

These data shows that small service developments can make a big impact on palliative patients and the opportunity to exercise can and should be made available to all patients.

P-105 ENGAGING PEOPLE TO EMPOWER PATIENTS

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Background Despite having a life-limiting illness, patients wish to remain as independent as possible during their disease course (Yoshioka, 1994) and if this is optimised it can ameliorate their perceptions of hopelessness and despair and relieve some of the burden on the caregiver. Although intended to be supportive, evidence suggests that hospice palliative care may disable patients and reduce their ability to do things for themselves (Jennings, 2012).

Aims Explore how an approach to palliative care that focuses on maximising functional status, physical independence and quality of life, whilst acknowledging the patient's advanced disease and limited life span, can be integrated into a hospice in-patient setting.

Methods The setting is a 15-bedded hospice inpatient unit.

Using participatory action research, a co-operative inquiry group (CIG) of clinical and non-clinical staff and volunteers collectively developed their knowledge in relation to a rehabilitative approach and organisational change; planned how to integrate a rehabilitative focus into the in-patient setting, attending to the potential facilitators and barriers; led on the agreed actions; met regularly to review progress and agree how the study should be evaluated.

Following the situational analysis, the CIG planned what action to take and after each period of activity, assessed the outcome and then further action was planned and executed.

Organisational change theory provides the theoretical lens for the study.

Results Achievements to date are aligned with Kotter's (2014) leading change model as follows:

- the CIG are excited and committed to change within the organisation, and
- have become the guiding coalition for the change process
- a vision is emerging to steer the change.

Conclusions Data collection will continue until June 2016 but early indications suggest that a group of hospice staff and volunteers identifying, owning and acting collaboratively, as described by Pascale and Sternin's (2005) positive deviance model, can form the basis of effective organisational change.

P-106 THE POTENTIAL WITHIN US – SELF-MANAGEMENT THROUGH EXERCISE: A PHASED APPROACH TO RESEARCH

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Rehabilitative palliative care is a developing field integrating rehabilitation, enablement, self-management and self-care into the

holistic model of palliative care. A growing evidence-base suggests that rehabilitation not only delays or prevents deterioration in function but can actively improve physical function irrespective of advance disease. The drive towards rehabilitative palliative care has led to an increase in the application of self-management techniques within hospices but there appears to be a gap in the empirical evidence specific to palliative care.

The challenges, possible solutions and anticipated patient benefits of hospices being research active have also been highlighted.

In response, palliative care professionals across five hospices formed a collaborative group and planned a phased approach to research.

Phase 1: A literature review (March – May 2016) to establish the evidence-base for self-management in palliative care. This identified a significant gap in evidencing the outcomes of self-management in the palliative population.

Phase 2: A collaborative service evaluation (April – May, 2016) identifying self-management opportunities for patients within the hospices followed by a patient survey on the exercise groups they attended.

This suggested that promoting self-management through exercise was both acceptable and beneficial in a palliative population. Patient responses showed exercise:

- Enabled patients to cope better with their illness
- Increased their confidence in maintaining/improving activity levels
- Provided a focus for independent goal setting
- Facilitated independent activity outside of the organisation.

Phase 3: The work is being written up for publication to contribute to the evidence-base supporting the beneficial effects of self-management through exercise and the potential this has to improve patients' quality of life.

Phase 4: Moving forward the group aims to seek funding to extend this work into a research project and ultimately to drive further research through a dedicated research post.

P-107 THE BE IN CHARGE PROGRAMME – SUPPORTS PATIENTS TO TAKE MORE CONTROL THEIR OWN CARE IN ORDER TO GET ON WITH THEIR LIFE

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Background With the recognition of the growing number of people living longer with cancer and other life-limiting illness the hospice have undertaken a review of the service we offer.

Through a series of focus groups with patients and professionals from hospital and community teams it was evident that there was a need for a different kind of support for some patients. Therefore a new hospice service a six-week programme called the 'Be in Charge' programme was introduced.

Aim

- To help patients cope better with the symptoms of their illness and take more control in their own care
- To provide a space to talk and share experiences with other patients in similar situations
- To have an opportunity to learn coping skills to manage symptoms and the difficulties they may be experiencing
- The opportunity to have an introduction to the hospice and the services offered as well as identify a need for a different level of support