

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

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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

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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

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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