

each team member knows where each patient is on their pathway.

The team has successfully rolled out exercise, education, and wellbeing programmes, fully re-opened the gym and moved to bigger premises, re-started complementary therapies and advance care planning coffee morning sessions. The monthly team meetings have become the highlight of the team's calendar as support, new ideas, and solutions flow out of these meetings and into action.

Conclusion Moving from a top down to collaborative management approach (Miller & Miller, 2007) has enabled a small team to act decisively and quickly. Regular meetings and communication have engendered a supportive and 'can do' attitude with open sharing and willingness to help. Further development in digital streamlining and more consistent patient feedback is in process.

P-122 RESTARTING OUR DAY SERVICES POST COVID – THE LIVING WELL PROGRAMME

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During COVID we were able to keep our day service running outside of the hospice via volunteer telephone support and remote activity packs which were well received. We were given permission to re-open our service for face-to-face support in March 2022, two years after we had closed. Having taken the time to review how we wanted to take our service forward we decided to start with our new Living Well Programme. This was to be a 12 week programme of education for patients to empower and enable them to take control of their illness and live the best quality of life possible. Sessions include symptom management (pain, constipation, breathlessness, fatigue); well-being (complementary therapy, anxiety, exercise); practical advice (falls prevention, medication management); as well as advance care planning and an overview of hospice services.

We were able to take five patients into the first programme. There were several challenges to commencing the service; having been closed to referrals for 2 years this process was slow to start and a lot of promotion of the new programme was needed for the CNS team. The challenge in receiving referrals was also impacted by the continued high pressure of workload and staffing pressures. The start date was then further impacted by continued pressures on our service, staffing, recruitment and patient unavailability. The first sessions started in April 2022, three out of five booked attended. It was a very successful day with people learning about the support the hospice can give and enjoying each other's company. Feedback was 'enjoying meeting others' and 'meeting others with cancer for the first time since diagnosis'.

The first Living Well Programme was a success with feedback around the companionship and support from people in similar situations, and the helpfulness of the topics both for now and the future. Overall the first programme benefited 7 patients. The programme has now started its second run and will be a rolling programme moving forward.

P-123 THE PILOT AND DEVELOPMENT OF A BLENDED APPROACH TO PERSONALISED WELLBEING

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Background Due to the COVID-19 pandemic our hospice day services closed, and we looked at how we could continue to support patients with a flexible blended approach. A person-centred programme was developed for patients living with a life-limiting illness by an integrated team. The programme is adaptable whereby it could be delivered over the telephone, virtually or face-to-face. This approach enabled support for patients in the context of the pandemic and continues to develop.

Aim The SPRING (Supporting the Person, Relating Information with New skills, and Guidance) pilot aims to support and inform, set person-centred goals, and promote wellbeing. Delivery is over twelve weekly sessions that can be easily adapted offering personalisation and autonomy for the patient.

Method The pilot was conducted with a small cohort over three months from November 2020 - February 2021. The Warwick Edinburgh Mental Wellbeing Scale (Tennant, Hiller, Fishwick et al., 2007. Health and Quality of Life Outcomes 5: 630) was measured pre- and post- programme. An evaluation was also completed by each patient at the end of their programme.

Results The evaluation results demonstrated enablement and motivation for those who participated in the pilot. 90 sessions were delivered in total. 80% of those were virtual due to the COVID-19 restrictions which mirrors other practice at that time (Dunleavy, Preston, Bajwah, et al., 2021. Palliat Med. 35: 814). 67% of patients displayed an improvement in mental wellbeing at the end of the programme. The evaluation concluded 76% had learned something new in each of the delivered sessions.

Conclusions The pilot was a success in enabling and supporting patients with a life-limiting diagnosis, based on the evaluation and mental wellbeing score improvements. This flexible, blended programme is now established as part of our ongoing services. It has enabled the hospice to continue its support of those who would have accessed our day services previously, with a patient-centred approach.

P-124 THE HUB – A HOLISTIC, MULTI-DISCIPLINARY DROP-IN GROUP FOR PATIENTS AND CARERS

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Background Pre-pandemic the hospice ran a popular activity-orientated out-patient programme, but it had lost both traction and patient numbers, and lacked a multi-disciplinary approach. With the hospice caseload growing we felt that, whilst the activities were popular, they were catered for elsewhere in the community. And so, rather than duplicating services we sought to create a drop-in service, something which is not typically offered at other hospices, where our unique expertise is utilised under the one umbrella, providing our patients and their loved ones with specialist palliative care without the need to book.

Aim Research evidence indicates that integrated, co-ordinated care, and multi-disciplinary working is particularly valuable for people with complex needs and long term-conditions (SCIE, 2018), therefore, by coordinating health and social care and the expertise and skills of different professionals we aimed to provide holistic, person-centred care in a way that is more accessible to our patients and carers.

Method The Hospice Hub operates a flexible drop-in service, where no appointment is necessary. Here, patients and carers can socialise, speak to members of the Hub, and attend supportive sessions, including relaxation, reflexology, fatigue and breathe easy groups. We also offer separate facilitated carer support throughout the session. The space used for the Hub is a light, airy and cheerful space, where every week our hospice colleagues and volunteers are on hand, including our dedicated Hub Co-ordinator, Clinical Nurse Specialist, Healthcare Assistant, Complementary Therapist, Welfare Advisor, Spiritual Carer, Social Worker, and Occupational Therapist.

Results Since launching the Monday Hub drop-in the numbers have doubled. Due to this demand the decision was made to repeat the Hub on a Thursday which has been equally successful, and the feedback has been positive.

Conclusion Multidisciplinary teams have been shown to be an effective tool to facilitate collaboration between professionals and improve care outcomes (SCIE. SCIE Highlights No 4. 2018).

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BURSTING WITH CREATIVITY: USING SHORT, WEEKLY BURSTS OF THERAPEUTIC, CREATIVE ARTS SESSIONS IN A HOSPICE DAY SERVICE GROUP SETTING

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'People do deep emotional, spiritual and psychological work when they create art products, especially when they are supported by an experienced arts therapist' (Bolton 2008).

This poster reviews and highlights the benefits of attending weekly 'Creative Therapy Burst' sessions provided for day service patients in a hospice setting. The groups are facilitated by the hospice music therapist and are planned and facilitated in collaboration with the multi-disciplinary day service team (registered nurses, clinical support workers and volunteers).

Although the creative arts are already used widely in this setting, this approach enables all patients to regularly have access to different types of therapeutic, creative arts group sessions, whereas in the past these types of sessions may have been limited to individual work or group sessions using only one of the creative arts (e.g. music or art).

These sessions have been in place since January 2022 and include the following activities: Creative Music Making (including improvisation), Japanese Haiku composition (from Luminare Scotland series of activities), The Lost Words (using this publication to explore our own 'lost words'), music and relaxation sessions, creating pots with air drying clay, music and gentle movement, song writing, music and the emotions, virtual museum tours and reminiscing using music.

This adult hospice provides a rehabilitative approach to care and support and patients, alongside staff, identify aims

and goals to focus on over a 10 week period of weekly attendance. As part of these aims and goals the team find the use of the creative arts beneficial to give their patients opportunities for creativity, shared experience, relaxation and stimulation.

The poster will show examples of these activities alongside quantitative and qualitative data collected from patient and staff.

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THE ROLE OF THE MEN'S SHED IN A HOSPICE DAY SERVICE CONTEXT: IDENTIFYING FEATURES OF A SUCCESSFUL GROUP AND DEVELOPING RECOMMENDATIONS TO EXPAND THE SERVICE

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Background Hospices are an important hub for communities and can provide places for peer support. However, historically hospices have often struggled to reach men who have a life-limiting illness, or who care or cared for ill partners. Gender specific peer support has been identified as one way to promote men's health and well-being and reduce health and social inequalities. This includes initiatives such as Men's Sheds; community spaces for men to meet, engage and work on projects. However, little is known about how Men's Sheds can be successful in the hospice context or how they can benefit members.

Aim The aim of this project was to identify features for the success of a hospice-based Men's Shed group and use this learning to contribute to the development of further Men's Shed groups across other hospices.

Method Non-participant observations and semi-structured interviews were undertaken with 10 members of a Men's Shed. Thematic analysis was used to identify key factors affecting success. We used a Delphi approach involving key stakeholders to develop draft recommendations for expanding the service to other hospices. These were then piloted at a second hospice and lessons learnt used to provide final recommendations.

Findings This study identified several key aspects of what it takes to develop a successful Men's Shed and maintain it including: issues for the host organisation to consider from conception and beyond; an awareness of members' motivations for attending; in-depth understanding of the benefits of attending gender specific peer group support; potential difficulties and suggested resolutions and group characteristics essential to maintain and develop the group.

Conclusion The study successfully developed recommendations which were piloted at a second site.

Recommendations Hospices developing a Men's Shed need to consider the specific needs of service users and be willing to let users take ownership of the group.

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FUTURE-PROOFING COMPLEMENTARY THERAPY SERVICES

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