

**Introduction** Staff often experience significant emotional impact and work-related stress when supporting patients with palliative care needs. Interventions to support staff and help them manage stress are needed. There is growing research into the benefits of Virtual Reality (VR) to manage patients' anxiety, depression and pain. This study explored the use of VR as a resource to support staff during their limited break time and determine its feasibility and impact on areas of wellbeing.

**Method** The project team consulted existing literature and other teams with experience in delivering VR to design intervention. Three different VR experiences were selected for use during staff break time. Specialist palliative and end of life care teams were offered the intervention. Following the experience, all participants completed an online questionnaire outlining their feelings towards aspects of the experience.

#### Results

- 18 staff participated: 89% female, 11% male. Average length of experience 14 mins.
- The VR intervention received unanimously positive feedback.
- All staff recommended use for staff and patients' friends and family.
- Positive effects were reported by 88% of participants which lasted more than one hour for 38% of them.
- 44% of participants experienced VR side effects, the vast majority of which lasted less than a minute. These were more often triggered by more active VR experiences (e.g. spacewalk). 1 participant used VR for more than 15 mins: reported side effects up to 30 mins after stopping.

**Conclusions** Findings demonstrated high interest in VR as a therapy for staff. Nature and City breaks amongst the preferred experiences. Positive findings in VR use for staff encouraged to assess its further application for patients and their relatives in palliative and end of life care. Side effects can be minimised by limiting length (10–15 minutes as reported in previous research) and activity level of VR experiences.

#### 45 RETHINKING CONTINUITY IN PRIMARY CARE FOR PEOPLE WITH MESOTHELIOMA

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**Background** Mesothelioma is a terminal disease that is linked to asbestos exposure. Continuity is difficult for GPs, and other healthcare professionals (HCPs), to provide within the current NHS primary care system but is highly valued by people with mesothelioma.

**Aim** To understand the experiences of continuity in primary care among people with mesothelioma, their close persons and their HCPs; how they achieve this (or not); and how it affects their healthcare service use.

**Method** Realist case studies of patient journeys through the healthcare system (involving longitudinal interviews with people with mesothelioma, their close persons and HCPs; and exploration of the organisational context). Data analysis allowed understanding of hidden mechanisms (resources and reasoning), triggered in certain contexts, leading to specific outcomes.

**Results** Forty-eight interviews (involving 9 patients, 8 close persons and 12 HCPs) were undertaken (totalling 30.8 hours/1848 minutes). Context-Mechanism-Outcome configurations related to: challenges unique to mesothelioma; capacity of patients/close persons/HCPs to facilitate continuity; multidisciplinary (MDT) approach differs from the family doctor model; and 'the NHS primary care system is broken'.

**Conclusions** Patients perceive their continuity needs to be unmet by the inflexible primary care system, which needs to adapt to a society in which people receive increasingly novel treatments and live longer with complex healthcare needs. A societal perspective shift is required to understand that an MDT now shares responsibility for care, rather than an individual family doctor. Policy documents continue to focus on access, and still do not advocate strongly enough for continuity, despite unequivocal evidence demonstrating its worth.

#### 46 GETTING TO OUTSTANDING: OUTCOMES OF A QUALITY IMPROVEMENT PROJECT TO INCREASE THE NUMBER OF ADULTS ON A PRIMARY CARE END OF LIFE CARE REGISTER

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**Background** The Palliative and End of Life Care (PEoLC) Clinical Development Group in Shropshire, Telford, and Wrekin (STW) found the number of patients on Primary Care PEoLC registers, and the uptake of advance care plans (ACP) was low across the region. Identifying patients predicted to be in the last year of life reduces unnecessary admissions to hospitals; improves patients' and families' access to support; and improves confidence in healthcare professionals' ACP conversations.

**Primary Aim** To increase the number of adults on a Primary Care PEoLC Register in 20% of Practices in STW by 10% by March 2023.

**Methods** The group used the Model for Improvement with Plan, Do, Study, Act cycles. Standard wording and system codes were added to letters sent to a patient's Primary Care Provider.

**Results** The number of patients on the PEoLC register was monitored monthly between September 2022 to April 2023. By April, the number on the register had increased by >10% in 20% of practices (2 s.d.) and the number of patients with an ACP on the register had increased by >10% in 30% of practices (2 s.d.). April's data was included because of the delay between sending the letter and addition to the register. There was an overall decrease in the number on the register because of the mortality rate over winter.

**Conclusion** Adding a recommendation to add a patient to PEoLC registers, on letters sent to primary care providers, leads to an increase in the patients identified to be in the last year of life. This project identified the importance of working together as a multi-disciplinary team. This is an ongoing project, and the team are engaging with specialist services to expand the study. A toolkit is in development to identify people who may be in the last year of life.