

model would be beneficial to our patients, and therefore set up a 6 month pilot. The aim was to provide a responsive, enhanced multidisciplinary specialist palliative care service to manage complex and acute needs in the community, for patients felt to be at high risk of in-patient admission.

The model was based around a daily multidisciplinary team meeting consisting of palliative medicine doctors, nurses, allied health professionals and family support workers. A plan of care was made in the meeting and the patient assessed at home by the most appropriate member(s) of the team.

In the virtual ward pilot we had 36 patient admissions. At the initial review 26 of the patients were in the unstable phase of illness and 6 were deteriorating, highlighting that the virtual ward helped patients with complex acute needs. Preferred place of care was maintained in 31 patients (86%) and preferred place of death was maintained in 12 out of 14 patients who died (86%). Hospital or in-patient hospice stay was likely avoided in 14 patients. Supported therapies included bisphosphonate infusions, ascitic paracentesis, and non-invasive ventilation titration and withdrawal.

The virtual ward has enabled patients to have complex symptom management, therapy reviews and psychosocial support in the place of their choice, helping to support their preferred place of care and death as well as avoiding unnecessary admissions.

NHS England & Improvement has asked all Integrated Care Systems to extend or introduce virtual ward models (NHS E&I. Supporting information for ICS leads. Enablers for Success: virtual wards including hospital at home. April 2022. [Internet]). Our pilot has shown that virtual ward models can be used effectively and help manage the increasing demand on palliative care services.

#### P-66 THE DEVELOPMENT OF A PALLIATIVE VIRTUAL WARD

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**Background** The Warrington Integrated Palliative Care Hub (WIPCH) launched in March 2020 as a test concept and became an integral part of service delivery. Service review indicated the next phase would be development of a Palliative Virtual Ward (PVW) offering additional support to complex and other palliative patients and preventing hospital admission. Following review of experience and learning, a bid was submitted to develop a 10-bedded Palliative Virtual Ward offering additional support through a 14-day plan of care.

**Aims** By mobilising this model, multiple levels of monitoring are deployed dependent on patient need, with a variety of access points and escalation managed via a single digital platform. This proposal achieves against NHSE/I service priorities and is consistent with the national hospice @home model at level 4 and Cheshire & Merseyside's strategic intent.

**Methods** Evaluation will combine quantitative and qualitative data aligned to the Better Care impacts to improve experience, resource utilisation and outcomes. The data will include: patient experience, demographics and processes.

**Results** WIPCH launched the Palliative Virtual Ward on 25 April 2022. The pilot operating model clearly defines criteria for admission, discharge and plans of care to support patient flow. The development of the Palliative Virtual Ward will provide opportunity to deliver on five of the six 'Ambitions of

Palliative Care and End of Life Care, 2021-2026' and will be integral part of the strategy for Warrington 2022-2026.

**Conclusion** The 12 month pilot will provide the blueprint for development of a standardised operating model for further virtual wards across Warrington. This prototype model will inform the development of virtual wards in line with the national ambition for Integrated Care Systems to work towards the comprehensive development of 40 to 50 virtual ward 'beds' per 100,000 population by year end 2023.

#### P-67 ABSTRACT WITHDRAWN

#### P-68 VIEWS AND EXPERIENCES OF PALLIATIVE CARE HEALTHCARE PROFESSIONALS OF SUPPORTING PATIENTS TO MANAGE DIGITAL LEGACY AS PART OF ADVANCE CARE PLANNING

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**Background** The need for palliative care is increasing (World Health Organization, 2020) and it is essential to look at how emerging technologies can improve care for palliative patients and their carers in the future (Nwosu, Collins & Mason, 2018. *Palliat Med.* 32:164). With an increasing use of personal technology, many people are spending time creating their own online content (Office for National Statistics, 2020). This online content is often described as a digital legacy; the digital information that is available about someone following their death (Digital Legacy Association, 2021). There is limited evidence around the understanding of digital legacy amongst palliative care healthcare professionals and the benefits of supporting patients in managing their digital legacy.

**Aim(s)** To explore palliative care healthcare professionals understanding of digital legacy and how it could be included as part of advance care planning discussions.

**Methods** A qualitative single site study involving in depth interviews with ten palliative care healthcare professionals. Data analysis employed a constructivist grounded theory approach (Charmaz, 2006).

**Results** Data analysis is ongoing. Initial analysis shows a lack of understanding amongst palliative care healthcare professionals around digital legacy. Our results highlight the growing importance of digital legacy in various areas of palliative care. Participants described digital assets as important as physical belongings. The data highlights a concern around access to digital belongings following death, and the impact this could have on grief and bereavement.

**Conclusions** Exploration and understanding of views and experiences of healthcare professionals has relevance for policy and practice. A lack of understanding around digital legacy can create barriers to including digital legacy as part of advance care planning discussions and should be addressed through education and raising awareness around this developing topic. Results of this study will help us understand ways to create digital memories, to consider how to store them safely and