• Develop closer working relationships with the Speech and Language, Dietician and Head and Neck services.

Approach Used Four cornerstones of care used:–
• Skin care: application of regular skin cream to hydrate skin, prevent infection and encourage self-management
• Manual Lymphatic Drainage (MLD): specialised gentle massage to aid and stimulate drainage.
• Simple Lymphatic Drainage; patient learns to move the build-up of fluid
• Exercises (facial):- Encourages muscle movement, aids movement of lymphatic fluid. Breathing exercises stimulate deeper lymphatic vessels in chest and abdomen to enhance lymph drainage.
• Compression worn to maintain shape, reduce swelling.

New treatment modalities (accompanied by modified MLD):
• Low level laser therapy: infra-red wavelength penetrates deep into tissues, aids softening of fibrosis and scar tissue, useful in treating cording.
• Deep oscillation therapy: penetrates deep into body tissue triggering lasting resonance
• Kinesio Tape: increases body’s ability to drain lymphatic drainage to healthy lymph nodes

These innovative treatments have proved to be an effective adjunct to our existing specialist knowledge and enhanced treatments offered to patients.

Measurements pre and post treatment compared using photographs

Patients complete questionnaire after each session, record any immediate changes to symptoms.

Outcomes Increased referrals for treatment to head, neck and face:
2011/2012 - 5 referrals
2012/2013 – 17 referrals

Development of a closer working relationship with the surgical head and neck multidisciplinary team at hospital.

Patient comments I don’t feel that everyone is looking at my face as they did before, I felt like I was the elephant man, much happier and I went for a walk with the wife, I wouldn’t have done that a few weeks ago.

I was able to eat normal food after treatment for that day.

Meaning of pain for patients with advanced stage cancer experiencing cancer–related pain were recruited from an Inner-London hospice palliative care service.

Results Meaning of pain in advanced cancer is inextricably linked with loss and bereavement. Meaning of pain is a dynamic, temporal process underpinned by the following themes: (i) nature of cancer-related pain, (ii) multidimensional impact of pain on patients’ function and behaviour, (iii) ‘Web of Loss’: a complex network of losses that perpetuates cycles of further loss and (iv) hope and appreciation of life. The data suggests meaning of pain has an indirect influence on behaviour mediated by the coping strategies patients adopt. Meaning of pain has potential to promote both constructive and maladaptive responses in functional behaviour.

Conclusions Findings further our understanding of the experience of cancer-related pain and inform bio-behavioural approaches to pain management in palliative care. Recommendations include (i) tailoring pain management to dedicate greater attention to the behavioural dimension of cancer-related pain (ii) timely identification and management of preparatory grief in patients with advanced cancer and (iii) promotion of constructive coping strategies to support patients to make sense of their pain and maintain functionality within the limitations of advancing disease.
terminal cancer diagnosis. Referral protocols and service pathways are lacking. Physiotherapists require support and education to enhance particular skills and confidence.

Application to hospice practice Hospices have the opportunity to establish rehabilitation teams and pathways with acute hospitals to improve access to rehabilitation for all palliative care patients and to deliver services in line with government policy.

P163 MOVE IT OR LOSE IT! DEVELOPING SUPPORTIVE CARE: THE EVALUATION OF AN EXERCISE PROGRAMME FOR PATIENTS WITH MS

Nikki Archer, Julie Robinson, Jenny Waite, Denise Rawbotham. St Giles Hospice, Lichfield, UK, 1Move It or Lose It

Studies have suggested that engagement in a programme of exercise is beneficial for people living with Multiple Sclerosis (MS). There is evidence of improvements in mobility, overall health and the management of some symptoms such as fatigue, muscle stiffness, anxiety and depression.

St Giles Hospice has been working to develop its provision of Supportive Care, working with community partners to meet the needs of those affected by a life limiting illness who have previously not easily accessed hospice services.

A 12 week pilot exercise and support programme was undertaken in collaboration with a community based exercise facilitator, and local NHS MS services.

The aims:
- promote and maintain independence
- improve muscle strength, flexibility, mobility and activity
- provide a supportive environment
- introduce patients to hospice support

The exercise class was set to music, using a range of equipment. Most participants began from a seated position, with encouragement to stand if appropriate, there was focus on improving strength, stamina, mobility, co-ordination, balance, flexibility and confidence.

The outcomes:
- 9 people attended, aged between 43 and 77
- Overall attendance = 75%, 83 out of 111 possible attendances
- Evaluation: participants recorded sit to stand from their chair as a measure of leg strength at the beginning and end of the course.
- The results showed significant improvement in all participants demonstrating a tangible increase in leg strength and technique. Being able to quantify their own progress boosted self-esteem. Participants reported significant social and supportive benefits to attending.

The hospice has engaged in dialogue with commissioners to support this work. We have engaged with other MS patients, their carers and NHS staff to promote the benefits of the programme. We have engaged in dialogue with the patients who have attended and work with them to provide a maintenance programme.

P165 ENGAGING MINORITY ETHNIC COMMUNITIES: AN EVALUATION OF A MARIE CURIE HOSPICE PROJECT AIMING TO IMPROVE ACCESS TO PALLIATIVE CARE SERVICES

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Background There is increasing emphasis on ensuring that access to healthcare is equitable in the UK, yet on-going evidence demonstrates that minority ethnic communities are underrepresented in accessing palliative care. A Marie Curie Hospice in Wales initiated a funded outreach project with a keyworker post to engage minority ethnic communities, aiming to improve access to palliative care services.

Methods The study aim is to evaluate the outreach project and keyworker post. A longitudinal evaluation of the initiative is being undertaken, encompassing interviews with hospice and community healthcare professionals, minority ethnic communities and the project keyworker. Key project documents, such as reports, and hospice ethnicity data are also being analysed. This presentation reports on data from semi-structured interviews with hospice staff and keyworker, and analysis of project reports. Relevant ethical and governance approvals were obtained.