data. The study was subject to ethics approval from the sponsoring University and NHS West of Scotland REC.

**Results** Data were gathered from 24 interviews and 42 surveys, we will report on the level of satisfaction declared by patients within each emergent theme and discuss the variations between patient derived data and the results given by visitors and staff.

**Conclusions** The findings add to the body of work around evidenced based design and highlight the performance of a range of criteria that contribute to health and wellbeing as experienced by all users of a hospice environment.

**How innovative or of interest is the abstract** This research will help inform future architectural design decisions made by hospice organisations, architects, design teams and healthcare boards.

**Conclusion** Improvement evaluation identifies positive results including: cornea conversation engagement, enabling patient choice, supporting patient legacy, enhancing cornea resources and restoring recipient sight. The COVID-19 pandemic heightened workplace pressures during implementation which was considered to impair overall performance. Use of the Plan, Do, Study Act cycle will support further project enhancement.

**Innovation/interest of this project?** This project is vital considering the positive outcomes for the donor and the recipient of both cornea donation and transplantation (keratoplasty). Keratoplasty, considered the world’s most frequently performed transplantation, holds a high success rate, however, a dilemma presents considering the most frequently performed transplantation carries the highest donor refusal rate (NHSBT, 2021).

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**P-98** LESSONS LEARNT FROM AN AUDIT OF CORNEAL DONATION IN ST CLARE HOSPICE IN-PATIENT UNIT

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**Introduction** 80% of people in England support organ donation but few are aware of the option of donating their corneas, which far more dying people are eligible to do than is widely recognised. Through proactively initiating conversations, hospices have the opportunity to contribute to reducing the national shortfall considerably.

**Methods** Standard audit methodology of forty consecutive electronic (SystmOne) patient records from June to September 2021, including searches of read codes and textual searches.

**Analysis and results** 70% of admitted patients were eligible to donate their corneas. Of these, discussions were held with those patients and it resulted in willingness about donation of corneas in four cases (14%). In all four cases, the patient was willing to proceed with corneal donation and in the case of three of these patients who died on the in-patient unit, corneal donation was able to proceed. The number of documented conversations increased when a key experienced member of staff re-joined the medical team following extended leave.

**Conclusion** Work remains to be done to encourage routine discussion of corneal donation on the in-patient unit. When discussed, the discussions seem to be well received and have positive outcomes. Multiple interventions have subsequently been undertaken, including whole-hospice education sessions, a themed journal club discussion, and update of junior doctor induction material. With high turnover of rotating junior doctors, presence of experienced IPU doctors is key to ensuring that a culture of routine corneal donation discussion is embedded in the unit. There is potential for nursing staff to play a larger role in these conversations.
Background Sex and intimacy are expressed by many patients to be essential at the very end of their lives. Different definitions of intimacy are presented in the literature, with studies reporting intimacy to be more than just sexual intercourse. Despite this, intimacy is not commonly assessed nor discussed with palliative and end-of-life healthcare professionals. It is therefore important to explore patients' perceptions and needs of intimacy towards the end of their lives, in order to inform service improvements.

Aim To explore existing literature to identify the sex and intimacy needs of patients at the end-of-life as expressed by patients and carers themselves, and to use the information gained to inform service improvement.

Method A systematic review of literatures was conducted between September and December 2021 using MEDLINE, CINAHL, PsycInfo and AMED databases. As literature on this topic is relatively recent, no time limit was put in the search terms. Perspectives from healthcare professionals, recovered patients, and quantitative studies were excluded as well as protocols and dissertations. Suitable articles were imported into Covidence for further screening and extraction.

Results 18 articles were included in the final review with an initial amount of 364. Studies included both young and older adults. Seven key themes emerged:

1. Age stereotypes impacting conversation with professionals.
2. Reprioritising survival over intimacy needs.
3. Influence of family/friends/carers.
5. Physical constraints inhibiting performance of sexual activities.
7. The importance of conversations between healthcare professionals and couples (Let’s talk about sex).

Conclusion Key themes generated from this study suggested any service changes should be practical and psychological, such as re-designing wards and acknowledging patients as a whole. Clinical settings should consider these in order to fulfil patients’ sex and intimacy needs. Semi-structured interview data would help to further understand how interventions could be designed to support patients’ intimacy needs.

P-100 PALLIATIVE CARE WORKERS’ EXPERIENCES WITH AND BELIEFS SURROUNDING DEATHBED PHENOMENA

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Background Deathbed phenomena (DBP) are unusual perceptions reported by dying persons and those around them in the days and weeks leading up to death. These include phenomena such as deathbed visitors, visions and terminal lucidity. However, there has been little UK-based research surrounding this topic. This study aimed to describe palliative care workers’ experiences with and beliefs surrounding deathbed phenomena and identify any implications for clinical practice.

Method An online questionnaire consisting of multiple choice and free text questions. The questionnaire link was shared with staff at 5 UK-based hospices.

Results 104 staff members responded: 13.6% doctors, 39.8% nurses, 43.7% healthcare assistants and 2.9% other; 42.3% Scotland, 27.9% England and 29.8% Northern Ireland. 97.1% of respondents reported at least one DBP, mean of 7.7. There was no significant difference between those who identified with a religion and those who did not. DBP most frequently reported by staff were patients seemingly timing their own death (86.3%, 88/102) and deathbed visitors (74.8%, 77/103), 76.5% (78/102) of respondents agreed that deathbed phenomena are of a spiritual nature with no significant difference in response between those who identified with a religion and those who did not. 70.9% (73/103) of respondents agreed that deathbed phenomena tend to be positive experiences for the patient and 70.9% (73/103) of respondents agreed that DBP tend to comfort the family. 68.3% (70/103) of respondents agreed that formal training would be useful.

Discussion Many palliative care staff report experiences of DBP. These are generally perceived as comforting to the patient and their families. Discussions to encourage openness surrounding these experiences with palliative workers may help staff in responding to patients and families who report DBP.

P-101 EXPLORING PATIENTS’ AND FAMILIES’ EXPERIENCES OF SERVICE ADAPTATIONS IN THE CONTEXT OF COVID-19

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Background Necessary service changes arising from the COVID-19 pandemic provided an opportunity to review patients’ preferences for the delivery of hospice care and support. Many face-to-face services were replaced with telephone and virtual methods which had not been routinely used previously.

Aim To identify and understand the impact of service changes on patients’, clients’ and families’ experiences of Dorothy House Hospice (DH), Salisbury Hospice (Salisbury), and Prospect Hospice (Prospect) in the context of COVID-19, and explore respondents’ communication preferences.

Method A postal questionnaire was disseminated to all patients and clients who had used the hospices’ services in the prior 3 months (DH summer 2020, Salisbury and Prospect Autumn 2021). Using closed questions and free-text comments, the survey requested feedback on communications received and difficulties experienced. Preferences for future communication types were elicited. Data were analysed using frequency counts and thematic analysis of free-text comments.

Results 294 responses were received (patients n=166(56%); families and carers n=98(33%); bereaved n=29(10%); unknown n=1(1%)). Respondents were predominantly aged 65+ (71%). The majority of respondents (86%) reported receiving the right amount of information, and were happy with the type of contact received (85%). The preferred format for future contact was face-to-face (74%), the least preferred was video calls (19%). Qualitative data indicated respondents were positive about the continuity and availability of support from their hospices despite the challenges of the pandemic. Those who engaged with virtual services, reported minor technical difficulties. Bereavement groups/buddy systems for patients and families to socialise with people who had similar experience to them, were particularly welcomed.