

Methods Electronic databases: Medline, CINAHL, EMBASE, PsycINFO, were searched up to December 2021. Studies were assessed against inclusion criteria.

Results 4317 articles were screened, identifying 11 studies for inclusion. Data were extracted regarding study setting, design, methods, intervention components, and outcomes. The overall sample comprised 1317 caregivers. Mean age ranged 44–70 years. In all studies, a higher proportion of caregivers were female. Narrative synthesis revealed mixed results. Six studies highlighted significant improvements in psychosocial outcomes including caregiver burden, depression, anxiety and quality of life. Differences in outcomes were related to intervention type, design, duration and delivery.

Conclusions The findings suggest interventions for this cohort should be: evidence-based, psychosocial, developed within an appropriate psychological framework, delivered at home, involve patient-carer dyad, and capture appropriate psychosocial caregiver outcomes using reliable and valid psychosocial measures.

Impact This systematic review, to our knowledge, is the first to explore effectiveness of psychosocial interventions for caregivers of those with advanced, non-malignant, chronic conditions. It highlights the need for more robust, sufficiently powered, high quality trials of evidence-based interventions for this cohort of carers

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BEREAVEMENT DURING COVID-19: FINDINGS FROM A UK-WIDE ONLINE SURVEY ON THE USE AND PERCEIVED HELPFULNESS OF INFORMAL AND FORMAL SUPPORT DURING THE PANDEMIC

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Introduction Millions became bereaved during the pandemic, with many facing challenges accessing support.

Aims To describe the use and helpfulness of different types of support in a cohort of people bereaved during the pandemic in the UK.

Methods A longitudinal survey of people bereaved during the pandemic over four time points. At 7- and 13-months post-bereavement (T2 and T3), participants rated the helpfulness of support used and described how they had been helped by this support.

Results 420 participants completed at least one follow-up survey (T2, T3 or both). Most respondents were female (88.3%) and had lost a parent (57.6%) or partner (24.3%), with 3.3% from a minoritised ethnic background. Support from family and friends, reported by 89.3% of participants, was rated as ‘quite helpful’ (mean rating 4.3 out of 5), and included help with practical tasks, expressing feelings/sharing grief, remembering, feeling cared for and less isolated. The most commonly used form of other support was 1:1 support (e.g. counselling), used by 40.5% of participants, with an average helpfulness rating of 4.1, helping participants feel listened to and process their grief. Online community support, used by 31.0% of participants, was also rated ‘quite helpful’

(3.9), enabling sharing with similar others, feeling understood and less alone. Informal and formal bereavement groups were rated as similarly helpful (4.2) while helplines and specialist mental health support were slightly less helpful (3.6) (used by 9.3%, 4.8%, 7.1% and 4.5% of participants, respectively).

Conclusions Results demonstrate the perceived benefits and helpfulness of different forms of bereavement support used during the pandemic.

Impact These findings highlight the value of informal as well as formal support, particularly bereavement counselling. Policy makers must attend to the foundational and second tiers of the public health model of bereavement support, supporting communities as well as services.

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ACHIEVING CONSISTENCY AND CONSENSUS IN EVALUATING THE IMPACT OF PALLIATIVE CARE SERVICE INTERVENTIONS: DEVELOPMENT OF AN EFFECTIVENESS CORE OUTCOME SET FOR ADULT PALLIATIVE CARE SERVICES IN WALES

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Introduction Consistent assessment of service quality is essential for driving improvements in care. This includes measures of effectiveness, rather than just process-related outcomes. The Outcome Assessment and Complexity Collaborative (OACC) in England and the Palliative Care Outcomes Collaboration (PCOC) in Australia are examples of successfully established patient-level core outcome sets for palliative care. In Wales, the Programme Board for Palliative and End-of-Life Care (PBPEoLC) is seeking a similarly standardised, consensus-driven approach appropriate for the value-based health and social care economy specific to Wales.

Aims To establish consensus on an effectiveness core outcome set (COS) for adult palliative care services appropriate for Wales.

Methods A consensus-driven multi-stage project, involving four stages. Stage I: Rapid review of existing literature to identify concepts used in the UK and internationally to assess palliative care service quality. Stage II: Expert group workshop to refine this longlist. Stage III: Wales-wide stakeholder online survey to rank importance for all outcomes from Stage II. Stage IV: Expert meeting to finalise and ratify the final COS and discuss next steps for implementation.

Results The four-stage approach resulted in a COS that consists of 21 outcomes, grouped into 6 domains: 1) physical, 2) psychological, 3) social and 4) spiritual aspects of care as well as 5) overall wellbeing and 6) information and communication needs.

Conclusions This consensus-driven project delivered a manageable COS, refined to best reflect Wales’ needs. A mapping exercise and gap analysis will now establish which existing toolkits are most suitable to measure the COS to underpin implementation.

Impact The COS has been adopted in full by the new Programme Board for End-of-Life Care in Wales and will sit alongside other measures of service quality (e.g. efficiency,