DEVELOPING AN OPEN ACCESS TOOLKIT TO SUPPORT THE IMPLEMENTATION OF JOURNAL CLUBS IN HOSPICES

Tom Steele, Sarah Stanley, Amara Callistus Nwosu, Marie Curie Hospice, Liverpool, UK
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Background Research is essential to improving outcomes for patients with life-threatening illness and it is vital that hospices are at the centre of this (Payne, Preston, Turner et al, 2013). Journal clubs have been identified as a way of sharing evidence amongst hospice teams, developing staff research skills and contributing to hospice research culture but they are not widespread in hospices, with barriers often encountered in their development and sustainability (Turner & Payne, 2019. Eur J Palliat Care. 19:34).

Aims This project aims to develop a toolkit to support hospices in establishing and sustaining multidisciplinary journal clubs.

Methods At Marie Curie Hospice, Liverpool, a new model of journal club was implemented in January 2019 with a focus on promoting reflection of the relevance of research to clinical practice (Steele, Stanley & Nwosu, 2019. BMJ Support Palliat Care. 9:A50). Attendance, and contributions to presenting, come from across the multidisciplinary team and palliative care service sites in the locality. A toolkit to allow this to be replicated was developed by the research team, informed by participant feedback and the successes and challenges of setting up the journal club from scratch then surviving, growing and thriving in a semi-virtual model despite the COVID-19 pandemic (Stanley, Nwosu & Finney, 2021. BMJ Support Palliat Care. 11:A4).

Results The toolkit consists of a practical guide to both setting up and running the journal club, with flexibility to be individualised to diverse hospices across the UK. In addition, it includes resources such as presenter templates and certificates. The toolkit is being piloted in two palliative care centres so that facilitators and barriers to its use can be identified.

Conclusions This work will lead to the development of a freely available toolkit that any hospice can use to support their implementation of a journal club, thus promoting a research culture and evidence-based practice.

BEARING WITNESS AT A TIME OF CRISIS: METHODOLOGICAL REFLECTIONS ON INTERVIEWING YOUNG ADULTS WITH LIFE-THREATENING CONDITIONS IN INCLUSIVE RESEARCH

Sarah Earle, 1Maddie Blackburn, 2Lizzie Chambers, 3Julia Downing, 4Kate Flemming, 5Jamie Hale, 1Hannah Marston, 1Lindsay O'Dell, 6Valerie Sinason, 7Lucy Watts, 8Expert by experience, London, UK

Background There is a strong imperative to include patients and the public in palliative care research, but the literature is dominated by discussion of the methodological, practical and ethical difficulties (van der Steen, Bloomer, & Martins Pereira, 2022. Palliat Med. 36:4). The concerns raised are complex and varied but they include sensitivities surrounding talk on death and dying, the presumed vulnerability of people at end-of-life, research burden, the role of gatekeepers, and the perceived potential of doing harm (Crowhurst, 2013. Int J Soc Res Methodol. 16:463; Blum, Inauen, Binswanger et al., 2015. Prog Palliat Care. 23:75; Turner & Almack, 2017. Int J Soc Res Methodol. 20:485).

Aims The study investigated the unintended consequences of pandemic control measures during the first wave of the Coronavirus pandemic in the UK.

Methods We draw on an inclusive qualitative research study informed by constructivist grounded theory methodology (Charmaz, 2006) on the experiences of young adults (aged 18-40) with life-limiting or life-shortening conditions. The project was led by a multi-disciplinary team of researchers including co-researchers with lived experience. Twenty-eight young adults participated in in-depth online interviews and were asked to reflect on their involvement in the study; this paper explores some of the methodological implications of this.

Results Findings highlight the opportunities for participants of being involved in palliative care research, even at a time of crisis, when the possibility of doing harm might reasonably be heightened. Four themes were identified that address this including the opportunity to: (1) help others and influence change, (2) talk about private, seldom-discussed issues, (3) receive therapeutic benefit and, (4) reciprocity and exchange.

Conclusions Our study shows that within inclusive qualitative research, participants are not the passive, vulnerable actors that they are assumed to be. In contrast to the view that participating in research is distressing and harmful, this study shows that it can give individuals the opportunity to share hidden, often painful stories in a context that can be experienced as positive and enriching. This project has explored the experiences of an under-researched group and considered the importance of bearing witness to their experiences through research.

ONE STEP AT A TIME – A SEQUENTIAL APPROACH TO INTEGRATED 24/7 TELEPHONE ADVICE AND SUPPORT ACROSS FOUR HOSPICES

Karen Clarke, Rebecca Tiberini. St Michael’s Hospice, Hastings and Rother, Hastings, UK

Background Best practice standards recommend that specialist palliative care advice should be available, 24/7, to service users and healthcare partners, to achieve good end of life care. Currently, there is variable access to 24/7 specialist palliative care advice.

Aim Assess the feasibility of an integrated 24/7 telephone advice line across four hospices to improve equitable access to specialist palliative care and augment capacity through creative and efficient use of resources.

Methods Community service leads from four hospices met over a two-month period. Methodology included evidence gathering from current 24/7 telephone advice service provision and demand. Service models were interrogated against a feasibility framework, considering whether initiatives: could be
progressed within current resources, were realistic given current service pressures, would result in efficiencies, increase specialist palliative care capacity across the system, had potential to alleviate pressures across the end of life care system out of hours and had enough enabling factors to give a good chance of success.

Results Within eight weeks, a shared ‘Hospice Line’ model, which defined and standardised the deliverable elements of 24/7 telephone advice and support, was developed. A phased approach was recommended to enable partner hospices to benefit from each pilot as a discrete, stand-alone initiative to add value and efficiency across their 24/7 telephone advice provision. Subject to proof of concept these could then be built upon to realise a fully integrated ‘Hospice Line’.

Conclusions Progressing clinical integration across hospices is challenging. This project introduces a sequential approach that enables partners to embark on integration ‘one step at a time’, mitigating risk, building trust and positive culture change with each progression.

How innovative or of interest is the abstract? With effective leadership, senior management commitment, the right stakeholders and a shared goal, proposals to support system-wide changes can be researched and developed at pace. This one step approach could be adopted for other integration initiatives.

Conclusion We are using our limited resource to reach more people when they need us, helping them wherever, whenever and however is appropriate to make the final years of their lives as rewarding as possible, giving all hope.

P-04 ABSTRACT WITHDRAWN