

P-89 FROM THE VIRTUAL TO REALITY: ESTABLISHING A PALLIATIVE CARE VIRTUAL WARD IN A HOSPICE/ COMMUNITY SETTING

Charlotte Harrison, Farida Malik. *St Wilfrid's Hospice, Eastbourne, UK*

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Background Virtual wards (VWs) are being developed to support people at home and avoid hospital admission (NHS England. World-leading NHS virtual wards treat 100,000 patients in a year [News item] 2023 Mar 11). Their development in palliative care is evolving (Black. *BMJ Support Palliat Care*. 2022;12:A35), however, there is little evidence on optimal processes involved in palliative VW set up.

Aims To describe the process of establishing a palliative care VW and report on its impact.

Methods PDSA methodology used. A task and finish group formed to oversee process. A literature review of evidence on palliative care VWs and a scoping exercise with other hospices with established VWs undertaken. Qualitative feedback undertaken with patients, GPs and hospice staff about their views on palliative care VWs. Evaluation methods for pilot developed including:

1. Service data collection including demographics, IPOS, Phase of Illness, AKPS, potential inpatient unit (IPU) bed days saved and outcomes.
2. Cross-sectional survey of patient, hospice staff/GPs' experience.

Results Qualitative feedback from three patients, three GPs and three hospice staff identified the following themes: need for daily service coordination and senior specialist palliative care clinician oversight, concern over who is responsible for tests/prescriptions and service delivery overnight and at weekends. Patients' themes focused on coping with technology and what would happen if they deteriorated. A bespoke electronic patient record template was created. Agreement for internal nursing secondment/coordinator was achieved. Admission criteria developed from literature review and scoping exercise included: complex unstable patients with no new daily care needs and on existing hospice caseload. VW admission for up to 14 days. Daily face-to-face/virtual patient contact. Patients discussed at daily huddle. Weekend cover via existing community nursing team. Deteriorating patients considered for IPU admission/other setting. Patients discharged back to usual level of hospice care after 14 days. Results from the evaluation to follow.

Conclusion A palliative care VW pilot using existing resources and reconfiguration has been developed. Evaluation will report on the feasibility and impact of the service.

P-90 EXPERIENCES OF A PALLIATIVE CARE VIRTUAL WARD – A VIABLE, SAFE, SUPPORTIVE ALTERNATIVE TO DYING IN A HOSPICE

Mandy Murray, Martyn Bijak, Anna Lloyd. *St Columba's Hospice Care, Edinburgh, UK*

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Those wishing to die at home are frequently unable to do so. The enhanced medical and nursing support provided by the 'Virtual Ward' (VW) offers an alternative to in-patient care, creates a similar sense of 'emotional safety' that coming into a

hospice can have for patients and family members and facilitates death at home. We aimed to evaluate the experience of VW care involving daily specialist medical and nursing assessment of needs, Monday-Sunday, 8am-8.30pm with overnight support from community colleagues.

Quotes from cases collated from patient feedback and family interview findings, illustrate the experience of VW. 'S', who was supported to care for his wife and young children through her death at home, recounted "how amazing each and everyone of the team is. From the initial referral, access team, to the nurse's visits to the frequency we attended and to each member of staff. I have never known such attentiveness and compassion, it was seamless. I cannot thank everyone enough; I couldn't have done it without everyone at the Hospice".

'G' supported his wife at home; he wrote "after many nightmare experiences for us both – it was all handed over to your team, she is close to the end of the road now, I cannot thank you enough for weight you have taken from me, you get a gold star in your jotter from me – she is dying now but we feel so grateful."

'R' lived in a care home. His profound agitation prevented his grandchildren from visiting and meant staff struggled to support him safely. His wife recalled "After just 8 hours of your service in place – he became so calm and settled, as did the care home staff. His grandchildren were able to visit him as he was dying – you gave my husband his dignity back".

The enhanced support of VW extended the emotional safety of hospice care to those dying at home and their families.

P-91 PALLIATIVE VIRTUAL WARD – ONE YEAR ON

Sara-Marie Black, Esraa Sulaivany. *St Rocco's Hospice, Warrington, UK*

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St Rocco's Hospice was commissioned by ICB Place following a successful bid from the Digital Health Partnership to develop and deliver a 12-month pilot for a virtual ward for specialist Palliative Care beds across Warrington. This model was the first pilot to provide a Community Virtual Palliative care Ward. The development of which and outcomes have influenced the national roll-out from NHSE guidance which sought to deliver over 100,000 VW beds that would have positive patient outcomes and system impact. NHSE Guidance (Supporting Information for ICS leads Enablers for Success: virtual wards including hospital at home; April 22) details that a two-year comprehensive roll-out of the concept before longer term re-current funding would be considered. This is in line with the system 'ask' to make plans to expand VW capacity as fast and as safely as practicable, taking into account local circumstances, workforce availability and existing services as well as building on existing digital forms and platforms where these are established.

The Palliative Care VW currently contributes significantly to the ICB Place implementation of the national VW model of care with a high number of patient numbers and high value outcomes that will contribute to a positive evaluation in relation to an early adopter, especially from a palliative care perspective.

The 12 month pilot has provided a blueprint for the continuation of a palliative virtual ward at place. This poster presents the learning and development of the model over the last 12 months, identifying the operational challenges and opportunities and patient impact over the last year. The poster presents the next key areas for development in the implementation of the medical oversight for the palliative virtual ward for the next 12 months and alignment as part of the national virtual ward implementation.

P-92 COLLABORATION AND PARTNERSHIP – HOW A REMOTE VIRTUAL CONSULTANT MODEL CAN ENRICH AND SUPPORT HOSPICE AND COMMUNITY SERVICES

Charlotte Healey, Paula Hall. *Supportive Care UK Ltd, Cheadle, UK*

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Background There are increasing challenges to providing consultants in palliative medicine which are contributing to unit closures or reduction in beds. These include: deficit of more than 70 consultants nationally; part-time workforce on increase; fewer doctors becoming consultants; 30% of workforce are over 50 years old.

Aims To establish a solution to provide a unique remote-based consultant model with a robust governance system. This would ensure a rapid response, improved team dynamics and reopening of units or prevention of unit closure.

Methods Initial set up of service level agreement with a hospice that was threatening unit closure due to inability to recruit consultant establishment. Services included daytime support of board rounds and MDTs to inpatient units via video-conference, with a secure system to record management plans, outcomes of board rounds, clinical supervision sessions and case debriefs.

Senior consultants facilitated a remote clinician to clinician telephone consultation service 24 hours a day, 365 days per year to support services. Service reviews were carried out after a month, 3, 6 months, and annually to evaluate services and gather feedback from users.

Results Over 60 organisations have SLAs for our services leading to enhanced confidence and autonomy with clinical decision making and improved team dynamics. Reopening of units or prevention of unit closure. Partnering organisation benefits from the added assurance of governance team who review all advice, response times and feedback on any identified training needs.

Conclusion Although on site consultant is the preferred method, evaluation of the unique remote model feedback gathered shows hospices, NHS organisations and communities benefit from collaboration and partnership with this independent solution.

P-93 VIRTUAL OUTREACH SERVICES: SUPPORTING WELLBEING, INCLUSION AND REDUCING SOCIAL ISOLATION

Kelly De Souza. *Willowbrook Hospice, Prescott, UK*

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Background During the COVID-19 pandemic and in line with public health guidance, like all other hospices, we had to close

all our Outreach Services (ORS). As a quick response to this and to the changing needs, we set up a virtual service, initially intended to replace face-to-face outreach services.

Objectives Enhancing communication through virtual means suddenly became a key priority to be able to support people in their own homes, improving online access, providing ongoing psychosocial support, and reducing digital exclusion and isolation. This meant being able to extend our care beyond our hospice walls whilst patients continued to self-isolate and stay safe.

Results This choice in provision has already proven to support patients' wellbeing, reduce isolation; increasing confidence around the use of technology, supporting, and making vital connections even up to a patient's death. As restrictions eased, outreach strategies and re-models of working meant that we could continue to offer virtual services to patients along with in-person services; it also enables us to support patients who have become too unwell or decline to access in-person services as well as supporting patients on their discharge.

Sustainability The virtual platform is still a popular choice by patients; ORS continue to grow the digital maturity and support through digital education/awareness, digital drop-in support sessions, hybrid working, holistic support assistants and a team of digital volunteers to support our people.

These approaches enable us to continue to support and develop 'our people' including patients, volunteers, and staff, both pre- and post-bereavement, increasing confidence and competence. The digital provision has even extended to cover the use of virtual reality equipment which is proving to be particularly helpful in supporting patients confined to their homes. The next steps are to create a digital library of equipment to further support people in their own homes.

P-94 THE JOURNEY OF IMPLEMENTING A FAMILY PORTAL – AN INNOVATIVE ONLINE SERVICE TO ENABLE GREATER ACCESS FOR FAMILIES TO SERVICES

Susan Hayward, Jessica Ashe. *Acorns Children's Hospice, Birmingham, UK*

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Background Pre-pandemic, Acorns commenced a project for a new and innovative online service which would enable families to have remote access to information about all aspects of services being delivered to their child and their family. The project was placed on hold during COVID-19 and finally launched in July 2022.

Aims (1) Parents will be empowered and have further control over their child's care. (2) Enable Acorns care staff to provide even more tailored support to the child in response to family input of data via the portal.

Methods Stage 1. Series of workshops held with software developers, families, and project team. Stage 2. Governance processes developed. Training provided and user guidance developed. Stage 3. Portal roll-out phased across three hospice sites. Stage 4. Portal helpdesk established.

Results Successfully implemented a 24/7 online service for families which enables information to be shared at a time that is most convenient for families. Parents are sharing information about their child either prior or during a stay. They are adding information for nurses to view specific food their child likes, the way they like to be held if they are babies or very young, or any information they feel would make their child