

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.

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

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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.

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HOSPICES IN HARMONY: THE COMMUNITY CHOIR PHENOMENON

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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.

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

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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