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 Shed groups across other hospices.

**Method**
Non-participant observations and semi-structured interviews were undertaken with 12 members/stakeholders of a Men’s Shed. Thematic analysis was used to identify key factors affecting success. A Delphi approach involving key stakeholders was used 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 three key benefit themes: A space for emotional support, practical activities, and social opportunities. We also found that factors affecting the success of the Men’s Shed, included: clear governance structures, a connection with the hospice, a dedicated physical space for the group, a supportive space, and having volunteers to lead the group who had experienced loss. The health benefits of attending gender specific support were described by participants as improving their physical, psychological, spiritual and social health.

**Conclusion**
Shared experiences in hospice and palliative care environment were crucial for Men’s Shed members to develop supportive and confiding relationships. Participants described the Men’s Shed as an ‘essential part of the bereavement service’.

**Recommendations**
The study developed recommendations, successfully piloted at a second site. These were written up as part of a ‘toolkit for setting up a Men’s Shed’.

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**P-59 RE-IMAGINING THE HOSPICE INPATIENT UNIT THROUGH INTEGRATION OF SERVICES, LEADERSHIP RE-STRUCTURE AND USE OF PHYSICAL SPACE**

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10.1136/spcare-2023-HUNC.80

**Background**
Evidence suggests that the needs of palliative care service users are changing (van Langen-Datta, Driscoll, Fleming, et al. Compromised connections: The impact and implications of COVID-19 on hospice care in the West Midlands and nationally. 2022). The COVID-19 pandemic has seen many hospices reduce their inpatient capacity and find innovative ways of using telehealth to manage palliative patients in the community (Etkind, Bone, Lovell, et al. J Pain Symptom Manage. 2020; 60(1): e31-e40). We re-designed our hospice inpatient unit space to reflect these changing needs.

**Aims**
Our aims were to re-design our hospice inpatient unit (IPU) to improve palliative care services for both hospice inpatients and those in the community.

**Methods**
We took a multi-professional innovative approach to reviewing how leadership re-structure and integration of teams could help us to re-design our hospice inpatient unit by:

1. Developing a flexible staffing model in which the nurse manager oversees both IPU and day services, promoting an integration of these services. An increased number of Band 6 roles were created to promote nurse-led services within the IPU and to provide senior support for junior staff across all shifts.
2. Reducing admissions by offering medical or nurse-led outpatient clinics for patients requiring symptom management and ambulatory services, for example paracentesis or blood transfusion.
3. Re-designing our IPU space to incorporate day patient beds, a nurse-led clinic room, paracentesis room, family area, children’s bereavement room and research hub.

**Results**
The results have been positive for both patients and staff, and space is being well utilised. Patients are experiencing a more streamlined flow of care through hospice services and can access treatment as a day case, outpatient or experience a shorter admission. Nursing staff have reported feeling more valued and recognised in their specialist roles which has led to staff career progression, leading to increased retention and recruitment.

**Conclusions**
By re-imagining services within the hospice space, and up-skilling staff, we believe that patients have quicker access to palliative care services and inappropriate IPU admissions are prevented.

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**P-60 DOES THE ADVANCED NURSE PRACTITIONER ENHANCE THE MEDICAL SERVICE IN THE IN-PATIENT UNIT OF A HOSPICE?**

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10.1136/spcare-2023-HUNC.81

**Background**
The medical services at Dorothy House Hospice were reconfigured with an aim to extend the medical capacity in the community. Two Advanced Nurse Practitioners (ANPs) were recruited to the inpatient unit. Full integration of ANPs into a medical team was innovative and it was important to evaluate this new service.

**Aim(s)**
To evaluate the impact ANPs have had on the service. To understand from a multidisciplinary team (MDT) perspective the impact. To evaluate whether the introduction of the role has improved patient access to the inpatient unit.

**Methods**
Qualitative methodology using in-depth interviews (eight in total) were conducted to a purposeful sample of a cross-section of the hospice MDT. Thematic analysis was used to analyse the data and identify themes for further discussion. Comparative data assessed activity in and times of admissions.

**Results**
The ANP role has overwhelmingly been considered a success throughout the MDT. Key themes were identified following thematic analysis. The role was perceived to enhance team working across all teams, and in particular the medical team. There is evidence that the ANP role has increased flexibility for admissions. One area identified by several interviewees was the need to enable the ANP role to certify death in the future.

**Conclusions**
The ANP role has enhanced the medical service in the inpatient unit of the hospice. This study provided evidence to base further integration of nurses using advanced skills to be recruited into the hospice and to be clinically supported and supervised by senior medical colleagues. The predicted national increase of people with complex comorbidities and the anticipated rise in the death rate will add to the existing strain on medical services. Nurses with