Method

157 local palliative care services, including hospice teams, pharmacies stocking palliative medicines, carers and bereavement organisations have now been linked to relevant clinical topics.

Clinical topics have been chosen based on analysis of common advice questions from clinicians and patients and all clinical guidance is aligned with local ICS guidelines. The Coordination Hub is being launched imminently with trained Band 4 compassionate communicators who will use HPAL as a clinical decision tool with intelligent access to relevant local services.

Results

HPAL has been extremely well received by patients, families and clinicians. It is seen as accessible, easy to navigate and has become a one-stop site for our community palliative teams and is embedded in the service specification for the new Hillingdon Coordination Hub.

Next steps and conclusions

Continually develop the Coordination Hub interface with the website. Feedback and analytics will constantly enhance the site. An Out Of Hours chat function will be added. HPAL will underpin two further Coordination Hubs planned for North West London, supporting a population of 2.5 million. Its uniqueness lies in its clinical content linked to a local place-based service directory – it can be easily scaled to any area in the UK.

Abstracts

**P-99**  CHANGE ISN’T EASY – INTRODUCING E-PRESCRIBING OF SYRINGE DRIVERS (SD) TO THE HOSPICE SETTING

Andrew Collins. Cornwall Hospice Care, St Austell, UK

**Background**


**Aims**

Assess the feasibility of prescribing SD electronically. Develop an electronic protocol for SD prescribing. Review the safety and acceptability of e-prescribing SD.

**Methods**

Prospective review of 25 consecutive SD prescriptions and use of dose ranges. Twice-monthly meetings with digital pharmacy and nursing teams to review PSI and develop e-prescribing protocol. Initial 3-month trial period (February-May 2023). Monitoring of PSI and recording errors. Qualitative questionnaire to consider acceptability to staff.

**Results**

- 1/61 (1.6%) prescription changes utilised dose ranges.
- 19/213 (8.92%) administrations incorrectly recorded in paper notes rather than electronically.
- 4 PSI in 3 months prior to trial (Nov 21-Feb 22), zero in trial period.
- 100% (8 of 8) clinical staff found e-prescribing of SD to be safe.
- 75% (6 of 8) wished to continue with e-prescribing, 25% (2 of 8) were uncertain.
- Staff identified benefits including remote and centralised prescribing; reduced transcription errors; and ease of monitoring prescription changes.
- Staff suggested further development of protocol software and formatting is necessary to ensure clarity of prescriptions and accurate administration records.

**Conclusion**

Introducing e-prescribing of syringe drivers has been challenging, although it has provided an opportunity to review and develop current practice. E-prescribing syringe drivers is acceptable to staff and has reduced PSI, appearing to be a safe and ergonomic prescribing method. Further staff training and development of this e-prescribing protocol is required to facilitate safe and efficient prescribing and administration of syringe drivers.

**P-100**  TO WHAT EXTENT DOES THE USE OF MICROSOFT FORMS IMPROVE COMPLIANCE WHEN AUDITING MEDICAL ON-CALL ACTIVITY?

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**Background**

As part of a collaborative project, two hospices agreed to audit medical on-call activity for 12 weeks. Previous on-call audits had required doctors to record activity on a
EMPOWERING CLINICIANS TO BE DIGITALLY LITERATE

Aim(s) To improve compliance by:
1. Minimising ‘response burden’ by creating a quick, accessible and easy to navigate data entry process (Cunningham et al., 2015; Haas et al., 2021)

Methods We built a questionnaire on Microsoft Forms, a free, web-based platform that can be accessed on any device. Questions were kept to a minimum and we used the platform’s ‘branching’ feature to streamline navigation. Pre-populated answer choices helped ensure consistent datasets, as well as minimising the need to type. Doctors were involved in questionnaire design, and feedback was sought for evaluation (Hospice On-call Audit User Feedback Questionnaire).

Outcome/results At 8 weeks.

• Data recorded by at least one hospice on 54/56 days (96.43%).
• Compliance for Hospice A – 77% (previous audit, 2020 – 27%).
• Compliance for Hospice B – 75% (previous audit, 2018 – 68%).

Time to complete:
• Average call completion time – 1.18 minutes.
• 38% of entries completed < 1 minute.
• 68% < 2 minutes.

User feedback:
• 100% Microsoft Forms is preferred method for recording on-call activity.
• 100% would recommend Microsoft Forms for future audits.

Conclusion Results to date show Microsoft Forms to be more effective than spreadsheets or paper for collecting audit data. Compliance has improved, and user feedback is 100% positive. However, there are occasional instances of non-compliance which the doctors attribute to forgetfulness so the response rate could further improve with regular reminders and incentives (Cook, Wittich, Daniels, et al. J Med Internet Res. 2016; 18(9):e244).

P-101 EMPOWERING CLINICIANS TO BE DIGITALLY LITERATE
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10.1136/spcare-2023-HUNC.122

Background Technology is evolving at pace and the health and care sector need to invest in both IT and their staff, to be able to deliver on high quality care in a digital age. There are recognised barriers to adoption of IT including negative attitudes, capabilities and time pressures (Booth, Strudwick, McBride, et al. BMJ. 2021; 373), however, improving digital knowledge and literacy is key to building an empowered and forward thinking workforce (Health Education England. Improving the digital literacy of the workforce [internet]; Royal College of Nursing. Every nurse an e-nurse: Insights from a consultation on the digital future of nursing. 2018). After securing funding from The Burdett Trust for a nurse-led IT project, our hospice recruited a Digital Health Project Lead, in post for one year, which we subsequently extended into a second year.

Aim(s) The project goals were to support and train clinical staff in our inpatient and community services with IT systems; champion ideas and innovation; and to investigate apps/technologies which could improve both patient and staff experience.

Method An initial survey was sent to clinical staff to gain insight into attitudes towards IT, personal challenges and insights into training needs. This survey was repeated after nine months to gain insight into improvements or where further focus was needed. The Lead then delivered a training programme including one-hour sessions on mandatory clinical skills days (12 in total); drop-in workshops; and one-to-one sessions, in order to increase awareness of digital health; engage with staff; and plan further initiatives. Eight digital champions were recruited who received one-to-one support from the Lead in order to engage further with staff with day-to-day queries and to provide opportunities for empowerment. A set of Digital IT competencies was created, adapted from the Health and Care Digital Capabilities Framework (2018) and to date 63% of 120 staff have completed this.

Further funding has been secured to purchase a virtual reality headset, plus apps, which will aim to provide ‘bucket list’ experiences to patients. This will be supported by a task/finish group to include clinicians and digital champions. As a hospice, we recognise the importance of digital inclusion and year two will focus on more direct patient and carer contact through the development of a digital drop-in as well as supporting our virtual ward patients to use their own or loaned devices in order to have daily virtual consultations.

P-102 EDUCATION INNOVATION TO IMPROVE ACCESS, QUALITY, AND SUSTAINABILITY FOR PALLIATIVE AND END OF LIFE CARE IN THE MIDLANDS
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10.1136/spcare-2023-HUNC.123

Background Integrated Care Systems (ICS) represent a radical overhaul in health and social care design and delivery (Health and Care Act 2022). As systems we aim to develop healthy places to live and work, driving equity in life chances and health outcomes for everyone. A cornerstone of this is education and development, not just for staff, but for those forming grassroots support to those at the end of their lives. Three large systems in the Midlands have combined to create an interactive, intuitive education and training platform to support this delivery.

Aim(s) Development of a portal for education, ensuring equity to all, mapped to national educational core competencies, regional and local ICS workforce strategic plans, signposting to high quality education, training resources QoF, QI training, e-ELCA and Personalised Care Institute plus best practice information, based on a blended approach.