Abstracts

Findings are resonant with moral injury theory. Injurious events included staff feeling they had acted in a way that caused harm (e.g. giving high burden treatment), failed to prevent harm (e.g. were unable to relieve suffering) or had been let down by seniors or the Trust.

Conclusions The impact on staff was profound. This study adds to the literature outlining the impact of the COVID-19 pandemic on psychological well-being of healthcare workers by identifying how this impact is caused. Although many of the issues described by participants are likely immutable components of healthcare in a pandemic there were several important protective factors (experience, providing a peaceful death and self-preservation behaviours) that may provide modelling for future education and support services to help prevent moral injury – or aide in its recovery.

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0-4 A CO-SPECIALITY CROSS-BOUNDARY MODEL OF SUPPORTIVE CARE: AN INNOVATIVE APPROACH TO CARING FOR THE PALLIATIVE CARE NEEDS OF HEART FAILURE PATIENTS

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Background Heart failure (HF) is an increasingly prevalent condition associated with poor quality-of-life and high symptom burden. Patients experience an unpredictable disease trajectory and repeated acute admissions towards the latter stages of life. As patients reach ceilings of survival-extending interventions, their priorities may be more readily addressed through the support of palliative care services, however the best model of care remains unestablished.

Objectives We aimed to create and evaluate a co-specialty cross-boundary service model for HF patients that better provides for their palliative care needs in the latter stages of life, whilst delivering a more cost-effective patient journey.

Methods In 2016 the Heart Failure Supportive Care Service (HFSCS) was established to provide patient-centered holistic support to advanced HF patients. Patient experience was evaluated through questionnaires that were developed and distributed in mid-2018 and end-of-2020. Actual and indexed hospital admission data (in-patient bed days pre-/post-referral) were used allowing statistical comparisons by paired student t-tests. Cost mapping analysis allowed approximation of cost-saving benefits.

Results From 2016–2020, 236 patients were referred to the HFSCS. Overall, 75/118 questionnaires were returned. Patients felt the HFSCS delivered compassionate and coordinated care (84% and 80%) that improved symptoms and quality of life (80% and 65%). Introduction of the HFSCS resulted in a statistically significant reduction in HF-related admissions: actual days 18.3 to 4 days (p<0.001), indexed days 0.05 to 0.032 days (p=0.03), and a 50% reduction in hospital deaths over 5 years. Cost mapping revealed an estimated average saving of at least £10,218.36 per referral and a total estimated cost saving of approximately £2.4 million over 5 years.

Conclusion This service design demonstrates that a co-specialty cross-boundary method of care delivery can successfully provide the benefits of palliative care to HF patients in a value-based manner, whilst meeting the priorities of care that matter to patients most.

0-5 THE PALLIATIVE CARE NEEDS OF PATIENTS WITH MULTIPLE SCLEROSIS, PARKINSON’S RELATED DISEASES AND MOTOR NEURONE DISEASE: A SECONDARY ANALYSIS OF THE OPTCARE NEURO TRIAL DATA

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Background Long term neurological conditions (LTNCs) are a group of irreversible, degenerative diseases of the nervous system which cause increased disability, cognitive impairment and dependence over time. They include Multiple Sclerosis (MS), Parkinson’s Related Diseases (PRDs) and Motor Neurone Disease (MND). While specialist palliative care is recommended for patients with LTNCs, only patients with MND are routinely referred at present.

Aim To describe, compare and contrast the symptom burden and psychological distress of patients with MS, PRDs and MND.

Methods A cross-sectional secondary analysis of the OPTCARE Neuro trial data was performed. Patients aged 18 or over, severely affected by advanced stages of MS or PRDs or any stage of MND, with an unresolved symptom and one other issue despite usual care were eligible. Demographic data along with disease stage, time since diagnosis, performance status, IPOS Neuro and the Hospital Anxiety and Depression Scale (HADS) were analysed.

Results Data from 348 participants was analysed - 148 (42.5%) with MS, 177 (50.9%) with PRDs, and 23 (6.6%) with MND. The mean IPOS Neuro-S24 score was highest in the MS group (M = 27.68, SD = 10.3), followed by PRDs group (M = 26.86, SD = 10.23) and the MND group (M = 24.23, SD = 10.19), with no statistical difference found (p = 0.341). The most distressing symptoms varied for each diagnosis. The HADS revealed that 26% and 25.2% of participants met the criteria for a diagnosis of anxiety and depression respectively, with no statistical difference between groups.

Conclusion MS, PRDs and MND patients have a similar burden of distressing physical and psychological symptoms, with some differences in the symptom profiles for each diagnosis. Based on these results, MS and PRDs patients who were eligible for the OPTCARE Neuro trial may benefit from routine referral to specialist palliative care.

0-6 CRITICALLY EXAMINING THE EXPERIENCE OF END OF LIFE CARE FOR PEOPLE WITH INTERSTITIAL LUNG DISEASE: VIEWS OF PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS

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Introduction People with interstitial lung disease have a high symptom burden at the end of life and the majority die in hospital.

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