

Length of stay for end of life admissions tended to be a few days, 61% dying by three days, suggesting when diagnosed as end of life, this is likely to be accurate, but 39% dying within one day could indicate late diagnosis or delayed admission. 67% of symptom control admissions died in hospice, 30% within three days, suggesting possible under-diagnosis of dying.

Conclusion Evaluation indicates that end of life referrals are appropriate, but short duration of admission suggests either late diagnosis or delays in admission. High percentage of symptom control admissions becoming end of life may indicate under-diagnosis of symptom control patients. Better recognition of dying and ongoing review of admissions process will help optimise end of life care and IPU bed prioritisation.

P-126 LIVED EXPERIENCES OF END OF LIFE CANCER CARE DURING COVID-19 – SECONDARY QUALITATIVE ANALYSIS

^{1,2,3}Lara Burton, ^{1,2,3,4}Silvia Goss, ^{1,2,3,4}Stephanie Sivell, ^{1,2,3,4}Emily Harrop. ¹Cardiff University, Cardiff, UK; ²Cardiff University School of Medicine, Cardiff, UK; ³Division of Population Medicine, Cardiff, UK; ⁴Marie Curie Research Centre, Cardiff, UK

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Background COVID-19 impacted end-of-life experiences for all people bereaved during the pandemic, whilst also affecting the services that support them (Harrop, Goss, Farnell, et al. *Palliat Med.* 2021;35(10):1985–97). Evidence suggests that the grief experiences of those bereaved during the height of the pandemic may be even more devastating than in usual circumstances (Torrens-Burton, Goss, Sutton, et al. *Palliat Care Soc Pract.* 2022;16:26323524221092456; Smith, Wild, Ehlers. *Clin Psychol Sci.* 2020;8(3):464–76; Selman, Farnell, Longo, et al. *Palliat Med.* 2022;36(4):717–29). Restrictions on services, such as hospices, care homes and third sector organisations, led to inadequate cancer care from specialties usually well equipped to provide sensitive end-of-life care (Smith, Wild, Ehlers. 2020).

Aims To explore the end-of-life care experiences of people whose friends/relatives died of cancer during the COVID-19 pandemic, including: (a) impacts on coping and wellbeing; (b) impacts of restrictions in different care settings; (c) features of good and sub-optimal care, communication and support, and (d) implications for improving patient care and family support in cancer and palliative care settings.

Methods Secondary, inductive thematic analysis of qualitative survey and interview data (survey N=156; interview N=10), collected as part of a national COVID bereavement study (Harrop, Goss, Farnell, et al. *Palliat Med.* 2021;35(10):1985–97). Baseline surveys and first telephone interview data were used.

Results Four key themes were identified: The impact of COVID-19 on contact with end-of-life patients; Mixed experiences of support; Poor communication from health and social care professionals (HSCP); Prioritisation of COVID-19 and the impact on patient care. Hospital care was perceived more negatively than community care in almost all areas, with support from cancer charities and district nurses appreciated the most. Almost all participants felt that COVID-19

was detrimentally prioritised over care for their relative/friend.

Conclusions These experiences reflect those described in all cause COVID bereavement literature, (Harrop, Goss, Farnell, et al. *Palliat Med.* 2021;35(10):1985–97) however, with greater emphasis on the injustice of de-prioritising cancer care, disregarding regulations in favour of time together and appreciation for compassionate community services. As services re-build post-pandemic, improvements in communication around hospital palliative care, significant investment into community care, and improved service integration is recommended.

P-127 SOCIAL SUPPORT IN PALLIATIVE CARE – PATIENT PERSPECTIVES ON HOSPICE DAY SERVICES SINCE THE COVID-19 PANDEMIC

Natasha Bradley. *Queen's University Belfast, Belfast, UK*

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Background Unmet social needs in palliative care can be a component of suffering towards the end of life. Social isolation or loneliness in patients is associated with low mood, pain, and increased caregiver burden. Hospices in the UK provide a range of day and outpatient services that facilitate social support for patients and caregivers. These interventions are thought to improve wellbeing and quality of life, however, there is limited work interrogating the contexts and mechanisms through which these groups can lead to positive outcomes.

Aims This research aims to develop evidence-based explanations of how social support interventions can improve outcomes in palliative care, for whom, and in what circumstances.

Methods Previous work has developed initial programme theories, initially through interviews with hospice staff (n=19) and researcher observations of day services (n=12), followed by focus groups with hospice staff (n=30). These theories have now been 'tested' through interviews with palliative care patients from five hospices in England (n=18).

Results The physical and social restrictions of life-limiting illness can give rise to social isolation and loneliness. The hospice group environment provides opportunities to engage in reciprocal support – patients share useful information, empathy, and humour – which can contribute to feelings of belonging, or peace of mind about the future. Engaging in new or adapted activities can help to restore meaning and boost mood. These experiences help attendees to cope with the challenges of life-limiting illness and reach a point of acceptance with their mortality.

Conclusion The findings of this research detail how and why social support with others 'in the same boat' enables people with life-limiting illness to adapt to change and prepare for the future. Social settings within hospice day services may be impactful in reducing or preventing distress for patients, and in alleviating perceived burden on caregivers or family members.

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