Background Bereaved people need to tell their story. Often they are bursting to do so. Yet families can't always listen; churches are often locked; bereavement and counselling services have waiting lists and GPs lack time to listen. This project seeks to give bereaved people a chance to tell their story. Hospice volunteers are based in a local healthcare centre (Beacon Medical Group, Plymouth). The project is inspired by the Community Chaplaincy Listening project (Scotland).

Aims The main aim is to offer bereaved people the opportunity to tell their story thus offering a social, cathartic or therapeutic experience. A subsequent aim is for St Luke's Hospice Plymouth to widen its reach. Hospice care is reaching out to people whose loved one was not known to the hospice; the death may have been accidental, suicidal or homicidal.

Methods GPs identify people for whom bereavement is an issue and introduce the service. The person self-refers via a brief form. The coordinator books people in to see trained listeners who are available on a set day per week offering four sessions each 1.5 hours long. The listener explains that the bereaved person decides how often they want to be seen and that just attending once may be helpful. The person is sent a feedback questionnaire.

Results Out of 12 potential referrers (GPs) three referred in the first month. Seven out of 12 sessions were utilised by six women and one man; one other didn't attend. Three lost their parent; four lost their spouse. All attended once and are aware they can return. One questionnaire has been returned evaluating the service as excellent across 10 domains.

Conclusion The pilot will be evaluated fully in October 2017.

P-7 ONE SIZE DOESN'T FIT ALL! – SUPPORTING PEOPLE THROUGH BEREAVEMENT

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10.1136/bmjspcare-2017-hospice.34

Background Grief is a normal response following a loss and not all people who are bereaved will need support or counselling [Graves, 2009]. Bereaved people approach their grief in a variety of different ways. Terry Martin and Kenneth Doka recognised that there are different patterns to grieving, these might or might not be related to male or female gender characteristics, and be more about coping strategies that a person develops. The traditional way of formally supporting people who have been bereaved is telephone support or face-to-face/one to-one counselling. Many people who are bereaved who consider support choose not to access these traditional services due to their own individual way of grieving; different coping strategies, and limited alternative support services available.

Results In response to the literature and requests from bereaved family members, Marie Curie Hospice, West Midlands has developed a broader range of bereavement support services that has scope to encompass individual ways of grieving. These include the traditional one-to-one support; family support sessions and remembrance services. In addition the Hospice Bereavement Support service also offers a hospice choir; a Walk and Talk group; a Men's Shed group, a Bereaved Social Group and a Children's Therapeutic Group. The broader range of support provides greater choice where people who have been bereaved can come together regardless of what point on the bereavement pathway they are on and meet others who are going through a

similar life event. The uptake of the new services has been positive, with activity continually increasing. More men are now accessing bereavement support services and with the on-going development of a volunteer team, we are now able to offer children the opportunity to meet together and share their own experiences in a safe environment.

P-8 DIGITAL COMMUNICATION AND SUPPORT- ONLINE BEREAVEMENT SUPPORT GROUP

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10.1136/bmjspcare-2017-hospice.35

Background Responding to emerging need. Whatever stage of the bereavement process you are in, you can always seek online support. Many choose this style of therapy because grieving about their loved ones happens from the privacy of their own homes. One post on Facebook or Twitter can take the place of fifty or more conversations. You may have dreaded the thought of telling people over and over again about a death or how you are coping and social media gives you the opportunity to tell people all at once. Why say it yourself when you can tweet a beautiful quote that says it for you? Our aim is to develop an online support group, which will be run by trained bereavement volunteers. The Group aims will be to provide:

- A chance for people to share their grief with other bereaved members.
- A place for people to talk about their loved ones without feeling unwelcome or uncomfortable.
- A safe place to post poetry, photographs, journals or articles about their loved one who has died.
- An opportunity for people to meet locals who can offer support, many times people who meet online and live in the same area often get together.
- A chance for people to feel less lonely in their grief.
- A place for people to learn coping skills, stress management techniques and ways to relax.
- Advice and information following bereavement.

Methods During initial assessment for bereavement support patients will be provided with a 'Online Bereavement Group' leaflet which will provide details including. How do I join the group? How might the group offer support? And Confidentiality and record keeping. Once a member of the group, patients will be supported by other online members and bereavement volunteers.

P-9 COMMUNICATING LOSS – A NEW APPROACH TO BREAKING BAD NEWS TO PATIENTS WITHIN A HOSPICE DAY UNIT

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10.1136/bmjspcare-2017-hospice.36

Background Within our day unit, patients develop friendships with one another and telling them about the death of a former patient can be difficult and distressing. Up until recently, we typically told patients about the loss of a former patient on an individual basis. However, we were concerned about the way this was delivered and the impact this had on the individual and the group as a whole.

Aim Breaking bad news to patients is difficult for healthcare professionals. As part of my reflections and learning from studying Loss and Grief (University module) at the hospice I wanted to explore how we might improve this.

Method Within the day unit we identified a need to support patients throughout this time. I drew inspiration from Worden's Tasks of Mourning (1982) along with an awareness of the social context of loss and grief. I gathered ideas about how we might enhance practice and have been piloting a new approach to delivering bad news to patients.

Results This new approach focuses on a celebration of life, bringing all patients together in a safe environment where they are told about the loss. An 'I remember' discussion (led by day unit staff with support from volunteers, spiritual and social care teams) is held, which is a positive interaction to share memories through reminiscence. Throughout suggestions are made about how to celebrate the memory of the deceased, which includes music, singing and lighting candles.

Conclusion Initial results suggest that patients are not left low in mood. In fact, their memories bring positive emotions such as laughter. We believe that by encouraging patients to communicate after loss will enable them to speak more freely about their own diagnosis and wishes.

Communication, life stories and the digital age

P-10 ADVANCE CARE PLANNING WITH PATIENTS WITH DEMENTIA

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10.1136/bmjspcare-2017-hospice.37

Introduction Advance Care Planning (ACP) is high on the government's agenda for all patients with life limiting illnesses. This is particularly difficult for patients with dementia due to the long and unpredictable illness trajectory affecting their capacity. ACP has been shown to have positive impact on end of life care and is important to ensuring that the patient voice is heard and removing burden from family members. Applying policy to practice however is challenging with confusion over which professionals are responsible for the role.

Aims and Objectives The aim of the study was to determine which professionals are best placed to undergo ACP with patients with dementia. Health care professionals' views and experience of the process were explored with regard to personal beliefs, professional roles and working practices.

Method A qualitative approach was adopted using semi-structured interviews. These were recorded and transcribed verbatim and analysed using guidance from the Framework Method.

Results 11 professionals were interviewed, representing a broad spectrum of multidisciplinary community healthcare practice. Two major themes were developed: ACP and working practices and combined complexities of dementia and ACP. Overall it was found that ACP with patients with dementia is complex and challenging, with numerous barriers to successfully implementing the process. Each professional group has different issues making this difficult. This therefore impacts on the concept of one group taking ownership of the process.

Conclusion Which professionals should be responsible for the role remains unclear, with differing opinions as to whether it

should be the role of one group of professionals, a new role or a shared responsibility. Barriers need to be overcome and use of the Gold Standard Framework needs to be more focused on patients with dementia early in the illness trajectory.

P-11 PROMOTING ACCESS TO PALLIATIVE CARE AND ADVANCE CARE PLANNING FOR PEOPLE WITH DEMENTIA

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10.1136/bmjspcare-2017-hospice.38

Dementia is one of the most severe and devastating disorders that we face as a society (DH, 2009) and is now the leading cause of death in Britain (Office for National Statistics, 2015). However, while it is widely recognised that dementia is a terminal condition, there is a lack of coordination or philosophy that embraces the principles of palliative care which are beneficial at all stages of dementia (Ashton et al., 2016; Lloyd-Williams & Payne, 2002; Mitchell et al., 2004; Mitchell et al., 2007; Sachs, 2004). This results in missed opportunities to access interventions such as advance care planning (ACP) along with the psychosocial and spiritual support that is so important in promoting resilience and self-management (Conroy, 2009; Dempsey, 2013; Ashton et al., 2016; Murray et al., 2017). Thus reducing the risk in the latter stages of dementia, of people being subjected to escalations in care that they have expressed a preference not to receive and reducing the incidence of avoidable hospitalisation (Brinkman-Stoppelenburg et al., 2014; Conroy, 2009; Ashton et al., 2016; Murray et al., 2017). This poster will explore the local collaborative initiative in Lincolnshire of a joint ACP policy document across the health and social care economy and how this is being supported to be used in practice, underpinned by current advanced communication skills education.

The Aim To empower staff and subsequently people with dementia and those important to them, to participate in recording their wishes and preferences within a single ACP document, that will be used and recognised by all the local organisations involved in the person's care and documented on the Electronic Palliative Care Coordination System (EPaCCS) (Public Health England, 2013).

P-12 TALKING MATS: AN APPROACH TO SUPPORT CONVERSATIONS IN A HOSPICE SETTING

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10.1136/bmjspcare-2017-hospice.39

Background Professionals who work in palliative care settings strive to provide person centred care (NICE, 2011). Finding out what is important to patients and families is core to this (Henry, 2015). People who use hospices often have specific difficulties communicating their thoughts and feelings because of advanced illness and emotional factors. Talking Mats is a visual framework which has been shown as an effective method to enable people to express their views, especially when their ability to communicate is compromised, for