

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-108 VIRTUAL SCHWARTZ ROUNDS – DO THEY WORK?

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Background Schwartz rounds provide a structured forum where staff (clinical and non-clinical), can come together to discuss the social and emotional aspects of working within healthcare. Prior to the pandemic the Schwartz Rounds at Marie Curie Hospice West Midlands were delivered face-to-face on site at the hospice. Since 2020 we have seen a changing landscape with an increase in the use of virtual interaction as well as an increase in the number of people working from home. As well as this, the need to support the health and wellbeing of those working in healthcare has never been so paramount. Marie Curie employs hundreds of non-clinical support staff who work across the UK. They can feel disconnected from the exceptional hands-on care that Marie Curie prides itself on.

Aim To promote compassionate care and improve staff and volunteer wellbeing across a national healthcare organisation.

Method Facilitated Microsoft Teams meetings were initially trialled locally. These received such positive feedback that regular bi-monthly virtual Schwartz Rounds were established. Over the last two years the invitation to attend these meetings has been extended to colleagues working across the whole of national Marie Curie and includes both staff and volunteers. Each session is anonymously evaluated, and the Schwartz steering group review this feedback, plan future topics, facilitators for each session and discuss potential storyteller opportunities.

Results Feedback from March 2023: 90% would recommend attending a Schwartz round to a colleague. 100% said that they would attend Schwartz Round again. 80% scored the round 'exceptional' and the other 20% scored it as 'excellent'.

Conclusion There was initial apprehension from the team to moving the Schwartz Rounds virtually, but thus far the feedback has been nothing but positive. It allows inclusion of regional staff and volunteers who are not on site at the hospice as well as the ability for our national colleagues to attend.

Generating research, knowledge and outcomes

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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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 dataset, 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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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