

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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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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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

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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

for hospice beds, support groups, therapies and activities. They are also able to provide feedback and get news on upcoming events. The interactive nature of the portal provides a platform for two way communication enabling families to send vital bits of information directly to the hospice team where they can be attached to the child's record, while hospice staff can upload photographs, videos and drawings enabling the family to log-on offering them reassurance and on-going involvement even when their child is on a short break. A blog-type diary is also available for each user. They can upload media content, create scrapbooks and express their feelings in pictorial as well as written format, thus enabling staff to exploit creativity as a tool in managing the condition and to understand the thoughts and feelings of the child and family over a period of time. There is also the ability to develop secure chat facility and professional one-to-one support on line. The portal's user interface resembles the standard social media concepts of today's IT-driven world, thus minimising the need for any user training. IT professionals, Acorns staff and ambassadors have all been involved in the portal's design and content.

Communities

P-37 'LIVING RIGHT UP TO THE END' WHAT DO PEOPLE WANT TO SUPPORT THEM TO MAKE PLANS FOR END OF LIFE?

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10.1136/bmjspcare-2017-hospice.64

Background National policy encourages people with Long Term Conditions (LTCs) to plan for end of life (Scottish Government, 2015; Henry, 2015). However, people can be reluctant to engage in conversations and as a result miss out on opportunities to make plans for the future whilst getting on with living (Detering et al., 2010).

Aim To identify what's important to people in the last year of life in relation to planning ahead and what would support them to do this.

Methods 18 community engagement events were held in local venues. People with LTCs and carers were invited to discuss: What matters to you when you are living with declining health? What prevents you making plans for the future? What would help you to plan for the future and what support do you need to do this? Direct quotes from each session were analysed thematically using Framework analysis. The findings were verified at two further engagement events.

Results What matters to people: Maintaining independence and control, having a plan, important conversations, social support, and access to the right information. Barriers to planning were: Cost concerns, not knowing what to do or say, lack of social support and dealing with uncertainty. What would help? People wanted to maintain control and have a choice about accessing relevant and appropriate information. They wanted to know where to go and who to ask for help with planning for the future and saw their local communities as part of the solution.

Conclusion People with LTCs in the last year of life want to plan for the future but want to do this in their own way when they are ready. Engaging with this group has shown

that services should be developed in partnership with the people who use them.

P-38 MORECAMBE BAY TO BEIJING – A HOSPICE JOURNEY FROM TRAGEDY TO FRIENDSHIP

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10.1136/bmjspcare-2017-hospice.65

As part of our 30th anniversary celebrations in 2016 we organised our first overseas challenge to the Great Wall of China. Morecambe has a tragic history with the Chinese community because of the Morecambe Bay cockling disaster in 2004. Working with the local Chinese community we launched the trek and persuaded 31 people to make the journey. The Chinese community wholeheartedly supported our ambition to do something positive to bring the two parts of the world together in a constructive way. After a year of fundraising, the campaign raised almost £100 k net. On the last day of the trek a small group visited the Hospice in Beijing. We were welcomed by the Hospice President, shown around the ward, attended a 'Day Hospice' session and exchanged gifts. Although the Beijing hospice was full to capacity and felt chaotic at times, the professionals caring for the patients had the same unique ethos that we do in our hospice. Indeed, their values of Care, Compassion and Collaboration mirror our own hospice values. We discussed views of death and dying with our Chinese hosts. Their approach to spiritual care was different as patients were mainly Buddhists and were quite happy to discuss their 'next life' plans with us. One woman told us she was definitely coming back as a man! A group of Buddhist monks lived in the courtyard of the hospice and were always on hand to help the transition from one life to the next. Since our return, we have continued to work closely with the Chinese community via a network group called 'Communities Together'. We are planning a 'Faith at the end of Life' workshop in November where representatives from all the major faith groups and communities in our area will discuss attitudes, customs and beliefs around death and dying.

P-39 MOUNTBATTEN MEMORIES

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Background A few plastic boxes containing old photos and typed notes tucked away in an office were all that existed to share the story of our hospice's 35 years. Thanks to a successful National Lottery bid, we set about bringing our story to life, through the recording of people's memories to form an oral history project called 'Mountbatten Memories.'

Aims To share our history with a wider population, therefore inspiring others to be involved in our future. To consolidate our place in the Island's health and social care environment, and in the hearts and minds of our community. To provide opportunities to reconnect people through their past involvement and to build new and diverse skills in volunteers, for example, audio editing and interviewing.

Methods We based a series of reminiscence events in our hospice shops, ensuring our wider community's involvement in,