Background Storytelling has been established as an effective tool for supporting people with end-of-life care decision making (Youell, Ward. ehospice [UK ed]. 2016; Jan 4; Watson, Voss, Bloomer. Res Pract Persons with Severe Disabilities. 2019; 44(4):267–79). Through a process of personal evaluation and reflection, patients and their loved ones can come to terms with life-changing diagnosis and death (Youell, Ward; Watson et al, 2019). We observed that parts of our workforce had difficulties initiating and having important advance care planning (ACP) discussions with patients and their loved ones. We developed a Making MMELL programme as a less clinical, neutral and personalised tool for promoting ACP discussions. With art-based therapies and personal narratives at its core, MMELL seeks to help the hospice workforce, patients, and their families to have meaningful ACP discussions for a better end-of-life care experience.

Aims To refine the MMELL programme and evaluate its impact on meaningful ACP discussions.

Methods Phase 1. Literature review, stakeholder consultation and hospice-wide roll out of the MMELL programme, development of feedback forms. Phase 2. Data collection and analysis (i) patient and family uptake of MMELL programme, (ii) clinical notes for ACP discussions before and after MMELL programme introduction, (iii) service user feedback forms. Phase 3. Programme refinement, expansion of the offer to the wider hospice community, stakeholder consultation, dissemination of preliminary findings.

Preliminary results Since May 2022, we have created 15 fingerprint jewellery items, nine hand casts, conducted seven family workshops, and recorded 10 life stories. Feedback forms show that patients enjoy the process of using art-based, creative methods to express what is important to them in ACP discussions. Families have also expressed that it has helped them to come to terms with their loved one’s impending mortality.

Conclusions MMELL has improved uptake of ACP discussions for people accessing the hospice services. This service has emerged as a personalised offer during initial clinical assessments. Our MMELL programme shows that art-based methods of expressing what matters most are accessible, inclusive and personal (Watson et al, 2019; Jerwood, Allen. BMJ Support Palliat Care. 2022;12:A1–A2).

Meanwhile, patients and families who received hospice care would have liked to have more information about the hospice when the illness was labelled terminal (Weckmann, Family Practice Manage. 2008; 18–22.). There are often negative connotations associated with the word ‘hospice’ (Friedman, Harwood, Shields. J Palliat Med. 2002; 5(1):73–84; Matthews, Peters, Lawson. Health Mark Q. 2017; 34(1): 48–61) which feeds into practitioners’ reluctance to bring up the subject. We address these challenges by focusing on approaches and ‘what words to use’ when broaching conversations about referral to a hospice.

Aim Our aim is to explore the language used by HCPs who refer to a hospice service and the challenges in making earlier referrals. We identify specific language practices for encouraging these conversations.

Method We are interviewing HCPs (N=25) who talk to patients with life-limiting conditions and their family members about planning for the future, including referrals to a hospice. These HCPs include hospital consultants, GPs, occupational therapists, nurses and psychiatrists. Interviews are subjected to inductive thematic analysis based on six principles developed by Braun and Clarke (2006). Analysis is assisted by NVivo data analytic software.

Results/conclusions Our study is in progress. So far, thematic analysis has identified key signs of patient readiness for conversations, techniques for encouraging patient engagement (e.g., hypotheticals, framing around control), specific language and conversational approaches for starting a dialogue, ways into broaching these conversations through checking existing patient understanding, ideal timings for beginning these discussions, and supporting HCPs’ confidence in having these conversations through training.

P-78 PALLIATIVE COMMUNITY NURSES’ LIVED EXPERIENCES WHEN COMPLETING ADVANCE CARE PLANNING FACE-TO-FACE COMPARED TO TELEPHONE

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Background COVID-19 changed healthcare working practices. Communication with patients and their families moved from face-to-face to primarily remote contact; communication skills had to adapt.

Aim To understand palliative community nurses’ lived experiences when completing advance care planning (ACP) face-to-face, compared to telephone.

Method Using reflective stories, the author attempted to understand what influences the way ACP is raised both face-to-face and over the telephone. Themes were then compared to understand if one approach is more effective. University and organisational ethical approval was obtained prior to commencing the study. Written consent from participants was obtained prior to the interviews being undertaken. The sample consisted of community nursing team staff, with ward-based staff and those with less than two years’ organisational experience excluded.

Results Seven semi-structured interviews were conducted, three face-to-face and four conducted virtually over a meetings platform. Face-to-face ACP is preferred, as the telephone can be a barrier to the discussion, with a lack of non-verbal prompts
potentially causing distress as professionals are unable to react to cues. Family input remains important. However, in face-to-face communication, personal protective equipment can be a barrier for those with a hearing impairment.

**Conclusion** Participants identified that ACP discussions can be affected by methods of communication. Although no substitute for face-to-face discussions, this study shows the telephone may provide a viable alternative to begin ACP discussions. The author recommends a study looking at the patient lived experience of ACP discussions, comparing face-to-face to telephone discussions. The potential future development of an ACP information pathway e.g. an online information portal, could offer an enhanced and patient-centred approach to telephone ACP discussions between professionals, patients and relatives.

**P-79** **INTRODUCING RESPECT ACROSS AN INTEGRATED CARE SYSTEM**

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**Background** ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a national form developed by the Resuscitation Council to support care planning. ReSPECT is a process that creates personalised recommendations for a person’s clinical care in a future emergency in which they are unable to make or express choices. A recommendation from the newly formed Banes, Swindon and Wiltshire (BSW) Palliative and End of Life Care Alliance, was to adopt ReSPECT across the BSW Integrated Care System (ICS).

**Aim(s)** To successfully introduce and embed the ReSPECT process across the BSW ICS.

**Methods** A working group was established in May 2021 with representation from across health and social care in BSW, including three acute hospitals, three hospices, social care, commissioners, Academic Health Science Network, Ambulance Service and Mental Health Partnership. ReSPECT was rolled out across BSW in October 2021. The Academic Health Science Network took the lead on education, with individual organisations taking responsibility for education of their employees. Other work streams included engagement and communication and metrics/reporting. Transformational funding was secured for three 12 month fixed term ReSPECT specialist health professionals to work across BSW educating, supporting and embedding ReSPECT into practice.

**Results** Numbers of active ReSPECT forms have continued to increase (November 2022 – 2336 forms). A system-wide qualitative audit is being undertaken by Dorothy House to look at the quality of information on the form using audit markers as per the Resuscitation Council guidance. The results of this audit will inform the necessary next steps.

**Conclusions** The work has increased collaboration across the ICS, with a greater understanding of how organisations work, and the challenges they face. The results of the qualitative audit will inform how the work to date can be improved and will be presented at the conference.

**P-80** **AUDIT OF COMPLETION OF RESPECT FORMS BY HOSPICE STAFF**

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10.1136/spcare-2023-HUNC.101

**Background** ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process which creates ‘personalised recommendations for a person’s clinical care and treatment in a future emergency in which they are unable to make or express choices’ (Resuscitation Council UK. ReSPECT for healthcare professionals. [internet]). It had been adopted by one of our ICSs (Integrated Care Systems) for two years and was then introduced in the other. At the same time, an extensive programme of education was undertaken by the hospice to upskill staff in advance care planning including ReSPECT conversations.

**Aims** To quantify the number of ReSPECT forms completed by hospice staff and the quality of information provided, with reference to standards developed from the ‘ten top tips’ document produced by the Resuscitation Council UK. To identify areas for improvement for sharing with clinical staff.

**Methods** Identification of patients with ReSPECT form coded on electronic records. Review of electronic records to view copy of ReSPECT form and analyse quality of data included on the form.

Process completed initially in 2021 and repeated in 2022 following staff education and wider introduction of the ReSPECT process. Data collated and presented at a clinical education session.

**Results** 2021. 7 forms completed by hospice staff – 100% compliance with standards other than: 86% recorded patient preferences, 14% signed by senior responsible clinician and 0 reviewed at change of care setting.

2022. 58 completed by hospice staff. 100% compliance except 97% had specific clinical recommendations recorded, 93% patient preferences, 69% signed by senior responsible clinician. Only 3/58 had evidence of review at change of care setting.

**Conclusions** High quality of information recorded on ReSPECT forms by hospice staff but scope to improve signing by senior responsible clinician and review at change of care setting. Education and awareness raising has been successful in improving quantity and quality of ReSPECT forms completed by staff.

**P-81** **TALK AS ACTION: ENHANCING CONFIDENCE BY EMBEDDING REALTALK EVIDENCE BASE INTO MULTIPROFESSIONAL ADVANCED COMMUNICATION SKILLS TRAINING**

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10.1136/spcare-2023-HUNC.102

**Background** Our adapted Advanced Communication Skills Training (ACST) now embeds impactful direct evidence base from Conversation Analysis (CA) of real-life conversations (RealTalk. Engaging people in end of life talk [internet]).