In 2017 Hospice UK was engaged to deliver and evaluate the Department of Health, Northern Ireland’s Project ECHO NI programmes. Their ECHO Networks comprise of health, social care, community and voluntary sector professionals who come together to transform service delivery models. Each year the Hospice UK ECHO Team supports the delivery and evaluation of up to 30 ECHO Network programmes.

In the summer of 2022 the ECHO Team, as part of its yearly quality and service improvement programme, engaged in a discovery process to create a minimum viable product (MVP) in the form of an Impact Report. The premise to create this report was embedded in the desire to enhance the existing evaluation of each ECHO programme and provide a tangible evidence based product for all ECHO Networks. Two ECHO Networks were selected for this pilot initiative – Health Inequalities Lisburn and Social Prescribing.

It was agreed with the ECHO Network Leads (individual/s) who are the nominated champions with each Network) that the Impact Report content would include:

1. An outline of ‘what is Project ECHO’.
2. The aims and objectives of the ECHO Network derived from their Logic Model.
3. A short ‘ECHO in Action’ video outlining the format of an ECHO Session.
4. ECHO programme, with learning objectives and video clips.
5. Interview videos with ECHO Leads.
6. Evaluation results of the programme – number of ECHO Sessions, education and case presentations, average attendance.
7. Participant feedback.

An interactive software package was identified (PageTiger) as a suitable platform to develop the MVP. The PageTiger software allows all readers to become immersed in ECHO participants’ learning and case-based experiences. The ECHO IT team, who use the PageTiger software to create the Impact Reports highlighted its ‘ease of use’. With the success of the pilot impact reports it was agreed that all ECHO Networks who launch a programme from September 2022 would receive similar.

Aim To establish and deliver a palliative care/end of life training programme for the medical/nursing staff of the new palliative care unit led by the St Luke’s Hospice team. The training will target 15 clinical staff including junior and intermediate grade oncology doctors and also include senior nurses who can pass on the training to junior nurses.

Method ECHO methodology has shown how palliative care knowledge can improve patient care through virtual delivery to those in hard to reach locations (White, McIlharrick, Dunwoody, et al. BMJ Support Palliat Care. 2019;9:202–208; Manson, Gardiner, Taylor, et al. BMJ Support Palliat Care. Published online: 24 February 2021). A learning needs questionnaire was developed and completed by the Egyptian team to establish the learning priorities for the unit staff.

Utilising ECHO, a rolling programme of six ECHO sessions has been designed to be delivered via zoom to the team in Egypt. The six sessions are: (1) Recognising dying, (2) Communication on dying/challenging conversations/breaking bad news, (3) Supporting physical care at end of life, (4) Nausea/vomiting/bowel obstruction (including pharmacological considerations), (5) Palliative care emergencies, (6) Pain management (including pharmacological considerations).

Pre and post programme self-efficacy confidence and competence evaluation questionnaires will be completed to measure learning and establish future needs.

Results No results available as yet as anticipated start of delivery is early June 2023.

Conclusion We hope to show increased knowledge of palliative and end of life care in the oncology team following attendance at the six ECHO sessions. Should the evaluation show a positive outcome the expectation is that the programme may be repeated annually.

Introduction Easily accessible Continuing Professional Development (CPD) education must be available to support our interprofessional palliative care workforce. Current challenges faced in palliative care, such as difficulty in staffing, makes both providing and accessing this education challenging. A series of palliative care webinars were developed and funded as part of Cardiff University’s civic mission to meet the urgent need for community palliative care education during the COVID-19 pandemic. In addition, a series of oncology and further palliative care webinars were delivered by the Palliative Care for Healthcare Professionals MSc team at Cardiff University in collaboration with local clinicians. These webinars were recorded live between March 2021 and December 2022 then uploaded to YouTube.

Methods All webinars were recorded live and uploaded to Cardiff University’s CPD YouTube Channel. Numbers of live attendees and YouTube views since the session were analysed.
Data was collected at the time of the webinars as to where the live attendees worked.

**Results** YouTube views significantly outnumbered those of live attendees. Views continue to rise over two years after production. Fourteen palliative care sessions were delivered between March 2021 and December 2022 with a total of 665 live attendees. These videos have since been viewed 2058 times as of 11 May 2023. Ten oncology sessions were delivered between February 2021 and July 2022 with a total of 410 attendees. As of 11 May 2023, YouTube views outnumber that of the live oncology webinar attendees by nearly six times (2426). Live attendees were interprofessional comprising of district nurses, general practitioners, nurses, nursing or residential home staff, members of the palliative care team and others.

**Conclusions** Recorded webinars are an efficient way of providing widespread sustainable CPD education to the interprofessional community. Awareness that these resources can be easily produced and accessed by the palliative care workforce is integral to supporting ongoing professional education.

### P-109 RESEARCH ADDRESSING THE PRIORITIES OF PATIENTS, CARERS AND HEALTH AND SOCIAL CARE PROFESSIONALS: AN UPDATED GRANT MAPPING ANALYSIS OF TOP PALLIATIVE AND END OF LIFE CARE RESEARCH FUNDERS

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10.1136/spcare-2023-HUNC.130

**Background** In 2015, Marie Curie, with many funding and stakeholder partners, reported on the results of the Palliative and end of life care Priority Setting Partnership (PeolcPSP) with the James Lind Alliance. This aimed to identify the top unanswered research questions of patients, carers and health and social care professionals. Since then, efforts have been made to fund research to produce evidence addressing the priorities; yet no large scale analysis of how the grant landscape has changed since then has been carried out.

**Aims** To map awarded grants since 2015 to the Top 11 research priorities identified in the PeolcPSP. To summarise what progress has been made since the publication of these priorities.

**Methods** Keyword searches pertaining to the Top 11 priorities were carried out to identify relevant grants. Core datasets included the Health Research Classification System 2018 data-set, and those of individual funders. Eligible grants were mapped against the Top 11 priorities. Mapped links were either direct (i.e., primary aim of the grant addressing the priority), or indirect.

**Results** All 11 priorities received some direct funding since 2015. Priority 3 (benefits of Advance Care Planning) received the most, whereas Priorities 10 (treating pain in those with communication difficulties) and 11 (living alone) received the least. We will present insights showing the number and size of projects and which funders are active in the area.

**Conclusions** Progress has been made towards addressing some of the top 11 PeolcPSP priorities, yet more needs to be done to address those that remain underfunded. In other areas, funding now needs to translate into changes to practice. This report can be used to inform future funding calls, to make applications for funding more targeted, and to foster collaborations between those active within a priority area.

### P-110 RESEARCH AND INNOVATION – THE IMPORTANCE OF COLLABORATION

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10.1136/spcare-2023-HUNC.131

**What did we do?** In 2020/2021, the hospice established a research and innovation subcommittee bringing together experts from a range of organisations across Central Lancashire including our acute and community NHS trusts and local university. The overall aim was to progress the hospice’s