

P-59 EVALUATING PROJECT ECHO™ IN PALLIATIVE AND END-OF-LIFE CARE

Ben Harris, Cheryl Young, Diane Corrin, Giovanna Cruz, Sarah McGhee, Anne Mills. *Hospice Isle of Man, Douglas, Isle of Man*

10.1136/bmjspcare-2019-HUKNC.83

Background Hospice UK is promoting ECHO™ (Extension of Community Healthcare Outcomes) to democratise specialist skills and increase confidence of staff in palliative and end-of-life care. Hospice Isle of Man is reaching the end of the first year of Project ECHO™ with local nursing homes.

Aim To carry out a formative evaluation of project ECHO™ at the end of its first year of operation and prepare for a summative evaluation at the end of five years.

Methods The logic model identifies resources and inputs, activities, outputs, short and longer-term outcomes. Inputs, activities and outputs come from routinely collected data and short-term outcomes from a mix of ad-hoc quantitative data from surveys and qualitative data from interviews. For longer-term outcomes we have 1) set up a data collection exercise to obtain feedback from all of those experiencing bereavement, 2) identified sources of data on place of care at the end-of-life with the aim of determining whether experiences change over the period of Project ECHO™'s operation.

Results We are currently conducting the formative evaluation with nursing homes using the quantitative data described in the first three categories of the logic model. We are also carrying out qualitative interviews with those who participated in the first year of Project ECHO™. We trialled a validated questionnaire (Grande *et al.* End-of-life skills survey) on end-of-life skills and confidence which will be a required part of enrolment for those who join further ECHO™'s and will map to our Island skills framework. Feedback is positive and Project ECHO™ will continue in nursing homes with further ECHO™'s including residential homes and other community providers.

Conclusion With the formative evaluation we are learning lessons about how best to deliver Project ECHO™ in nursing homes and extend it to other sites. We have set up measures which we hope will shed light on longer-term outcomes.

P-60 HOSPICE-BASED ECHO™ TELE-MENTORING ENABLES A COMMUNITY OF PRACTICE FOR NHS NEIGHBOURHOOD TEAM NURSES

¹Nicola Wilderspin, ¹Debbie Westwood, ¹Rajesh Mistry, ¹Rachel Ayris, ²Claire Curtis. ¹St Richard's Hospice, Worcester, UK; ²Worcestershire Health and Care Trust, Worcester, Worcestershire

10.1136/bmjspcare-2019-HUKNC.84

Background During health sector reform, Worcestershire NHS community nurses were divided into 14 multi-professional 'neighbourhood' teams (NTs). Junior community nurses may be required to care for patients with complex palliative and end of life care needs as lone workers in remote settings, and NT managers recognised community nurse need for increased development and support.

Aims To test the feasibility of ECHO™ (Extension of Community Healthcare Outcomes) tele-mentoring to enhance the knowledge and skills of Band 5 community nurses to deliver palliative and end of life care in community settings, and to provide a vehicle for staff mentorship and support.

Method A Health Education England workforce development grant enabled an ECHO™ hub to be established at St Richard's Hospice, and a core team (three hospice staff and one NHS consultant) attended Hospice UK ECHO™ 'immersion training'. A fortnightly palliative and end of life care tele-mentoring network commenced in December 2018, delivering a curriculum set by 19 NHS band 5 community nurses selected from all NTs, at times selected by community nurses. Evaluation will include web-based questionnaires and focus group discussions.

Outcomes Sixteen community nurses from nine different NTs have attended the first nine ECHO™ sessions. Nursing engagement and feedback has been enthusiastic, and collaborative discussions have been facilitated across widely separated geographical teams. Case studies have demonstrated the complexity of the palliative care needs of patients on community nurse caseloads. Feedback from didactic teaching demonstrates the delivery of new knowledge. Community nurse workload made sustained individual attendance at each ECHO™ session challenging, so the same curriculum is being relaunched following discussions with NT managers.

Conclusion A hospice based ECHO™ hub can enable a supportive tele-mentoring network for community nurses who manage patients with complex palliative care needs in remote geographical locations. ECHO™ also provides an excellent opportunity for hospice-NHS partnership working to support the delivery of community palliative care services.

P-61 PROJECT ECHO™: DEVELOPING AND EVALUATING A COMMUNITY OF PRACTICE WITH CARE HOMES

Sally Boa, Gillian Foster, Lindsey Manzie, Mari Alcorn. *Strathcarron Hospice, Denny, UK*

10.1136/bmjspcare-2019-HUKNC.85

Background ECHO™ (Extension of Community Healthcare Outcomes) methodology comprises of hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to link people from different geographical settings to create a Community of Practice. Four members of hospice staff underwent immersion training with Project ECHO™.

We have strong links with local care homes who are keen to support staff to develop and reflect on how they deliver palliative care. Care homes find it challenging to release staff for training in person. The ECHO™ model was thought to be one solution to overcome this.

Aims We aimed to create a community of practice with local care homes and to evaluate the impact of learning in relation to staff members' knowledge and how they planned to embed learning into practice.

Methods Five care homes regularly participated in the ECHO™ sessions which ran every two weeks with a total of six sessions. Feedback was sought after each ECHO™ session in the form of a questionnaire. At the end of the ECHO™ programme, participants were asked to complete another questionnaire reflecting on their overall experiences.

Results After each ECHO™ session, an average of three care homes provided us with feedback. Four care homes completed the overall evaluation. All felt that they had increased their knowledge on the topics covered by attending and that compared with other teaching methods it was either as good or better. All would recommend ECHO™ to other health and