Main themes around hospital admissions were emergency ambulance requests by care homes (33%), arranged admissions by GPs (21%), and family request (14%). Variation was found in the way care homes and GPs managed frail and declining patients, and residents were sometimes admitted to hospital against the wishes of care home staff and families. Other issues identified were difficulties in accessing services, lack of reflection, and conflicting roles.

Conclusions Service provision was fragmented. The author suggests that GPs, Intermediate Care, Ambulance Services, GP Out of Hours, palliative care teams and care homes work together closely to address the issues. Also suggested are regional groups to co-ordinate and monitor end of life care in care homes. National accreditation should be introduced for end of life care in care homes, and regulatory bodies (such as Care Inspectorate Wales) should inspect care homes accordingly.

This research fills a gap in our knowledge, and its findings can be applied internationally.

88 A PROJECT TO EXPLORE THE POTENTIAL USE OF DIGITAL TECHNOLOGY TO AID HOSPICE CARE; FOCUSING ON REMOTE CONSULTING

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10.1136/bmjspcare-2019-ASP.111

Background Princess Alice Hospice's current strategy promotes exploring different ways of working to increase end-of-life care and support, in more sustainable ways. This includes the potential to integrate digital technology into hospice care. This project aimed to assess the willingness and capability of patients and families, and healthcare professionals to engage with new technologies for consultations in an end-of-life care setting. It sought to identify opportunities for improved, efficient communication and highlight any potential barriers to the use of telemedicine.

Method A mixed methods approach was used, first focusing on established technology users in order to understand their needs and preferences before expanding to users who were less digitally connected. Data was collected in: questionnaires, feedback and collaboration workshops with patients/carers, internal and external professionals, trial sessions of telemedicine. A thematic analysis was then conducted.

Results

- Greater than 66% participants had access to internet enabled devices
- 80% people use the internet on a daily basis
- 63% participants used Skype or equivalent before; 47% of these were using it either daily or weekly.

'[I'm] very comfortable using video calls. I would happily swap some visits for a video call on Skype or FaceTime.'

'[Using video calls] would be fine if I felt comfortable with the technology and I knew the person I was talking to and already had a relationship with them.'

Conclusions Telemedicine is acceptable to many people who use the hospice services. Indeed, patients described telemedicine as having some logistical advantages over home visits. However, 1st consultations should continue to be face-to-face in order to establish a relationship, do an environmental assessment and consider whether telemedicine would be appropriate for future contacts.

89 SPECIALIST PALLIATIVE CARE CNS SUPPORT SERVICE FOR CARE HOMES IN SOUTH TEES – DEVELOPMENT AND REVIEW

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10.1136/bmjspcare-2019-ASP.112

Background Middlesbrough Redcar Cleveland has a population of approximately 300 000 with >130 registered care homes. MRC Community SPCT receives around 1300 referrals/year of which around 8% come directly from care homes. Across the locality in 2017/8 22.9% of deaths occurred in care homes. An existing single-handed CNS for care homes had identified areas for development but was unable to progress this due to limited capacity.

In 2016, funding accessed via the Better Care Fund secured an additional Specialist Palliative Care CNS within the Community SPCT to support the existing post-holder and with a remit to extend and develop training and support within the Care Home setting, with particular emphasis on verification of expected death, syringe driver training and advance care planning.

Results Between January and August 2018 an education programme delivered syringe driver updates to >100 staff, and verification of death training to >80 staff. A level 1 programme (consisting of a single broad-reaching introductory education session) for support staff has been introduced and rolled out to more than 40 care homes. Pre and post-course analysis shows significant improvements in knowledge levels and confidence.

In 2017/18 17% of patients dying whilst on the caseload of the community SPCT died in a care home. Between April 2018 and September 2018 this had risen to 32%.

Nurse verification of death within the care homes represents a shift in work which was previously undertaken by the OOH service.

Direct advance care planning including discussion and implementation of treatment escalation and DNACPR orders, and provision of anticipatory end of life medications for symptom management has taken place in >40 individuals.

Conclusions Targeted interventions within care home settings can empower staff and improve outcomes in care at the end of life.

90 EXPLORING CLINICIAN ATTITUDES TO RESPECT AT CHESTERFIELD ROYAL HOSPITAL

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10.1136/bmjspcare-2019-ASP.113

Background ReSPECT is a joint venture between professional bodies in the UK led by the Resuscitation Council to standardise documentation of DNAR decisions and patients' preferences for care. ReSPECT was introduced in Chesterfield Royal Hospital (CRH), Derbyshire in June 2018.

Aims The aims of this project were: 1) Evaluate hospital clinicians' views on ReSPECT and 2) Highlight which aspects of the form clinicians are finding difficult. This information should help to improve the ReSPECT process and guide future training.

Methods We conducted a survey of ten questions on Survey Monkey, collecting a mix of qualitative and