communication regarding ReSPECT and shared resources e.g., Top tips newsletters. Future ongoing work focusses on improving the quality of ReSPECT forms and education surrounding the ongoing review of ReSPECT forms during acute admissions and at significant milestones in a patient's condition.

95 UNDERSTANDING THE BENEFITS AND LIMITATIONS OF A BLENDED APPROACH (MIXING VIRTUAL AND FACE-TO-FACE CONSULTATIONS) TO MEDICAL OUTPATIENT PALLIATIVE CARE SERVICES: A MIXED-METHODS STUDY

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10.1136/spcare-2023-PCC.115

Background The Covid-19 pandemic led to a rapid increase in the use of virtual technologies (telephone; video) across healthcare. For palliative care patients, further evidence is required to inform integration of virtual technologies with traditional face-to-face consultations.
Aim To understand the benefits and limitations of a blended approach (mixing virtual and face-to-face consultations) to medical outpatient palliative care consultations.
Methods A mixed-methods study with a concurrent triangulation design was conducted. Phase 1 comprised an anonymous online survey of palliative medicine physicians in the UK. Survey questions were derived following a review of the literature and explored physicians' experiences and opinions of different consultation modalities. Phase 2 comprised qualitative semi-structured interviews with palliative medicine patients exploring their perspectives of virtual and face-to-face outpatient clinics. Patients were recruited from palliative medicine outpatient clinics and interviewed via Microsoft Teams. Results from both phases were integrated and recommendations for clinical practice developed.
Results The online survey received 48 responses from professionals, and eight semi-structured patient interviews were conducted. Patients and physicians felt face-to-face consultations were necessary for clinical assessments and improved communication and relationship building. The main challenge was the physical burden from travel. Telephone consultations were useful for simple and finite problems such as medication reviews, but the physical separation introduced communication barriers and prevented clinical assessment. Video technologies supported physically-limited patients to access clinics and allowed for some clinical assessment to occur. The most appropriate modality for breaking bad news and/or providing psychosocial support was felt to be patient and situation dependent.
Conclusion The use of a blended approach to palliative medicine outpatient clinics is acceptable to patients and physicians and has the potential to capitalise on the benefits of each modality to deliver an effective and efficient service.

96 INTRODUCING WARD-BASED ACCESS TO SUBCUTANEOUS SYRINGE DRIVERS AT A TERTIARY CANCER HOSPITAL

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10.1136/spcare-2023-PCC.116

Aims To introduce a ward-based system for accessing and managing syringe drivers and to develop a tracking system to prevent syringe driver misplacement, improve timely availability and staff wellbeing through self-measured stress levels.

Introduction: Between September 2021-August 2022 ten clinical incidents were identified relating to syringe driver access across the trust, and inaccessibility had been cited as a significant source of stress for staff. This represents a large financial risk with the cumulative cost of syringe drivers in the trust reaching almost £100,000.
Method A pilot ward was given ownership of four syringe drivers to be kept on their ward. Ward staff kept a daily checklist of the location of the pumps and this was reviewed weekly, whilst also surveying how difficult access had been both in and out of hours and number of clinical incidents. Staff were also asked to self-report stress levels that they experienced while accessing syringe drivers. The outcomes each week were used to develop protocols for different scenarios, for example relocation of patients to hospices, or faulty pumps.
Results Compared to baseline figures after the first cycle there was a self-reported 66% reduction in both stress and difficulty levels accessing pumps for staff in-hours. Similarly, when reviewing out-of-hours data there was a 75% reduction. Comprehensive roll-out of the tracking system on the ward ensured that 100% of syringe driver locations were tracked through cycles 2–5 with no losses reported. Notably, after cycle 5 there was a significant increase in stress levels related to pumps being lent out to other wards not involved in the pilot, and the financial risk of this.
Conclusion A ward-based tracking system for syringe pumps can improve access, reduce stress and protect from financial loss. However, further adoption across the trust is awaited to ensure consistency and optimise ward-based tracking systems.

97 IMPROVING END OF LIFE CARE DECISION MAKING ACROSS NORTH WALES

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10.1136/spcare-2023-PCC.117

Background/Introduction Treatment and care towards the end of life (EoL) often involve decisions that are clinically complex and emotionally distressing. Patients' decision-making needs to be supported by appropriate, individual, timely discussions with clinicians and those important to them. In North Wales, the support for end of life decision-making (EoLDM) is fragmented and uncoordinated.
Aim We undertook a detailed exploration of EoLDM in North Wales to inform a quality improvement (QI) strategy.

Method(s): We mapped components of EoLDM and examined those via individual and group interviews with stakeholders based on normalisation process theory constructs. We checked alignment with local and national guidance, contextualised findings utilising previous regional work, and prioritised QI topics.
Results Examination of EoLDM components (discussions, documentation, acting on decisions and governance) revealed well-known barriers (e.g. time constraints, lack of universal