

- Develop closer working relationships with the Speech and Language, Dietician and Head and Neck services.

Approach Used Four cornerstones of care used:-

- Skin care: application of regular skin cream to hydrate skin, prevent infection and encourage self-management
- Manual Lymphatic Drainage (MLD): specialised gentle massage to aid and stimulate drainage.
- Simple Lymphatic Drainage; patient learns to move the build-up of fluid
- Exercises (facial):- Encourages muscle movement, aids movement of lymphatic fluid. Breathing exercises stimulate deeper lymphatic vessels in chest and abdomen to enhance lymph drainage.
- Compression worn to maintain shape, reduce swelling.

New treatment modalities (accompanied by modified MLD):

- Low level laser therapy: infra-red wavelength penetrates deep into tissues, aids softening of fibrosis and scar tissue, useful in treating cording.
- Deep oscillation therapy: - penetrates deep into body tissue triggering lasting resonance
- Kinesio Tape: increases body's ability to drain lymphatic drainage to healthy lymph nodes

These innovative treatments have proved to be an effective adjunct to our existing specialist knowledge and enhanced treatments offered to patients

Measurements pre and post treatment compared using photographs

Patients complete questionnaire after each session, record any immediate changes to symptoms.

Outcomes Increased referrals for treatment to head, neck and face

2011/2012 - 5 referrals

2012/2013 - 17 referrals

Development of a closer working relationship with the surgical head and neck multidisciplinary team at hospital.

Patient comments I don't feel that everyone is looking at my face as they did before, I felt like I was the elephant man, much happier and I went for a walk with the wife, I wouldn't have done that a few weeks ago.

I was able to eat normal food after treatment for that day

P161 MEANING OF PAIN FOR PATIENTS WITH ADVANCED CANCER AND HOW IT INFLUENCES BEHAVIOUR: A QUALITATIVE RESEARCH STUDY

Rebecca Jennings. *St Joseph's Hospice, London, United Kingdom*

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Background Health related quality of life incorporates physical function and independence which are high priorities for patients with advanced cancer. These two inter-related domains can be compromised through the experience of cancer-related pain. Patient-held meanings of cancer pain may have potential to influence behaviours which determine functionality and quality of life.

Study aim To explore the meanings of pain among patients living with advanced cancer and to understand how these influence functional behaviours, with the aim of developing clinical recommendations to inform patient care.

Design Participants underwent in-depth, semi-structured, qualitative interviews. Data was analysed using Interpretative Phenomenological Analysis to identify emergent themes.

Setting/Participants: Ten patients with advanced stage cancer experiencing cancer-related pain were recruited from an Inner-London hospice palliative care service.

Results Meaning of pain in advanced cancer is inextricably linked with loss and bereavement. Meaning of pain is a dynamic, temporal process underpinned by the following themes: (i) nature of cancer-related pain, (ii) multidimensional impact of pain on patients' function and behaviour, (iii) 'Web of Loss': a complex network of losses that perpetuates cycles of further loss and (iv) hope and appreciation of life. The data suggests meaning of pain has an indirect influence on behaviour mediated by the coping strategies patients adopt. Meaning of pain has potential to promote both constructive and maladaptive responses in functional behaviour.

Conclusions Findings further our understanding of the experience of cancer-related pain and inform bio-behavioural approaches to pain management in palliative care. Recommendations include (i) tailoring pain management to dedicate greater attention to the behavioural dimension of cancer-related pain (ii) timely identification and management of preparatory grief in patients with advanced cancer and (iii) promotion of constructive coping strategies to support patients to make sense of their pain and maintain functionality within the limitations of advancing disease.

P162 LOST IN TRANSLATION; PHYSIOTHERAPISTS' ATTITUDES AND BELIEFS TOWARDS PALLIATIVE CANCER PATIENTS IN THE ACUTE HOSPITAL SETTING

Helen Hutchinson. *Princess Alice Hospice, Esher, UK*

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Abstract Aim The study aimed to elucidate any attitudes acute hospital physiotherapists may have towards palliative cancer patients.

Background With advances in medical technology, increasing numbers of patients are 'living with' a terminal cancer diagnosis for longer periods; this coupled with changes in government policy, is resulting in patients being treated closer to home rather than in specialist centres, bringing physiotherapists into increasing contact with this patient group.

Methods Semi-structured interviews (analysed utilising Colaizzi's method of analysis), of the first twelve physiotherapists from an acute hospital in the UK who volunteered for the study and who met the inclusion criteria.

Results Two clusters of themes were identified, namely Attitudes and Issues. There were four sub-divisions of Attitudes; terminology, physiotherapists' perceptions, other professionals' perceived attitudes towards physiotherapists, and patients and their families perceived attitudes towards physiotherapists' role with terminally ill cancer patients.

"I'd say there are a lot of physio's that think it's probably a little bit pointless"

"try and maintain their quality of life ... by their thinking... and hopefully try and meet it."

There were six sub-divisions of issues: communication, education, emotions, boundaries, referring onward and time.

"I think they're [physiotherapists] scared that that's going to be asked of you...will I walk again?"

Conclusions Some physiotherapists understand and apply their skills to improve the quality of life of palliative cancer patients. However it is suggested that the majority of physiotherapists regard these patients as 'dying from' rather than 'living with' a

Abstracts

terminal cancer diagnosis. Referral protocols and service pathways are lacking. Physiotherapists require support and education to enhance particular skills and confidence.

Application to hospice practice Hospices have the opportunity to establish rehabilitation teams and pathways with acute hospitals to improve access to rehabilitation for all palliative cancer patients and to deliver services in line with government policy.

P163 MOVE IT OR LOSE IT! DEVELOPING SUPPORTIVE CARE: THE EVALUATION OF AN EXERCISE PROGRAMME FOR PATIENTS WITH MS

¹Nikki Archer, ²Julie Robinson, ¹Jenny Waite, ¹Denise Rowbotham. ¹St Giles Hospice, Lichfield, UK, ²Move It or Lose It

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Studies have suggested that engagement in a programme of exercise is beneficial for people living with Multiple Sclerosis (MS). There is evidence of improvements in mobility, overall health and the management of some symptoms such as fatigue, muscle stiffness, anxiety and depression.

St Giles Hospice has been working to develop its provision of Supportive Care, working with community partners to meet the needs of those affected by a life limiting illness who have previously not easily accessed hospice services.

A 12 week pilot exercise and support programme was undertaken working in collaboration with a community based exercise facilitator, and local NHS MS services.

The aims:

- promote and maintain independence
- improve muscle strength, flexibility, mobility and activity
- provide a supportive environment
- introduce patients to hospice support

The exercise class was set to music, using a range of equipment, most participants began from a seated position, with encouragement to stand if appropriate, there was focus on improving strength, stamina, mobility, co-ordination, balance, flexibility and confidence

The outcomes

- 9 people attended, aged between 43 and 77
- Overall attendance = 75%, 83 out of 111 possible attendances
- Evaluation: participants recorded sit to stand from their chair as a measure of leg strength at the beginning and end of the course.
- **The results showed significant improvement in all participants demonstrating a tangible increase in leg strength and technique. Being able to quantify their own progress boosted self-esteem, Participants reported significant social and supportive benefits to attending.**

The hospice has engaged in dialogue with commissioners to support this work. We have engaged with other MS patients, their carers and NHS staff to promote the benefits of the programme. We have engaged in dialogue with the patients who have attended and work with them to provide a maintenance programme.

P164 EVALUATION OF ADVOCACY SERVICE AT ST JOSEPH'S HOSPICE, HACKNEY

¹Hattie Roebuck, ²Susan Millar. ¹St Josephs hospice, Hackney, England, ²Glasgow University Medical School

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Evaluation of advocacy service at St Joseph's Hospice, Hackney.

Background It is estimated that 1.7 million (22%) of London residents do not speak English as their main language. In boroughs such as Newham this figure rises up to 41% of residents. (2011 Census). Newham University hospital has an extensive healthcare advocacy service to meet local need and it also provides advocates to interpret consultations at St Joseph's Hospice. **Aim** This project aimed to assess the impact of working at St Joseph's Hospice upon healthcare advocates.

Method 12 healthcare advocates were interviewed individually at St Joseph's hospice using a questionnaire. Their experience of hospice work was assessed. Their opinion was sought on whether they found working in a hospice different to the hospital setting, the emotional burden, the structure of the consultations, and episodes of culturally insensitivity. They were also asked if they would like additional training or support to undertake hospice work.

Results The advocates enjoyed hospice work but most (11/12) found it emotionally challenging. They felt unclear about how to balance professionalism and emotion whilst breaking bad news and often worried about the patient and their family later in the day. They were keen to promote continuity with the same advocate interpreting for a patient or family and to be considered part of the healthcare team. They had no formal system for emotional support and a majority requested this (11/12) plus additional training (9/12).

The advocates also reported that greater structure to the consultation process would be helpful. 7/12 felt they had observed inadvertent cultural insensitivity.

Outcomes We are liaising with the advocacy team about communication skills & emotional resilience training. Guidelines for undertaking consultations with advocates have been written. The impact of these upon advocate consultations and patient care will need to be evaluated in due course.

P165 ENGAGING MINORITY ETHNIC COMMUNITIES: AN EVALUATION OF A MARIE CURIE HOSPICE PROJECT AIMING TO IMPROVE ACCESS TO PALLIATIVE CARE SERVICES

¹Jessica Baillie, ¹Emily Harrop, ^{1,2}Anthony Byrne, ³Karen Stephens, ¹Annamarie Nelson. ¹Marie Curie Palliative Care Research Centre, Cardiff University, Cardiff, Wales, ²Cardiff and Vale University Health Board, Cardiff, Wales, ³Marie Curie Hospice Cardiff and the Vale, Penarth, Wales

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Background There is increasing emphasis on ensuring that access to healthcare is equitable in the UK, yet on-going evidence demonstrates that minority ethnic communities are underrepresented in accessing palliative care. A Marie Curie Hospice in Wales initiated a funded outreach project with a keyworker post to engage minority ethnic communities, aiming to improve access to palliative care services.

Methods The study aim is to evaluate the outreach project and keyworker post. A longitudinal evaluation of the initiative is being undertaken, encompassing interviews with hospice and community healthcare professionals, minority ethnic communities and the project keyworker. Key project documents, such as reports, and hospice ethnicity data are also being analysed. This presentation reports on data from semi-structured interviews with hospice staff and keyworker, and analysis of project reports. Relevant ethical and governance approvals were obtained.