have been varied and spokes have been proactive at sharing knowledge and experience. Feedback indicates sessions were useful and relevant.

Care Home Network: Chaplains reported the sessions as interesting and informative. One home planning to actively seek a process for residents' access to earlier spiritual care. Often the teams reaching into care homes have interacted more during sessions than the care homes themselves.

Conclusion Across health and social care, a systems approach to learning can add depth to discussions and learning as a MDT can enable wider discussions. The topics and case studies can meaningfully traverse a variety of services. Care homes may gain some benefit from accessing a wider system of learning but careful facilitation of sessions is needed to ensure the homes and their residents remain at the centre of the network. A tailored approach for each system is required.

P-166 HOSPICE EDUCATION LEARNING PARTNERSHIP – HELP IN THE TIME OF COVID-19

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St Christopher's Hospice and Greenwich and Bexley Community Hospice established HELP in 2019 to respond to the learning needs of end-of-life care professionals in South East London. This already successful partnership was mobilised during the pandemic to meet the demands of the clinicians as