

happier during their stay. With non-communicative children, even the smallest of familiarity they can get from Acorns will help them to feel more relaxed. In the first 9 months there were 247 log-ins to the Family Portal, 47 families accessing online booking and information sharing.

Conclusions Whilst there are relatively small numbers of families who are accessing the portal, those that are using the portal are doing so consistently as a preferred choice of communication.

How innovative or of interest is the abstract? We hope that sharing our learning will benefit colleagues from across the wider palliative care sector.

P-95 INTRODUCING VIRTUAL REALITY TO AID SYMPTOM CONTROL IN A DAY PATIENT SETTING

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10.1136/spcare-2023-HUNC.116

Background Virtual Reality (VR) is a computer generated environment with scenes and objects that make you feel that you are immersed in the surroundings. Studies into VR to aid symptom control have been widespread in recent years, with over 8,000 studies published to date.

Aims To trial VR alongside traditional medicines and therapies in a day patient setting to help with pain and/or anxiety, prior to roll-out to the wider hospice community and inpatient setting.

Methods All patients are routinely screened using the Integrated Palliative Care Outcome Scale (IPOS). Those scoring highly in either pain or anxiety are offered VR, given an information leaflet, and asked to sign a consent form. They have the option to stop the experience at any time. In each session, patients can choose from a menu of experiences ranging from a trip to space, to underwater or a relaxation session. Pain and anxiety are assessed pre- and post- each session using a visual analogue 0–10 scale. Comments are also captured.

Results Eight patients have used VR to date. Preliminary data show reductions in pain and anxiety scores after use of the VR system (median pain score pre-session = 5, median pain score post-session = 3.5; median anxiety score pre-session = 5, median anxiety score post-session = 2). Only one incidence of an increased score (pain by +1) has been reported. Comments include: “*This is the most relaxed I have felt in weeks*”; “*If I could buy one right now I would*”; “*These are the things I’m missing out on in my life*”.

Conclusions We recognise this trial is in its early stages, however, early signs suggest its use is associated with a reduction in pain and/or anxiety levels in our patients. Data from a larger number of patients will be available for presentation at the Hospice UK Conference.

P-96 TRAINED VOLUNTEERS HELP TO CREATE ADVANCE CARE PLANS WHICH ARE UPLOADED TO A SHARED DIGITAL SYSTEM

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10.1136/spcare-2023-HUNC.117

Background Evidence shows advance care planning (ACP) positively impacts the quality of end of life care (EOLC) (Brinkman-Stoppelenburg, Rietjens, Van Der Heide. *Palliat Med.* 2014; 28(8): 1000–1025). Our county recognised the need to improve how an advance statement is created, accessed, and stored.

Aim A project commenced in April 2021, stakeholders involved included NHS, Social Finance, and a charity. Partnership working aimed to find an effective way to provide consistent and accessible ways for all adults (18+) with a county GP to develop their ACP.

Methods The charity provides training and support to volunteers who help people complete their ACPs. Referrals are received by telephone, email, self-referral or from someone else. The Volunteer Coordinator contacts the person, and a visit is made. Once created and uploaded to a county-wide digital system, they can be accessed and updated by the health or social care staff looking after them. The person receives their own copy to share with others.

The ACP Lead, EOLC Education team and charity provide ACP training and attend public engagement events, such as death cafes, social media, library presence, creation of an upcoming ACP week, the End of life care county-wide website. Leaflets and information packs sent to GP surgeries, care homes and hospitals. Education is key to understand the importance of ACP. Numbers of referrals received, completed ACPs and those declining the service are counted and statistics updated.

Results ACPs are being created and saved on the county-wide system. Year 1 – high referral, low conversion (3.5%). Year 2 – low referral (22%), high conversion (51%). Reflection during the first year noted ‘warm’ referrals were more likely to result in a completed ACP. Currently, we are monitoring the number of referrals received and the conversion rate, aiming for this to increase. Data and learning are being captured each year and will be able to determine the outcomes and recommendations for the future.

P-97 HPAL – A UNIQUE WEB-BASED CLINICAL DECISION TOOL, COMBINED WITH A PLACE-BASED SERVICE DIRECTORY, TO SUPPORT HOSPICE COORDINATION HUBS

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10.1136/spcare-2023-HUNC.118

Aim To provide a web-based clinical decision tool, aligned to national and local ICS guidelines and services, to support the frontline triage staff in the new Hillingdon Palliative Coordination Hub.

Background Recent national guidance has emphasised the need for less fragmented care, coordination of support, together with more accessible palliative information for clinicians and family carers. HPAL (<https://hpal.medindex.co.uk>) was initially developed as an innovative clinical information tool for the London Borough of Hillingdon and has now expanded to support the eight boroughs in the North West London Integrated Care System (ICS). It is a unique website, providing trusted curated clinical expertise (2 minute read time) linked to a place-based service directory for each borough.