**Abstracts**

**P-71**

**FARLEIGH HELPERS, ONLINE AND TELEPHONE FRIENDSHIP AND SUPPORT SERVICE IN MID-ESSEX FOR ANYONE WHO MAY BE ILL, LONELY, BEREAVED OR ISOLATED**

Deborah Durno. Farleigh Hospice, Chelmsford, UK

10.1136/spcare-2023-HUNC.92

**Background** Social isolation and loneliness are increasingly being recognised as a priority public health problem and policy issue for older people (World Health Organization. Social isolation and loneliness [internet]). The effect of social isolation and loneliness on mortality is comparable to that of other risk factors such as smoking, obesity, and physical inactivity (World Health Organization. Social isolation and loneliness [internet]). Although research evidence is scarce, befriending appears to have a positive effect on the health of both voluntary befrienders and befriendedees. The increased complexity of our clinical teams’ cases and referrals for internal services identified a need for additional support to benefit those requiring regular, non-clinical support.

**Aims** To offer a service to support internal pre and post bereavement clients, family support referrals, clinical teams and wider healthcare providers and increase access and awareness of our services for those in the wider community.


**Results** Referrals from internal, external and self-referral sources, 92 service users successfully supported since the inception of the service. Service users reported loneliness scores as having reduced by 23% and feelings of isolation to have reduced by 35% following intervention. Service users also rated their satisfaction with the service as 4.91/5. The service has grown from three to 13 volunteers, all of whom report high levels of satisfaction with their role, also scoring at 4.91/5.

**Conclusion** This small, successful service has augmented the existing clinical support offered to people in our catchment area, reducing feelings of loneliness and isolation. The internal referrals demonstrate how it has supported the clinical teams leading to future plans to extend the service to further support internal services and expand our offering in the wider community.

**Next steps:**

2. Observation of key performance indicators.
3. Aims to open a Wellbeing Café to broaden the reach of our service in line with our hospice clinical strategy. To increase collaborative working within our hospice and health economy. To enable self-referral to our hospice thus reducing barriers to accessing services. To offer patients further choice about how they access hospice services. To provide a softer approach to hospice care.


**Results** Six Wellbeing Cafés have taken place to date. Attendance: 30 individuals. Multiple attendances: 12 individuals. 57 referrals generated to other hospice services, i.e. symptom management courses, family support, Hospice@Home, therapeutic programme. Eleven individuals self-referring to hospice services.

**User feedback** “This service has meant meeting other people in the same situation as myself and making new friends”; “It has given us some information and an opening for getting further support.”; “An excellent opportunity to meet a nurse and discuss in detail various options for the future.”

**P-72**

**DEVELOPMENT OF A WELLBEING CAFÉ**

Charlotte Nicholls. St Richard’s Hospice, Worcester, UK

10.1136/spcare-2023-HUNC.93

**Background** The Ambitions for Palliative and End of Life Care national framework (National Palliative and End of Life Care Partnership, 2021) highlights the positive impact of early access to palliative care following research by Temel et al (N Engl J Med. 2010;363:733–42). It recognises the impact on symptoms of ‘social or spiritual distress’. Shared experiences are important for patients with advanced cancer creating a sense of ‘understanding, normalcy and encouragement’ (Rukowski, Lebel, Richardson, et al. Curr Oncol. 2018; 25 (6):358–365). Service evaluation shows 43% of patients value the social aspect of our current service.

**Aims** To open a Wellbeing Café to broaden the reach of our service in line with our hospice clinical strategy. To increase collaborative working within our hospice and health economy. To enable self-referral to our hospice thus reducing barriers to accessing services. To offer patients further choice about how they access hospice services. To provide a softer approach to hospice care.


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**P-73**

**COLLABORATIVE WORKING: A NEW HOSPICE LOCATED MEMORY CAFÉ FOR PEOPLE WITH DEMENTIA AND THEIR CARERS – AN OPPORTUNITY TO OPEN UP CONVERSATIONS ABOUT DEATH AND DYING AND HOSPICE SERVICES**

Carolyn Bell. Prospect Hospice, Swindon, UK

10.1136/spcare-2023-HUNC.94

**Background** Following a session provided by the hospice at a council event for carers of people with dementia, it was clear that hospice services were greatly misunderstood. It was agreed that we should work collaboratively to better support people living with dementia and their carers.

Following consultation, including some scepticism about using the hospice site, a committee was developed and volunteers recruited to create the ‘Making Memories Café’ at the hospice.

**Aim** Deliver a new model of care where the hospice and borough council co-deliver café sessions. This is expected to increase awareness of hospice services and to open up conversations about death and dying.

**Methodology** Quality Improvement: Rapid improvement and Plan Do Study Act (PDSA).

**Phases:**
1. Planning, volunteer training.
2. Implementation, relationship building, additional hospice led therapy sessions e.g. Jabado.
3. Preliminary conversational feedback and evaluation.

**Next steps:**
1. Drop-in hospice information sessions/use of outdoor space/ adapted Tai chi and yoga.
2. Structured feedback and evaluation.