awareness of and staff-reported use of materials (respectively 20%/ 90%; 21%/ 75%), increased staff confidence in ACP (30%/ 75%), increased documented use of materials to support cardiopulmonary resuscitation discussions (6%/ 90%), 65% of staff who used materials stated patients/families found them helpful. Website5 clicks increased (520/572) and staff webpage (270/424). Data show increased access to resources and what we hope is a meaningful and sustainable improvement to ACP.

Conclusion(s) Our data suggests that our approach to embedding use of our ‘Let’s Talk’ materials improves staff and patient engagement with ACP. More work is needed to fully develop our Trust framework including a focus on staff and patient education.

REFERENCES

120 DEVELOPMENT OF A NATIONAL COLLABORATIVE: THE UK PALLIATIVE CARE INTERSTITIAL LUNG DISEASE GROUP

Louise Crowley, Molly Bird, Anjali Crawshaw, Davinder Dosanjh, Jon Tomas. University Hospitals Birmingham, University Hospitals Coventry and Warwickshire.

Background The United Kingdom (UK) Palliative Care Interstitial Lung Disease (ILD) group (UPIG) was devised by a team of respiratory and palliative care clinicians from Birmingham who noted an absence in the UK of a dedicated national collaborative focusing on the provision of supportive and palliative care services for patients with ILDs.

Method 62 delegates attended the inaugural meeting of UPIG from across the UK online or in person November 2022. Healthcare workers specialising in palliative care and respiratory medicine accounted for the majority of the attendees, which included doctors, nurses and allied health care professionals. The findings of the meeting and future direction of the group including those discussed in the interactive workshop will be summarised here.

Results Inconsistencies nationally in supportive and palliative care services offered to ILD patients and the desire and need for improvement were clear. This meeting showcased innovative practices currently being delivered and provided a unique setting to network and collaborate with others who are passionate about this field across the UK. This sparked reflection into current clinical practice and consideration of potential local service development, such as dedicated patient focused supportive care ILD multi-disciplinary teams and cognitive behavioural therapy.

Future direction To act as a national platform to collaborate, teach and share practices shone out as the most welcomed and accessible first goal of this initiative. UPIG could provide a means to perform national audits, high impact research and guideline generation. Careful consideration of where UPIG will sit in relation to already established clinical bodies is required to ensure the success of this collaborative.

Conclusions UPIG is an exciting multi-disciplinary, national collaborative that hopes to provide a platform to transform the supportive and palliative care of patients with ILD through in the first instance the sharing and teaching of practices and ideas.