

Background Complementary therapy is highly valued by palliative care patients (Armstrong, Kupeli, Flemming, et al., 2020. *Palliat Med.* 34:1332; Zeng, Wang, Ward et al., 2018 *J Pain Symptom Manage.* 56: 781). Suspended services in April 2020 due to COVID-19 restrictions highlighted our reliance on in-person therapies, with no alternatives for patient care. When services resumed in February 2022, we took the opportunity to reimagine our offering.

Aims To design services that could run both in-person and online. To define a wellbeing pathway that included in-person therapy, plus a wider variety of self-empowerment education. To offer more relaxation and mindfulness techniques (Proud, 2017. *BMJ Support Palliat Care.* 7:A55) that could be practised at home and did not depend on in-person therapy.

Methods In February to April 2022 a roll-out of services took place. Firstly, the reinstatement of in-person therapies, secondly the offering of online weekly relaxation sessions and in-person meditation sessions. From feedback and discussions with users and staff, education sessions were developed covering identified areas of challenge. All the education sessions, group relaxation and meditation services can be carried out online.

Results There has been a great uptake of services with patients embracing all avenues available.

- In-person therapies average 35 bookings per month.
- Online relaxation sessions have opened a new avenue for patients who are shielding.
- Education sessions are currently face-to-face but could be run online. All include techniques that can be carried out at home.
- Feedback has been overwhelmingly positive with 100% 'Very Good' ratings.

Conclusion The first phase of reopening complementary therapy services has been met with very positive feedback from our patients. Reimagining what we offer has expanded services and allowed more flexibility. Additional learning is that some patients actually prefer online sessions as they are easier to access and safer. These patients report the same high levels of positive feedback. We are planning to expand with music therapy (Gutgsell, Schluchter, Margevicius, et al., 2013. *J Pain Symptom Manage.* 45:822) and an online meditation and resources library.

P-128

OUTCOMES FROM AN INDEPENDENTLY COMMISSIONED REVIEW OF ACORNS CARE SERVICES

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Background Acorns recognised that children's hospice care needs to evolve. In July 2020 we commissioned NCB to undertake an independent strategic review of our care service. We were presented with the final report and recommendations in Feb 2021.

Aim(s)

- To align future service and demand based on projected needs and local and national commissioning intentions.
- To sustainably and effectively resource and deliver services.
- To inform our Strategic Plan 2021 -2024.

Methods Jul. – Oct. Reviewed data/academic studies to estimate demand.

Sept. – Dec. Focus groups and stakeholder engagements.

Dec. – Jan. 2021. Sets of challenge panels with staff and service users to test recommendations.

Results The review made a strong case for evolution and change, acknowledging that children are living longer with life-limiting conditions resulting in greater clinical complexity in the conditions of many children. There were nine recommendations:

1. Strengthen the Family Teams' offer.
2. Jointly fund clinical posts.
3. Consider access pilots.
4. Develop an 'Acorns Care' tier of support for children receiving less intensive clinical input.
5. Review a clinical development strategy across the three hospices.
6. Monitoring bed occupancy and demonstration of value to commissioners.
7. Work with other providers to develop a shared vision for children's palliative care.
8. Establish inclusive staff working groups to support areas of change.
9. Key characteristics: Responsive, efficient, integrated, transparent, united.

Conclusions The Review provided a platform for change, as we emerge from the global pandemic there is appetite from our stakeholders for our specialist services to meet priorities for the future. Our change management programme is ensuring the views of the children and families remains central.

How innovative or of interest is the abstract? We hope that sharing our learning will benefit colleagues from across children's hospices by seeing a different optic into our specialist sector.

P-129

REASSESSMENT AS A TOOL FOR INCREASING CONFIDENCE TO RE-ENGAGE WITH ACORNS CLINICAL SERVICES POST-PANDEMIC

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Background During the height of the pandemic and for many months after, as many families were readjusting to life with children going back to school, many families of children with life-limiting conditions were still securing themselves in their homes, afraid to send children to school, afraid of bringing disease back from shops or public places while feeling very isolated and thoroughly exhausted. Prior to the pandemic, Outreach provided vital short breaks in the home, allowing families and care givers to take a break to do some shopping, housework, take other children to an activity or birthday party, or spend some time looking after their own wellbeing by visiting the hairdressers or going to the gym.

Aims To determine the suitability of Outreach nurses reassessing children and adding a layer of confidence that families could allow children to return to in-house care at Acorns, or choose to continue with Outreach visits if they preferred that model of care. In line with our strategic plan for 2022-23,