

to participants. Three people responded. All three respondents said their goals were clear after the first session.

- The respondents either mostly agreed/or agreed that their symptoms were better controlled.
- Activity levels had increased.
- Ability to cope was better.
- Knowledge of helpful techniques was better and,
- Quality of life was better after attending the service for the 6-12 week period.

Feedback from participants includes: *'The service was friendly and positive'*; *'It helped me immensely'*; *'a friend had been in respiratory crisis and I was able to help her while she waited for the ambulance - that felt good'*.

**Conclusion** Despite challenges, a virtual approach for palliative rehabilitation provided beneficial outcomes for patients who would not have been able to attend in person. This method will likely form a part of our services going forward.

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### THERAPY AND WELLBEING WITH GRACE – TRANSFORMING OUR HOSPICE-BASED SERVICES FOLLOWING CLOSURE DUE TO COVID-19

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**Background** GRACE stands for Goalsetting, Reablement, Assessment, Complementary Therapy and Emotional Support. Person-centred goal setting focuses on patients' priorities for normality and functional independence (Wosahlo, 2013). Among patients' end-of-life concerns, fear of functional decline frequently eclipses fear of impending death (Cheville, 2001). Rehabilitation has been shown to reduce the impact of symptoms such as pain and anxiety and to improve functional status and quality of life (Javier & Montagnini, 2011). The model also allows for early identification of people approaching the end-of-life and initiating discussions about preferences for end-of-life care; care planning: assessing needs and preferences, agreeing a patient and carer care plan; and coordination of care.

**Aim** To optimise function and wellbeing to enable people to live as well and independently as possible within the limitations of advancing illness.

**Methods** 2019-2020: wellbeing days piloted. May-August 2020: literature review and remodelling. Sept-December 2020: workforce planning, training in Support Needs Approach for Patients (SNAP) intervention. Jan-May 2021: recruitment, process planning.

**Results** The outcome measures utilised are IPOS and AKPS plus goals achieved and advance care planning. It is too early to truly evaluate the impact of our new approach.

**Conclusion** GRACE is a person-centred approach with a focus on reablement and wellbeing. It allows for earlier identification and support of those in their last year of life.

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### INCREASING PALLIATIVE REHABILITATION'S REACH THROUGH TECHNOLOGY: ONLINE RESOURCES AND VIRTUAL THERAPY

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**Introduction** Traditional hospice delivery of rehabilitation to outpatients and day service attendees involved face-to-face appointments and group sessions. For our organisation, like many others, the COVID-19 pandemic halted this, and became a catalyst for change. It was important to identify and achieve alternative methods of delivery to ensure the valuable education, support and interventions for our patients and families could continue.

**Method** A project team, involving a range of roles including Communications, Rehabilitation, Quality and IT was established to create and deliver a host of educational online resources accessible on the hospice website with written information, illustrations and recorded videos. A virtual timetable of sessions including Living well with Breathlessness, Exercise circuits and Adapted Yoga was created for people to access from home. Alongside this project, in order to support more people to access these developments and address any potential inequalities, a team of volunteers confident with technology were recruited to support individuals in improving IT skills, accessing online resources and joining online sessions. This even included providing a laptop on loan if needed.

**Outcomes** With information, advice and recorded demonstrations now readily available on the website the hospice has provided significantly greater opportunity for people to be better informed about self-management of their symptoms and condition, and subsequently has therefore furthered its reach and improved understanding of the role of palliative rehabilitation. The alternative method of accessing sessions and groups has created greater choice for individuals, and options according to their preference as to whether to travel and attend a face-to-face appointment, or access the session from their own home, or even workplace. Some of the historical and familiar barriers to accessing rehabilitation such as transport, work commitments, family commitments and the weather have been overcome as a result.

**Conclusion** The project will be further evaluated via website analytics, feedback questionnaires and group attendance statistics.

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### ACCEPTABILITY OF A TELE-REHABILITATION INTERVENTION FOR FATIGUE AND BREATHLESSNESS IN PALLIATIVE CARE

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**Background** In response to the COVID-19 pandemic, the hospice moved to digital approaches. Whilst tele-rehabilitation has shown benefits for various chronic health conditions (Bhatt, Patel, Anderson, et al., 2019; Zanaboni, Hoaas, Lien, et al., 2017; Hwang, Bruning, Morris, et al., 2017), there is a gap in the literature on telehealth interventions for palliative rehabilitation.

**Aim** To evaluate digital delivery of a palliative rehabilitation programme and obtain perceptions of users and staff.

**Methods** All members of the Fatigue and Breathlessness (FAB) follow-on group (n=19) were invited to complete a questionnaire on the experience of transitioning to Zoom sessions. Descriptive statistics were produced using the statistical