

explored with support from Macmillan. Quarterly meetings have been planned for the next year with the aim of keeping the momentum going in each of the nurses clinical environments. A web based resource is being developed that will support nurses to foster a culture of enquiry, develop their own research practices and enable others to engage in research activity.

Application to hospice practice Two nurses work specifically in hospices and are currently developing ward based projects to enhance the frontline staffs ability to participate in research. Others work in CNS roles and on wards in the acute sector and are looking at how they can further develop and encourage colleagues to become involved in the research process in some way.

P60 THE EXPERIENCE OF RECRUITING HOSPICE PATIENTS, FAMILY MEMBERS AND HEALTH CARE PROFESSIONALS TO A QUALITATIVE RESEARCH STUDY

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Background A single patient recruitment site hospice and local university partnership has been established for a European Research Council funded research study. It aims to assess the validity of a supportive care measure in patients receiving end of life care, people close to them (CPs) and primary healthcare professionals (HCPs). The recruitment targets are 35 patients, 20 CPs and 20 HCPs. A hospice nurse (HN) identifies participants prior to recruitment by university researchers.

Aim To establish successful patient recruitment in a hospice new to research.

Approach Used The HN liaised with the multidisciplinary team (MDT) to identify eligible patients and provide support; she also approached all eligible patients in her own area of practice, day services. Facilities (e.g. interview rooms) were organised for researchers to recruit and interview participants.

Outcomes To date, 22 patients have been introduced to the study by the HN and given a patient information leaflet. 6 patient follow-ups are pending and 3 interviews have been booked. 5 patients have been recruited from Day Hospice. With permission from patients, 2 CPs and 4 HCPs have been interviewed.

Challenges affecting recruitment include environmental issues (moving hospice); ethical issues (amendment required); poor health status of patients and their cyclical involvement in daycare.

Remedies include (i) dialogue with patients and staff reducing concerns about the research nurse's potential conflict in duties; (ii) communication reducing the reluctance of staff to "over-protect" patients and allow recruitment; (iii) extension of participants to community and IPU patients improving recruitment rates; (iv) adaptation of patient management system to administer interactions for research.

Application to Hospice Practice Our study explored methods of recruitment of patients to research. Improvements include communication of goals with hospice colleagues and university researchers and a growing confidence in approaching patients. Recruitment experience will change practice in this and future studies.

Leadership, organisation and management

P61 HOW DO HOSPICES PERCEIVE THEIR ROLE IN THE CURRENT HEALTH CARE ENVIRONMENT? A VIEW FROM THE TOP

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A qualitative study using a critical review of the literature and semi structured interviews with a small sample of Hospice Chief Executives explored their perceptions of the impact and effect of the national policy agenda on their organisation and hospice care in England.

The findings from the research indicate that hospice services continue to be influenced by their history and legacy. The 'arrogance' of hospice organisations viewing themselves as 'set apart' and in charge of their own destiny is set to be challenged by the new world of commissioning. Operating outside the National Health Service but dependent on partial funding to provide end of life care services to patients, they are trying to be innovative, challenge existing cultural norms, engage a wider populace and redefine the parameters of what they can offer while maintaining 'independence'.

The national drive to support care in the community is refocusing hospice care into the community with outreach support and engagement with other provider services, rather than inpatient provision. This integrated approach poses conceptual difficulty for hospice staff.

The balancing of the historic context with external demands of an ever changing health care landscape focused the CEOs interviewed to discuss the change in identity of hospice from a 'building', to a community outreach service with access to specialist resources- a significant turning point. Increased visibility impacted on how hospice was viewed by the wider healthcare economy, rather than, 'do gooding' little charities, but as part of whole service provision. The struggle between independence and integration is a tension for hospice particularly related to outcomes and demonstrating the unique role of palliative and EoLC.

The study also highlighted how policy has influenced hospice to reframe as small business units taking a commercial view of their service configuration which all CEOs viewed as a challenge.

P62 MANAGING CHANGE IN CHALLENGING TIMES

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Introduction As hospices face challenges, there is a need to balance the economic cost and the demands placed upon the services we provide, leading to new ways of working and changes within the organisation.

Change can be difficult and can often be seen as being "done to" as opposed to being "part of" the process.

Aims The aim was to find a simple tool to use within teams to engage them in the change process and to illicit issues that were pertinent to them in the future development of the service, and to identify areas in which efficiencies could be made.