can have. The aim of the 'Changing attitudes and behaviours towards digital legacy and digital assets planning' poster will be to display this year's data. We will do so by cross-referencing this year's data with data from the previous two years.

Methods Cross reference data, explore year on year changes, draw conclusions and predict trends. We launched the Digital Death Survey at EAPC 2016. The survey coincided with the first interactive poster that displays real time data on it.

Results 300 people have completed the survey thus far. We expect 500 people to have completed it by the end of July when the survey ends. We plan to display the data digitally (via an iPad) on the poster and through images on the poster.

P-31 SAFEGUARDING FOR A DIGITAL SERVICE: THE SUE RYDER ONLINE COMMUNITY

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10.1136/bmjspcare-2017-hospice.58

Background The Sue Ryder Online Community is an online peer support service where people affected by terminal illness or bereavement exchange messages and support each other. The site is moderated to keep it safe and supportive. Because of the difficult subject matter, individuals may occasionally post about suicidal thoughts and feelings, and it is necessary to have a robust process for responding.

Aims To ensure that individuals considered at risk are supported and signposted to appropriate services, and that our approach is consistent.

Methods A decision flow chart helps moderators assess the level of risk and gives an easy-to-follow process. Template responses and lists of signposting resources are used by moderators to support individuals and encourage them to seek specialist help – these are adapted and personalised in each case. Issues where an individual is considered at-risk are escalated to senior health and social care staff. Following assessment, in a very high-risk case, we consider, on a risk-based approach whether to break confidentiality and contact emergency services. These methods are in line with the best practice guidelines from the National Suicide Prevention Alliance.

Results In 2016/17, five issues required escalation, equivalent to 0.1% of posts. One of these individuals later confirmed they had got support from family members and the Samaritans.

Moderator Feedback 'This process makes me feel much more confident. I know that if I spot something worrisome, I don't need to panic – it's a simple process, and I won't be dealing with it on my own.'

Conclusion The safeguarding process appears effective, but we will be able to draw more conclusions in future, when there have been a greater number of issues escalated. We will review the process annually and review individual cases after three months.

P-32 DEVELOPING AN INNOVATIVE HOSPICE APP

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10.1136/bmjspcare-2017-hospice.59

Background Royal Trinity Hospice supports around 2500 patients a year, 80% of whom live in the community.

Feedback from patients and carers was that it was difficult to get to grips with changing symptoms and medications, and to understand the support available at the hospice, particularly in the early days after being referred.

Aims The Royal Trinity Hospice app is designed to provide patients and carers living at home with the support and information they need, in a timely and accessible way.

Methods The content of the app was developed through collaboration between a multi-disciplinary team of staff at the hospice incorporating feedback from patients and carers. The app includes:

- Easy to understand information on medications and common symptoms.
- Advance care planning prompts which can be shared via email with relatives or hospice staff.
- A function to manage attendance at hospice outpatients groups and contact key hospice teams directly.
- Bereavement content for carers.

Challenges during the development process included a lack of skills and experience in digital product development, capacity challenges around generating content and securing buy-in among hospice staff.

Results The app was launched on iTunes in April 2017 and was downloaded 83 times in the first two months. Patients commented that it confirmed that they were receiving the best possible care. Carers commented that the information on symptoms was good to refer back to. Both patients and carers felt it would be of most benefit when they were first referred to the hospice.

Conclusions The app is still in its pilot phase. A full evaluation will be undertaken to disseminate learning, to understand the full impact on patient and carer outcomes and to determine whether the app merits further investment. However initial findings would indicate there is scope for hospices to enhance face-to-face care with digital tools.

P-33 E-LEARNING FOR THE VOLUNTEER WORKFORCE

Sarah Owens. *Wigan and Leigh Hospice, Wigan, UK*

10.1136/bmjspcare-2017-hospice.60

More than 125 000 volunteers in the UK contribute to hospice care in a wide range of roles (Hospice UK, 2006). Wigan and Leigh Hospice has over 750 volunteers who give their time in the varying departments within the hospice on a daily basis. As an organisation we felt it vital that we provide them with the skills that they needed to best fulfil their role. Initially this training was delivered face-to-face in groups, covering specific areas including health and safety, infection control and safeguarding. Topics that the paid staff completed, as although in a volunteer role, they are in effect working for the organisation so it was important that they received very similar information. This was effective and they found it helpful, however, a number of volunteers are in employment or studying so often found it difficult to attend a face-to-face sessions. On review it was thought that a more flexible way of delivering the training would be via an e-learning package that the volunteers could access within the hospice or from home at a time to suit them. A volunteer e-learning module was put together and it is expected that volunteers complete this every two years. The module sits on our mandatory training system which also acts as a learning management system holding

records of completion. There are a set of questions at the end of the module and the volunteers are expected to achieve a set percentage to pass the mandatory training. This evidences the learning that they have taken away on completion of the module. Those less computer literate will be offered support to complete the module within the hospice. The module is currently being piloted by a group of volunteers with the intent to roll this out to the remaining volunteers.

P-34 UNLOCKING THE POTENTIAL OF VIRTUAL REALITY IN PALLIATIVE CARE

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10.1136/bmjspcare-2017-hospice.61

Background Researchers have long been interested in the physiological and psychological aspects of wellbeing. Various studies have found that Virtual Reality (VR) therapy, using computer generated environments and avatars, can have a positive effect in relieving pain in paediatric intravenous cannulation (Gold et al., 2006) and burn wound debridement (Hoffman et al., 2000), as well as in alleviating symptoms of depression (Falconer et al., 2016), anxiety (Repetto & Riva, 2011), and Post Traumatic Stress Disorder (Rothbaum et al., 2001). To date, there is little published research about the physical and psychological impact of VR Therapy using real life environments/settings and the potential for VR to be used effectively in palliative care has not been fully investigated.

Aim Existing research on the use of still images shown to healthy subjects has concluded that personally emotive images trigger stronger positive physiological and psychological responses (Fedorovskaya et al., 2001). Our study's principal hypothesis is: 'Personalised virtual reality therapy has a positive impact on adult palliative care patients' self-reported symptoms of physical and psychological well-being and pain scores thus resulting in an increase in overall quality of life/wellbeing.'

Methods Participants on our study will be given a VR Therapy experience lasting approximately four minutes, once a week, for four weeks. We will be obtaining quantitative data through the comparative analysis of pre- and post-session Edmonton Symptom Assessment System: Revised (ESAS-R) scores and qualitative data through set interviews that will be completed with each participant after each VR Therapy session and at the end of the project.

Results/Conclusion Positive results from this study could provide the evidence required for VR Therapy to be adopted and to be used alongside current symptom control measures provided by hospices and palliative care teams to manage symptoms at the end of life. It is our hope that this study will also give us a better understanding how VR Therapy can be used responsibly and ethically for patients across hospices and other palliative care settings.

P-35 CAN VIRTUAL REALITY (VR) GUIDED MEDITATION REDUCE PAIN? A FEASIBILITY AND ACCEPTABILITY STUDY

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10.1136/bmjspcare-2017-hospice.62

Background Research shows that VR is effective as a tool in managing acute pain (Hoffman & Patterson, 2000; Hoffman & Garcia-Palacios, 2001; Hoffman & Chambers, 2011). There is also evidence that meditation is beneficial in reducing persistent pain, that the effect is cumulative and builds overtime (Morone et al., 2008). We have developed a VR Guided Meditation app narrated by Sir David Attenborough and are planning a mixed method randomised controlled trial to examine whether an immersive meditation experience enables palliative patients to enter a meditative state more easily and achieve long term pain reduction.

Aim To test the feasibility and acceptability of using VR Guided Meditation in a hospice setting.

Specific Objectives

- Compare two types of hardware.
- Establish whether the headsets are comfortable.
- Find out if the technique has an impact on pain.
- Ascertain feedback.

Method

- Hospice patients were offered the opportunity to participate.
- The VR Gear which connects to a mobile phone was compared with an Oculus Rift which connects to a computer. Each was used for 10 min.
- Feedback via a structured questionnaire.

Results

- Participants: six female, 12 male. Age range 33 to 84 years. Sixteen with cancer, two with neurological conditions.
- Preference for Oculus Rift was unanimous.
- All enjoyed the experience and wished to repeat it.
- All described the headsets as comfortable.
- None experienced side effects.
- All experienced a reduction in pain, ranging from 20% to complete reduction.
- Comments: 'first time in months I forgot I had pain'; 'could have stayed there forever'; 'wonderful'; 'so distracted I forgot my pain'; 'in another world and didn't feel a bit of pain.'

Conclusion VR Guided Meditation is effective in distracting patients from their pain and it is acceptable and feasible to use in a hospice setting. Research is needed to establish whether its use enables patients to enter a meditative state more effectively leading to longer term benefits.

P-36 IMPROVING FAMILIES' EXPERIENCE THROUGH TECHNOLOGY

Emma Aspinall. *Acorns Children's Hospice*

10.1136/bmjspcare-2017-hospice.63

In 2016 Acorns Hospice Trust commissioned Azeus UK, the provider of its new IT system, to produce an interactive web-based portal for use by children, young people and families. This portal is an exciting bespoke development that enhances the hospice database system. The portal reaches out to the hospice users and their families to facilitate communication and enabling them to access their own information in real time helping to ensure hospice teams are working with data that is accurate. With unique log-ins the Portal users can view their appointments, calendar and put in booking requests both