**P-21** **EMDR AS A THERAPY FOR COMPLICATED GRIEF – DOES IT HAVE A PLACE IN HOSPICES?**
Steve Molyneux, Rebecca Trover, Cecilie Sasu, Diana Bromboszcz. St Raphael’s Hospice, North Cheam, UK
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**Background** Eye Movement Desensitisation Reprocessing (EMDR) was developed in the eighties as a natural process to successfully treat Post-Traumatic Stress Disorder (PTSD). Sometimes the bereaved do not respond to regular counselling alone and continue to find it difficult to cope with living in the present. This is known as Complicated Grief or Persistent Complex Bereavement Disorder. Painful emotions can be so long-lasting and severe that those affected have trouble recovering from the loss and resuming their normal life. EMDR can be successful in treating Complicated or Complex Grief. St Raphael’s Hospice employ two counsellors who are qualified to deliver EMDR therapy.

**Aim** To successfully utilise EMDR as a grief therapy for those experiencing Complicated Grief: recognising that for some, Complicated Grief is akin to PTSD.

**Method** St. Raphael’s Hospice actively recruited additional therapists to our Psychological Support Services Team in the wake of COVID-19. We were alerted to the high proportion (hitherto unmatched) of trauma related cases in the bereaved as the population emerged from the pre-trauma to the post-trauma stage. EMDR is offered to those who present with the following, disclosed via their regular bereavement counselling: Re-experiencing; Constant negative thoughts; Avoidance and emotional numbing; Hyperarousal.

**Results** We are in the first six months of offering EMDR and, to date, nine clients have received this therapy. Quantitative results are pending but qualitative feedback is positive. On average, two to three sessions of EMDR deliver positive results.

**Conclusion** Further analysis is required but early indications are that EMDR can be effective when a typical bereavement state isn’t achieved by regular counselling alone. EMDR in a hospice setting needs to be a short-term focused bereavement intervention. In depth history taking is essential because clients with an extensive trauma history might require a referral to a more specialist service.

**Collaboration, service models and development**

**P-22** **GREATER MANCHESTER HOSPICES COLLABORATIVE: CARING TOGETHER**
Martin Foster on behalf of GM Hospices Provider Collaborative.
10.1136/spcare-2023-HUNC.43

Working in partnership to improve the Quality, Access and Sustainability of all-ages Palliative and End of Life Care across Greater Manchester.

**Mission** To ensure that all people in Greater Manchester (GM) with specialist palliative and end of life care (PaEOLC) needs, and their loved ones, have timely access to the very best care and support, wherever and whoever they are.

**Purpose**
- To come together, act together and achieve together, working closely with partners at all levels of the GM Integrated Care System (ICS) and beyond.
- To improve quality, access and sustainability of PaEOLC services – in line with core NHS and GM ICB objectives.
- To help deliver the standards for high quality and equitable PaEOLC for GM individuals envisioned in the ‘GM Commitments’: care delivered at the right time, in the right place and by the right people; and with the holistic needs and wishes of individuals and their loved ones at the centre.

**Methods**

**Aim 1:** Collaboration with system partners to achieve equitable, high quality, personalised PaEOLC for all. Aim 2: Inter-hospice collaboration, maximising the impact of our collective resources and sustaining our vital Specialist PaEOLC offer in GM. Aim 3: Embracing digital solutions and data sharing opportunities to meaningfully improve Specialist PaEOLC across the system.

**P-23** **WORKING TOGETHER – A REGIONAL HOSPICE COLLABORATIVE**

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10.1136/spcare-2023-HUNC.44

**Background** The Regional Hospice Collaborative is a provider collaborative of 10 hospices (8 adult and 2 children’s). The collaborative of independent and national hospices first came together in response to the COVID-19 pandemic and quickly realised the benefits of working together. The Collaborative works strategically to have the important conversations around priorities and funding. As part of the ICB System Leadership Group and Partnership Board, the Collaborative ensures hospices are front of mind, integrated with the wider health system, able to drive decisions to make a positive difference.

**Aims** To better serve the people of our region by working together in a more integrated way. To identify those who could benefit from hospice care early, ensuring patients get the right care, at the right time and in the right place. To build and spread the good practice already in place, to find solutions to the gaps in provision and address unmet need. To be future ready in ensuring financial and operational resilience to meet the diverse needs of our communities.

**Key results** Built trust and mutual understanding of the diversity across our hospices – we are all different shapes and sizes and have different opportunities and challenges ahead. Provided peer support and shared intelligence. Initiated sustained conversations around funding and sustainability. Taken a deeper look at equality across our hospices. Championed hospice care, building awareness within the wider health and care system of our unique position as independent charities.

**Conclusions** Working together as a collaborative has brought huge benefits for our region’s hospices. We have a stronger voice, increased visibility, become strategic partners within the system, developed relationships of trust rather than competition, and all hospices have seen uplifts in funding.