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NEUROMODULATION AS A NOVEL TREATMENT FOR ANXIETY IN BREATHLESSNESS DUE TO ADVANCED CHRONIC RESPIRATORY DISEASE: WHAT DO POTENTIAL RESEARCH PARTICIPANTS TELL US?

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Background Anxiety is common in patients who experience breathlessness due to advanced chronic respiratory disease. 1 in 3 patients with COPD will have significant anxiety, as will 21% of patients with interstitial lung disease, and this increases as symptom burden worsens. This is associated with poor health outcomes for patients, including higher frequency of exacerbations and hospitalisations. Neuromodulation using cranial electrotherapy stimulation (CES) reduces anxiety in patients with generalised anxiety disorder, however has not been investigated in patients with anxiety related to breathlessness. We aimed to explore patients' views on the potential use of neuromodulation through Patient and Public Involvement (PPI) work, to guide development of a pilot study of this novel intervention.

Methods We invited patients attending outpatient and day therapy services at LOROS Hospice with advanced chronic respiratory disease to give their opinions on CES generally and on the design of a study to evaluate it as a treatment for anxiety in breathlessness. Presentations were also given to a panel of hospice PPI research consultees.

Results 9 patients agreed to a conversation with a member of the LOROS Research Team, and most self-identified as experiencing anxiety to varying degrees. Two-thirds of patients agreed they would be interested in participating in a study involving neuromodulation. One patient was unsure, and two patients would not participate due to fears around electrical current and 'machine-burden'. Common questions from patients included mechanism of action, sensation of using the device, and whether there would be any improvement in their breathlessness. PPI panellists agreed that neuromodulation is an acceptable intervention and an important area for research.

Conclusion This PPI work supports the development of a pilot study using neuromodulation to manage anxiety in patients who experience breathlessness due to advanced chronic respiratory disease.

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EVALUATING TELEPHONE PSYCHOLOGICAL THERAPY WITHIN A SPECIALIST PALLIATIVE CARE TEAM DURING THE COVID19 PANDEMIC

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Background The emergence of the Covid19 pandemic in March 2019 necessitated the move from entirely face to face Clinical Psychology provision within the Coventry Specialist Palliative Care team (SPCT), to virtual consultations only. Swift adaption of service provision was essential in a rapidly changing situation and in the best interests of a vulnerable patient population. Virtual approaches were initially via telephone, incorporating videoconferencing platforms once safe systems were established. During this time, virtual psychological therapy became treatment as usual. Research on remote working is sparse but largely encouraging (Markowitz et al,

2021; Lenfernick, Meyerbroker & Boelen, 2020; Morland et al, 2020). This is a small-scale qualitative evaluation of service users experience of using telephone support during the pandemic.

Method Five participants were selected for inclusion. Inclusion criteria comprised all patients who were well enough and who had received telephone psychological intervention during this timeframe. Consent was gained by a trainee psychologist, via telephone. This was to ensure that participants could talk freely about the psychologist that they had worked with. Questions included: what went well; what went less well; what approach patients would choose given a choice; speed of response time considerations on choice; impact on therapeutic rapport; and future suggestions.

Results All respondents reported that they found telephone support helpful. Participants felt it did not impact upon therapeutic rapport. Benefits include ease of access to psychologist and shorter wait time. Suggestions were made for future blended approaches, incorporating virtual and face to face options.

Conclusion The sample size is small; however, this is an ongoing challenge within palliative populations given complex and unstable physical health. This is a promising start in understanding how virtual approaches can better support psychological provision in the SPCT. Benefits include shorter wait time. Future evaluation of videoconferencing and mixed approaches is recommended.

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PREDICTORS OF DIGITAL SUPPORT SERVICES USE BY INFORMAL CAREGIVERS: A CROSS-SECTIONAL SURVEY

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Background Digital support services solutions may provide informal caregivers with remote access to information and training about care and caring-related issues. However, there is limited specific data on how factors such as demographics, socioeconomic resources and the caregiving context may influence caregivers' use of the Internet to access digital support services.

Objective The aim of this study is to identify associations between informal caregiver's characteristics and the use of the Internet to access digital support services in two countries: Italy and Sweden.

Methods A sample of 663 respondents participated in the survey by completing the online questionnaire. Respondents were

recruited by the Italian National Institute of Health and Science on Ageing and the Swedish Family Care Competence Centre. Descriptive statistics and logistic regression analyses were performed to assess predictors of caregivers' frequent use of the Internet to access digital support services. The sets of the independent variables included: caregiver's demographics; caregiver's socioeconomic resources; and caregiving context.

Results Bivariate analysis showed that the frequent use of the Internet to access digital support services among Italian caregivers in the study was associated with caregiver's age, health status, educational attainment, total household income, care recipient relationship to the caregiver, gender of care recipient, age of care recipient, hours per week spent caring and the level of dependency of the care recipient. Educational attainment (odds ratio [OR] 3.649, 95%CI: 1.424–9.350, $p=0.007$), hours per week spent caring (odds ratio [OR] 2.928, 95%CI: 1.481–5.791, $p=0.002$), total household income (odds ratio [OR] 0.378, 95%CI: 0.149–0.957, $p=0.040$), care recipient relationship to the caregiver (odds ratio [OR] 2.895, 95%CI: 1.037–8.083, $p=0.042$) and gender of care recipient (odds ratio [OR] 0.575, 95%CI: 0.356–0.928, $p=0.023$) remained significant predictors in the multivariate analysis for the Italian caregivers group. The frequent use of the Internet to access digital support services among Swedish caregivers in the study was associated with caregiver's age, care recipient relationship to the caregiver, age of care recipient and hours per week spent caring. Hours per week spent caring (odds ratio [OR] 2.401, 95%CI: 1.105–5.218, $p=0.027$) and age of care recipient (odds ratio [OR] 2.237, 95%CI: 1.150–4.352, $p=0.018$) remained significant predictors in the multivariate analysis for the Swedish caregivers group.

Conclusions Digital support services could be important tools to empower and support informal caregivers. On the other hand, it also needs to be recognized that informal caregivers are a diverse population, living in a wide range of personal and social circumstances. When it comes to policy and practice in relation to caregivers, similarly to other broad vulnerable groups, there is no 'one size fits all' approach, and it is therefore important to consider the specific characteristics and needs of both caregivers and care recipients.

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INTRODUCTION OF RESPECT TO FACILITATE EMERGENCY CARE PLANNING IN THE ONCOLOGY DEPARTMENT AT BRADFORD TEACHING HOSPITALS FOUNDATION TRUST

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Background ReSPECT is a national document which aims to summarise advance care planning (ACP) discussions and was introduced to Bradford Teaching Hospitals Foundation Trust (BTHFT) in October 2020. The Oncology team at BTHFT have an inpatient bed base and routinely undertake ACP discussions. We undertook a QIP with the aim of increasing the percentage of patients admitted under Oncology who had documented ACP discussions using a ReSPECT form during their inpatient stay.

Method Baseline data was collected retrospectively for an 8-week period. Patients who were admitted or who were

discharged/died were identified using the ward diary. Data was extracted from the electronic patient record, anonymised and an excel proforma completed. Following baseline data collection and discussion with key stakeholders, interventions were undertaken, including developing a teaching session for oncology juniors and updating the electronic handover form to include ACP information. These changes were implemented and evaluated over a subsequent 27-week period using QI methodology.

Results In our baseline collection data 19.6% of acute oncology admissions to BTHFT had a ReSPECT form completed prior to death/discharge ($n=56$). This increased during cycle 1 ($n=72$) to 23.6% and during cycle 2 ($n=116$) to 34.5%. Data was plotted using a run chart each week and demonstrated a shift: from weeks 7–13 the percentage of patients who died/were discharged with a ReSPECT form was below the median of 21.1% (7 data points) whereas from weeks 27–32 the percentage was above the median of 21.1% (6 data points).

Conclusion Our QIP demonstrated a positive impact on percentage of patients who had a ReSPECT form completed by time of death/discharge. However, this change was not sustained and further input is required to achieve this. Once this is accomplished it would be beneficial to share with other specialities within the Trust to facilitate improvement at an organisational level.

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ADVANCE CARE PLANNING AND PALLIATIVE CARE REFERRAL IN ADULTS WITH SYSTEMIC RIGHT VENTRICULAR FAILURE

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Introduction Patients with a systemic right ventricle (sRV) following transposition of the great arteries typically develop heart failure by 40 years of age,¹ earlier than in acquired heart failure.² Patients with sRV failure require input from ACHD, heart failure and palliative care teams, including advance care planning (ACP).³ The aim of our project was to describe current ACP practice and palliative care referral in patients with a sRV at an ACHD centre in Leeds.

Methods 122 patients with sRV followed up from 2016–2021 were included. Data was extracted from electronic records including timing, content and location of ACP and palliative care referral.

Results 7 patients (5.7%) had ACP and all initial discussions were with ACHD clinicians. ACP occurred during inpatient admission for 2 patients, both prompted by clinicians. 5 patients had ACP in outpatient clinic: 3 were patient-initiated, 1 clinician-initiated and in 1 it was unclear who prompted discussion. 5 patients (4.1%) died during the data collection period and median age at death was 41 years. 1 patient discussed ACP and was referred to the palliative care team 13 months before their death.

Conclusions ACP in patients with sRV failure can be challenging, with a higher risk of sudden death and many dying at a younger age than in acquired heart failure. Recent ACP guidance advocates preparing ACHD patients and their families for both unexpected and predictable deaths.² In our cohort, ACP often occurred in parallel with disease modifying therapy in the outpatient setting and patients and clinicians equally