support from hospice educators, including a forum for peer support and ongoing relationships.

Conclusion The project will equip care home staff to facilitate in-house end-of-life education and training to maintain a standard of care that meets the recommendations as highlighted in the Ambitions document (National Palliative and End of Life Care Partnership, 2021). This project will maintain ongoing engagement with care homes through a relationship of mutual professional trust and respect, facilitating peer support within the care home community, and at the same time recognising the specific challenges that care homes face.

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CREATING A SUPPORTIVE KNOWLEDGE NETWORK THROUGH THE PANDEMIC FOR WORCESTERSHIRE'S CARE HOMES VIA THE ECHO PLATFORM

Donna Jones, Lucy Gallagher. *St Richard's Hospice, Worcester, Worcestershire*

10.1136/spcare-2021-Hospice.212

Background In 2018 our hospice became an 'Extension for Community Health Outcomes', (ECHO) Hub. In March 2020 we were approached by the Care Home GP Lead from the CCG. She had quickly identified that the care homes across the county were struggling in light of the pandemic and a platform to provide information, guidance and support was required. As host to an ECHO Hub, we were well placed to support this call to action.

Aim 'Project ECHO provides a way where hospitals doing fantastic stuff can also help communities to do fantastic stuff, while learning about what they need to do together.' Prof Max Watson (Eaton, 2019).

With these words in mind, the ethos of pulling a community together and sharing information in a time of need was foremost in our minds. Utilising the ECHO Platform would allow us to reach care homes across the whole county.

Method A weekly meeting commenced in April 2020, reaching participant numbers of 50 plus on a regular basis. The GP Lead led the meetings with guest speakers from the CCG Infection Control team, County Council and Public Health England. Subjects such as guidance on care home visiting were high on the agenda.

Results April 2020 – to August 2020, 790 participants attended the weekly meetings. We then moved on to create a more traditional palliative care knowledge network programme for the homes and have delivered five cohorts to date – consisting in total of 351 attendees. We were also able to deliver Verification of Expected Death training via the ECHO platform. 1,259 care home staff reached since the start of the pandemic.

Conclusions As a result of this work it has been possible to support the homes and to work better together. This displays the ECHO ethos at its best as a project.

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CARE HOME VIRTUAL OPEN-ACCESS INTEGRATED CLINIC AND ECHO SUPPORT: ST LUKE'S COVID-19 RESPONSE

Emma Westerdale-Shaw, Lynne Ghasemi, Jane Manson, Helen Cawley. *St Luke's Hospice, Sheffield, UK*

10.1136/spcare-2021-Hospice.213

Background Early in the COVID-19 pandemic, care homes felt inadequately valued and considered by policy makers with centrally organised governmental response having counterproductive effects (Marshall, Gordon, Gladman, et al., 2021). Care home staff felt increasingly isolated, with a fifth of social care staff considering leaving the profession (Gordon, Goodman, Achterberg, et al., 2020). A swift response was developed by St Luke's Hospice to support care homes in Sheffield, not only with palliative care, but also with information dissemination and peer support between care homes.

Aims

- Provide alternative face-to-face assessment in care homes enabling remote end-of-life.
- Support appropriate admission avoidance.
- Enable clinical skills development, increased confidence and competence, and psychological support in care homes during the COVID-19 pandemic.

Methods The Care Homes VOICES project supported care homes by providing the following services:

- Care home managers' weekly virtual forum based on ECHO principles for care home managers. Guest speakers included infection control experts, public health, and local commissioners.
- Care home education programme – based on ECHO principles included: symptom identification, PPE donning/doffing, managing recovery, and later vaccine advice.
- Clinical skills training – multifaceted syringe driver training and competencies.
- Specialist palliative care team input – initially virtually and later face-to-face.
- Dedicated care home memorials and bereavement care.

Results Number of specialists/experts attending: 105. Average attendance at managers' forum: 35. Number of CHs attending ECHO sessions: 47. Number of new care homes joined ECHO: 17. Number of individuals syringe driver trained: 39. Approximately 100 individuals attended a hospice-led remembrance. Qualitative responses suggest care homes benefitted from support received:

'We are dealing with lots of deaths... discussion is needed and the opportunity to reflect and think about my practice.'

'The COVID-19 programme has been so important for our staff – they have been able to understand and talk about changes to guidance and their own experiences.'

Conclusions The VOICES project has demonstrated how multi-faceted interventions can educate care home staff, disseminate resources, and provide psychological and clinical support amid a pandemic.

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CARE HOME STAFF EXPERIENCES OF PALLIATIVE AND END-OF-LIFE CARE IN CARE HOMES DURING COVID-19

¹Izabele Batkovskytė, ¹Lori Bourke, ¹Clare Ellis-Smith, ¹Anna Bone, ²Claire Goodman, ³Stephen Barclay, ¹Irene Higginson, ¹India Tunnard, ⁴Margaret Ogden, ¹Catherine Evans, ¹Katherine Sleeman. ¹King's College London, London, UK; ²University of Hertfordshire, Hatfield, UK; ³University of Cambridge, Cambridge, UK; ⁴PPI, London, UK

10.1136/spcare-2021-Hospice.214

Background COVID-19 has had a devastating impact on care homes, their residents and staff. Over 37,000 UK care home residents have died from COVID-19; many more have

experienced symptoms and distress (Scobie, 2021). There has been very limited examination of palliative and end-of-life care in care homes during COVID-19, or strategies to improve this.

Aims To examine the experiences of care homes in England of providing palliative and end-of-life care during the COVID-19 pandemic and make recommendations for policy.

Methods Online survey (in REDCap) of care home staff with leadership responsibilities, identified through established networks. The survey included structured data and free-text comments on COVID-19 outbreaks, experiences of symptom assessment and control, and impact on workforce. The primary outcome was staff self-efficacy to provide palliative and end-of-life care (Phillips, Salamonson, Davidson, 2011).

Results Interim analysis of 66 respondents found that most staff felt confident to provide palliative care, as measured by the self-efficacy scale (median 3.75, range 1-4). 51% (33/65) of respondents identified issues with staff shortages during the pandemic; 38% (24/64) experienced changes in staff responsibilities; 18% (12/65) experienced challenges in recognising that residents may be dying. 18% (12/65) of care homes did not allow visitors at the end-of-life, and 39% (25/64) experienced difficulties in accessing help from other services. 51% (33/65) experienced challenges in providing bereavement support to relatives. Free-text comments identified staff shortages and exhaustion, and lack of support from other healthcare services, as barriers to good care.

Conclusion This is the first national survey to explore provision of palliative and end-of-life care in care homes during the COVID-19 pandemic. The results will be used to inform policy to ensure high-quality provision of palliative and end-of-life care during future pandemics.

P-199 ABOUT YOU, FOR YOU, WITH YOU – SUPPORTING CARE HOMES THROUGHOUT A PANDEMIC

Fiona Irvine. Ayrshire Hospice, Ayr, UK

10.1136/spcare-2021-Hospice.215

Background In response to the COVID-19 pandemic Ayrshire Hospice established a ten-week, live online supportive education programme for Care Homes using Project Echo®. Project Echo® is a widely used model for education, aiming to 'improve care by gathering a community of practice together for learning and support with the goal of improving decision making by collaborative problem solving'.

Local care homes were asked what educational support they needed, and the hospice responded, using the multidisciplinary team, to specific topic requests. This gave participants an opportunity to build links, increase knowledge, share practices and experiences through supportive facilitation.

Aims To use the hospice team and Project Echo® to connect with and support care home staff dealing with the unprecedented challenges of providing palliative and end of life care during COVID-19.

Methods

- Core facilitation team established.
- Liaison with Highland and Accord hospices regarding their Project Echo® experience.
- Establish links with AAHB and HSCP to determine existing practice, need, create awareness.
- Developed systems required to support the programme.

- Contacted every care home across Ayrshire to determine interest and need
- Evaluation developed.

Outcomes

- Responding to COVID-19, an intended service development was quickly established and implemented, providing access to specialist palliative care/advice and support to care homes.
- Identified learning needs were met, with weekly agendas set by care homes.
- Safe space to share knowledge and experience without needing to travel
- Peer support.
- Established/improved links with the hospice/AAHB/HSCP and care homes across Ayrshire.
- Evaluated extremely well - evidence of shared learning, improved care, links established and a sense of support and understanding.
- Aligned with the NHS Scotland' *Palliative and end of life framework*.
- Future plans - Project Echo® to be used as educational model, to improve palliative and end-of-life care in Ayrshire by increasing capacity and capability of community teams.

P-200 USING PROJECT ECHO TO PROVIDE EDUCATION, ADVICE AND SUPPORT TO GENERAL PRACTITIONERS

¹Janet Diffin, ¹Tracey McTemaghan, ²Aine McMullan, ²Martin Hayes, ¹Max Watson, ¹Christopher Jenkins. ¹Hospice UK, Belfast, UK; ²Health and Social Care Board, Belfast, UK

10.1136/spcare-2021-Hospice.216

Introduction Project ECHO (Extension for Community Healthcare Outcomes) is a tele-mentoring programme that uses video-conferencing technology to deliver, evidence-based education from specialists and case-based learning with peers.

The Health and Social Care Board in Northern Ireland identified Project ECHO as a methodology to implement change. The vision was to engage with medical professionals to develop communities of practice, enhance knowledge, skills, and ultimately improve patient/client care. Project ECHO networks were established with a specific focus on (neurology, gynaecology, musculoskeletal, dermatology, ENT, cardiology, diabetes, and gastroenterology), along with a 'GP support' network. Network participants identified topics to be included within their curriculum ensuring a tailored approach to education delivery. Participants set the network objectives and the outcomes they hoped to achieve. ECHO sessions were held monthly and each network typically delivered nine sessions.

Method Participatory monitoring and evaluation was used to identify outcomes for ECHO network participants. Evaluation surveys were issued after the final session.

Results 361 medical professionals attended at least one ECHO session across the networks outlined above. 36% (131/361) responded to the evaluation survey. Results indicated participants valued access to education from specialists, to ask questions directly, and seek advice from secondary care colleagues. Participants reported knowledge of conditions and symptoms, confidence and capacity to treat patients in primary care increased. Improvements in relationships between primary and secondary care were also reported. Benefits reported by 'GP