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.

Background The Warrington Integrated Palliative Care Hub (WIPCH) launched in March 2020 as a test concept and formed a multi-disciplinary virtual ward team, 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.

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