

**P-160** **SHIFTING THE NARRATIVE FROM 'ILLNESS' TO 'WELLNESS': A THERAPY PERSPECTIVE**

Jenni Marks, Emma Robinson. *Willen Hospice, Milton Keynes, UK*

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**Background** Traditionally, hospice day services have been nurse-led, and follow a medical model of support. After pausing services due to the pandemic, the hospice reviewed how this provision was offered. As a result, in October 2022 we developed a 'new' wellbeing service, led by Occupational Therapy and Physiotherapy (OT/PT); supported by the Therapeutic and Wellbeing team.

**Aims** To provide a wellbeing service which reflects the individual needs of patient, carers and families; using a therapy-led, multidisciplinary approach. To provide a flexible, adaptive programme that meets the needs of service users.

**Method** The hospice's 'Living Well Programme' accepted referrals for adults with a palliative diagnosis. All patients received an initial holistic assessment carried out by an OT/PT. During this assessment, the patient was invited to talk about activities that would be most meaningful to them and sessions/services were recommended to work towards these goals. Weekly reviews were completed with the patient, and a solution-focused holistic review completed at 6–8 weeks. A range of sessions were offered, reflecting the needs of the service users.

**Results** To date, the Living Well Programme has supported 70 patients and their families. Service users have a single point of contact in accessing support through the programme, using a 'one team' approach. Patients have reported improved physical ability, reduced anxiety, and improved overall wellbeing.

*"Knowing why I'm doing what I'm doing is invaluable"* (Patient A).

*"Being able to talk about me, as a person, reminds me that I'm more than a 'cancer' patient"* (Patient B).

**Summary** This work demonstrates how the use of a therapy-led holistic assessment can bring a different perspective to the provision of wellbeing services. Shifting the focus away from the condition itself, towards the impact of meaningful activities that reflect the patient's values and priorities, has proved to be an effective way of providing flexible, individualised support.

**P-161** **LIFE THROUGH A NEW LENS: IS THERE A PLACE FOR SOLUTION FOCUS IN WELLBEING?**

Alison Abington. *Willen Hospice, Milton Keynes, UK*

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**Background** As a solution-focused practitioner, solution focus (SF) is at the heart of everything I do. So when I joined the hospice as Wellbeing Coordinator and Therapies Assistant against the backdrop of a recent service review, there was an obvious question: Could there be a place for solution-focused working in our 'new' wellbeing service?

**Aims** My best hope at the outset was that by introducing a solution-focused approach to the 'Living Well Programme', we might foster and promote a way of working that invited everyone in the wider team to think about service provision through a different lens – one of possibility rather than deficit.

Method SF was introduced to the Living Well Programme in a number of different ways:

- Delivering in-service training and SF coaching to colleagues.
- Co-creating a preferred future through SF conversations.
- Modelling the approach to therapists in joint sessions with patients.
- Bringing SF language into therapy conversations and offering therapists feedback about their SF interactions with patients.

Working collaboratively with the Therapeutic & Wellbeing Operational Lead, SF techniques were also used to design and deliver a Team Away Day and formulate a strategy for the service.

**Results** SF foundation training has been delivered to Occupational Therapy and Physiotherapy teams. Therapists have seen the power of SF as a technique for motivating patients and are starting to embrace the approach and integrate it into their practice. SF techniques are being used to formulate strategy and underpin Therapeutic & Wellbeing service development.

**Summary** A willingness to embrace this new way of working, coupled with confidence in the SF approach, appears to be an effective contribution to therapy-led holistic assessment in the wellbeing service. Early signs suggest that SF can work well as a complement to the shift in the narrative, away from 'illness' and towards 'wellness'.

**P-162** **THE HARMONY IN LIVING AND DYING APPROACH (HILDA) IN A HOSPICE WELLBEING CENTRE**

Eleni Tsiompanou, Christopher Lofthouse. *Woking and Sam Beare Hospice and Wellbeing Care, Woking, UK*

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**Background** HILDA – Harmony in Living and Dying Approach – is a new way of exploring living, death and grief, through the positive prism of harmony while engaging in practical activities.

**Method** In the summer of 2021, we held six HILDA workshops at the Woking Hospice Wellbeing Centre. These were part of a ten-week Wellbeing programme for a Bereaved Relatives Group. All workshops started with the group gathering and having a cup of tea. A short meditation was given, followed by a one-hour programme based on harmony principles, the five primary elements (Ether, Air, Fire, Water, Earth) and the five senses (hearing, seeing, smell, taste and touch). The programme included information and practical elements as well as things to try at home, such as exercises and food recipes. A final sixth workshop was designed to bring people together, listen to their experience of the programme and ask their views, aiming to co-design future HILDA programmes.

**Results and feedback** Participants greatly enjoyed coming to the sessions which improved their sense of wellbeing, as measured by the 'feel good thermometer'. Their experience of the HILDA programme was positive. They told us they felt that the most important aspect of harmony is the feeling of interconnectedness and inter-dependence. They especially liked the practical aspects of workshops, such as: seeing and smelling the various herbs and learning about their uses, walking mindfully; being in the garden and smelling the flowers; drawing a geometrical pattern; trying at home the recipes given. People felt encouraged to speak freely and sincerely from the heart.

A human feeling of connection was there. It was not just about one teaching another, it was about engaging, listening and understanding.

**Conclusion** By introducing harmony as a positive framework, HILDA can catalyse creative ideas for people to engage with living and dying, helping to overcome anxiety or fear of death.

**P-163 DELIVERY OF GUIDED VISUALISATION SESSIONS FOR PATIENTS AND STAFF, USING A MIXED-FORMAT METHOD IN A HOSPICE SETTING**

Angela Vigus. *Birmingham Hospice, Birmingham, UK*

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**Background** Guided visualisation (GV – meditation) has documented benefits for alleviation of stress and anxiety, in the context of palliative care (Coelho, Parola, Sandgren et al. *J Hosp Palliat Nurs.* 2018;20(4):392–399) and in the workplace (Carroll. *J Interprofessional Educ Pract.* 2022; 28: 100518). The outcome of preliminary satisfaction surveys and informal feedback formed the basis for the implementation of a hospice-wide complementary therapy service, featuring GV and made available to patients, their families and hospice staff.

**Aims** To implement and measure the uptake of a person-centred GV programme across the hospice using a mixed-format method and to evaluate its impact on physical and psychological symptom management (Goyal, Singh, Sibinga, et al. Agency for Healthcare Research and Quality. 2014. Report No.: 13 (14)-EHC116-EF) in patients and improvements to staff wellbeing.

**Methods** April 2019 – design and delivery of GV as part of a 12-week programme for patients attending the Living Well centres. Sessions for staff provided by appointment. April 2020 – introduction of GV sessions to phone and virtual platform, continuing to support patients and staff during the COVID-19 pandemic. April 2021 onwards – adoption of a mixed-format method for GV delivery, driven by the service user. For all programmes, service evaluation included collection of data on attendance, outcomes from post-session surveys, formal and informal feedback.

**Results**

**Abstract P-163 Table 1** Recorded data of attendance at GV from April-March annually (2019–2022)

	Patients	Families	Staff	
April 2019-March 2020	640	39	54	for in-person GV sessions
April 2020-March 2021	335	73	142	mixed method of GV delivery
April 2021-March 2022	531	59	180	mixed method of GV delivery
April 2022-March 2023	645	82	226	mixed method of GV delivery

**Conclusion** Social-distancing measures prompted transfer of GV delivery to a virtual platform which continued to be accessed by all service users. For both patients, their families and staff offering GV via face-to-face, phone and virtual sessions provided choice, enabled vital social connections to be

sustained, created a safe space for service users to manage psychology and physical stress and promoted staff wellbeing.

**P-164 EVALUATION OF A FATIGUE, ANXIETY AND BREATHLESSNESS (FAB) EDUCATION PROGRAMME IN A HOSPICE WELLBEING CENTRE**

Katy Firth. *Wirral Hospice St John's, Bebington, UK*

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**Background** Our wellbeing centre has included education groups for a number of years. We separated the therapy groups to increase the speed of access and reviewed their content.

**Aims** Determine patients' knowledge about managing their fatigue, anxiety and breathlessness (FAB) pre and post group. Evaluate the effectiveness of the FAB group. Review whether the changes made reduced waiting times. Establish if attending the groups impacted upon IPOS (Integrated Palliative Care Outcome Scale) scores.

**Methods** We contacted hospices across the UK to determine if a standardised assessment tool to monitor the outcomes of their education groups was used. The majority of the hospices hadn't used a standardised assessment tool. They had developed their own questionnaire using a Likert scale or visual analogue scale. We created a Likert scale questionnaire that patients would complete at the start and end of each session. We collected IPOS scores pre and post group. The IPOS questions we focused on were shortness of breath, weakness or lack of energy and have you being feeling worried or anxious about your illness or treatment.

**Results** The results from the questionnaires were positive. On average the post group questionnaire scores were all higher than the pre group scores. There was a significant reduction in waiting times from the date of referral to a person attending their first group by fourteen days. Over the data collection period similar numbers of patients were seen. There were small improvements in the average IPOS scores across all the groups.

**Conclusion** Attending the FAB group is improving patients' knowledge around independent symptom management. Due to the nature of palliative conditions we wouldn't necessarily expect to see a decrease in IPOS score for specific symptoms because symptoms are likely to fluctuate with ongoing treatment, illness or a deterioration in condition. Therefore, it is important that we continue to use non-standardised data collection methods alongside standardised outcome measures.

**P-165 EVALUATING THE FEASIBILITY AND ACCEPTABILITY OF IMPLEMENTING A BREATHLESSNESS PROGRAMME IN A DAY THERAPY SETTING**

Hayley Kidger, Nadine Graba. *Hayward House, Nottingham University Hospitals, Nottingham, UK*

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**Background** People with advanced disease often experience fatigue and breathlessness which impacts on their wellbeing (Gysels, Higginson. *BMC Palliat Care.* 2011; 10:15). Evidence-based, non-pharmacological, multidisciplinary breathlessness and fatigue management services have been found to