

**Conclusion** The power of the project is its simplicity. It creates time and space for conversation about what has become a taboo subject in a non-threatening way. As such it has provided a model for future forms of engagement and in particular has contributed to the establishment of a support group for people affected by sudden loss such as death by accident or suicide.

**P-62 IMPROVING SUPPORT AND UNDERSTANDING IN OUR COMMUNITY FOR PEOPLE AFFECTED BY A LIFE-LIMITING ILLNESS**

Warren Finney. *Prospect Hospice, Swindon, UK*

10.1136/bmjspcare-2017-hospice.89

**Background** Prospect Hospice strives for excellent end-of-life care for everyone. We also recognise that we cannot meet everyone with a life-limiting illness in our community. A key activity for us is to improve the recognition and understanding across Swindon of the importance of end-of-life care. After the National Council for Palliative Care launched the Dying Matters Dying Well Community Charter (DWCC) in 2015, we joined with local organisations to create our own Swindon Charter.

**Aims** To improve support and understanding for anyone affected by end-of-life care in the workplace.

**Methods** With partners, Healthwatch, the CCG, Great Western Hospital, Swindon Carers Centre and Swindon Borough Council we:

- Surveyed local people on what was important to them.
- Held a launch conference.
- Created print and social media activity and presentations.
- Created a set of offers and asks of local organisations.
- Promoted the Charter on the local authority-sponsored *My Care My Support* website.

• Undertook targeted engagement activity with employers to secure sign-up and implement the charter in their workplace.

**Results** In May 2016, nearly 90 people from local employers, health and social care organisations and community groups attended a launch conference to learn about our charter. We then targeted local employers to agree actions and activities to promote the Charter asking for commitment to two activities to make a difference, such as:

- Creating a Bereavement/Compassionate leave policy.
- Reviewing policies and procedures to reflect the aims of the Charter.
- Creating flexibility in the workplace and demonstrate how this was achieved.
- Signposting to useful external advice and the support the employer offers.
- Promoting the *My Care My Support* website.
- Nominating a single point of contact for key information.

Currently 17 organisations, with a combined reach of 12 000 people, have signed up to the Charter, implementing various changes across the workplace to make a real difference, and we have only just begun!

**P-63 BUILDING COMPASSIONATE COMMUNITIES ACROSS LONDON AND THE SOUTH EAST**

<sup>1</sup>Carly Attridge, <sup>2</sup>Heather Richardson, <sup>1</sup>Sally Muylders. <sup>1</sup>*St Joseph's Hospice, London, UK;* <sup>2</sup>*St Christopher's Hospice, London, UK*

10.1136/bmjspcare-2017-hospice.90

**Background** A London hospice has played an important part at successfully developing a Compassionate Community in their area. With significant funding it will be replicating the project, working with up to seven other hospices or similar organisations in and around London. Part of the success of the project has been to reach communities who do not traditionally access hospice care. We want to extend this opportunity to other hospices also committed to issues of increased reach and equity.

**Aims** Our aim is to build a wider network of Compassionate Neighbours who are supporting people in their local communities; we will test and learn whether the success of the original London project can be replicated in other areas, and which ingredients are vital for success. Our ultimate aim is to create a social movement establishing a network of Compassionate Communities across the country, starting in London.

**Methods** The hospice will train and mentor other hospices to replicate the project in their own area. It will draw on the skills of compassionate neighbours as well as project leads. Our evaluation of the programme will form the basis of plans for a national roll out and inform reciprocal learning with other organisations also involved in large scale use of volunteers to address societal issues.

**Results** Our learning will confirm whether replication of this project is possible. We will be evaluating the quality and quantity of social connexions on the part of project participants and their relationships in their local communities and with their local hospice. We should have early results available for the conference.

**Conclusion** This is an important project focused on upscaling a successful hospice initiative. It will provide insights into the role of community participation in end of life and how hospices can be part of that.

## Creative arts and therapies

**P-64 EVALUATION OF A HOSPICE-BASED DANCE PROGRAMME FOR PEOPLE WITH PARKINSON'S DISEASE**

Margaret Clifford, John Dixon, Simon Robey. *St Joseph's Hospice, London, UK*

10.1136/bmjspcare-2017-hospice.91

**Introduction** Published evidence suggests that dance may be of benefit to people with Parkinson's disease. Following a suggestion from a service-user, our hospice set up a pilot dance programme for people with Parkinson's disease comprising six fortnightly 1.5 hour dance classes over 12 weeks.

**Aim** To share our experience of setting up a hospice Parkinson's dance programme and evaluate the impact on participants.

**Methods** Parkinson's Disease Questionnaire (PDQ-39), a validated quality of life measure for Parkinson's disease was

completed at baseline and 12 weeks. Goal Attainment Scaling (GAS) captured the difficulty and importance of participants' goals and the extent to which they were achieved. Mean PDQ-39 and GAS T-scores were compared using a paired sample t-test. Many participants volunteered qualitative feedback and gave permission for their (anonymised) quotes to be included in the evaluation.

**Results** Of the initial 10 participants, seven completed the evaluation (one died and two had prolonged hospital admissions). 6/7 participants had a positive change in their GAS T-scores. Mean change in GAS T-scores was 22.3 ( $p=0.01$ ). The mean PDQ-39 Summary Index reduced between baseline and 12 weeks but this was not significant ( $p=0.541$ ). Informal qualitative feedback was positive (e.g., '[I feel] terrific. Supported and less isolated. Mentally and physically better').

**Conclusions** Although we did not demonstrate a significant improvement in quality of life of participants (possibly due to small sample size), they did appear to achieve their individual goals from the dance programme and informal feedback was positive. Our experience is that it is feasible to run a Parkinson's dance programme in a hospice and it served as a gentle introduction to hospice services for some participants. Dance programmes for people with Parkinson's disease may fit well with the idea of enabling people to live well until they die, a core part of palliative care.

P-65

#### 'FEEL GOOD SINGING': A COLLABORATIVE INITIATIVE FOR EARLY COMMUNITY ENGAGEMENT WITH HOSPICE SERVICE

<sup>1</sup>Paula Bavetta, <sup>2</sup>Jill Dean. <sup>1</sup>Isabel Hospice, Welwyn Garden City, UK; <sup>2</sup>Hertfordshire Music Service, Hatfield, UK

10.1136/bmjspcare-2017-hospice.92

**Background** Group singing has been shown to improve a sense of wellbeing and affect lung function in chronic respiratory disease (Lord et al., 2010).

**Aims** As we sought to widen our supportive day services to increase options for early engagement and encourage a wider cohort of patients with chronic respiratory and cardiac conditions, singing appeared to provide a non-threatening introduction to services.

**Method** The opportunity arose for our Living Well service to collaborate with the local council 'Music Support Service', who were tasked with widening their community engagement. Together we ran a trial offering group singing to patients and their carers with long term lung conditions. We ran an initial eight week trial of weekly sessions, recruiting from our own patients (mixed conditions), as well as local Respiratory CNS teams and Pulmonary Rehab groups, carers and self-referrals were also welcomed. The group was led by the music service facilitator (funded by the music service) supported by a member of the hospice team and volunteers, and administered by the hospice. It was hosted at our Day Hospice building.

**Results** Great fun was had by all including harmonica recitals whilst wearing nasal O2 cannulas! Review of the trial using patient survey and OACC 'Views on Care' showed that patient attendees reported overall quality of life and main concerns had improved after the course and that 100% ( $n=8$ ) of attendees felt a benefit from attending. Over 50% of attendees were not previously known to the hospice, and of those 80% had a non-cancer diagnosis. We have used the

opportunity of attendance to monitor OACC measures when required, and discuss ACP with an attendee who had declined other options for engagement.

**Conclusion** Following this initial trial the group has become a permanent component of our supportive services, and continues with the facilitator funded for the coming year.

P-66

#### HOSPICES IN HARMONY: THE COMMUNITY CHOIR PHENOMENON

<sup>1,2,3</sup>Fraser Simpson, <sup>3</sup>Ana Ambrose. <sup>1</sup>Earl Mountbatten Hospice, Isle of Wight, UK; <sup>2</sup>Nordoff Robbins Music Therapy, London, UK; <sup>3</sup>University of Southampton, Southampton, UK

10.1136/bmjspcare-2017-hospice.93

**Background** The benefits of singing have been well documented in recent years and include physical, psychological, cognitive and social benefits (Clift et al., 2008). Many hospices today offer singing activities of various kinds and this has become something of a phenomenon in contemporary hospice services. However, there is little or no research to date about why hospice singing has taken off around the country with such resounding success. The Earl Mountbatten Hospice (EMH) Community Choir (Isle of Wight) launched in January 2017, directed by the hospice's music therapist. Meeting weekly on a weekday evening, it had immediate impact, drawing in patients, relatives, staff and volunteers from the hospice community in large numbers.

**Aims** A qualitative research project is currently underway which aims to explore the subjective experiences of choir participants in order to understand better the hospice choir phenomenon.

**Methods** The project comprises a series of focus groups that are being recorded, transcribed and analysed in an effort to find out:

- What are the specific benefits for members of the hospice community of singing in the choir?
- What is the particular experience for choir members of being part of a mixed choir representing different 'groups' from the hospice community (patients, staff etc)?

**Results** The project aims to highlight the social and relational factors that improve participants' perceptions of the hospice environment and increase a sense of community.

**Conclusion** This illustrated presentation will profile the EMH Community Choir, and will outline the completed research conclusions. The implications for hospices which run (or are considering running) choirs will be explored; this will also include reflections on how the choir has impacted on the life of the organisation, and an examination of the skills needed to run a successful hospice choir.

P-67

#### ROOM TO ROOM: A MUSIC CARE PROGRAM IN CANADIAN HOSPICE PALLIATIVE CARE

Bev Foster. Room 217 Care through Music, Toronto, Canada

10.1136/bmjspcare-2017-hospice.94

**Background** Music is a means of improving quality of life and care for persons who are dying. In Canada, there are less than 30 dedicated palliative music therapists in a population of 35 million. Room to Room (R2R) is a music care program