

P-70 WHAT'S IN A MESSAGE?Elaine Pugh. *Woodlands Hospice AUH Campus, Liverpool, UK*

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Background Woodlands Hospice Family Support Team has been working with patients, their families and friends, encouraging them to find comfort and strength by documenting their thoughts and feelings in the form of prose, poetry or letters. Many of these personal reflections have been inspirational. The team has been investigating ways to share these writings in order to offer words of encouragement, inspiration and solace to others.

Aims To provide resources which:

- Provide a calm, quiet, accessible environment which enables reflection.
- Recognises cultural and spiritual diversity.
- Respects individual preference for anonymity.
- Offers an inclusive approach which engages people, including children and young people.

Methods The following resources were made available in the hospice 'Quiet Room':

- A 'Thoughts, feelings and words' scrap book, with colourful designs encouraging people to write or read.
- A 'Poetry Pot' with paper scrolls and examples of poetry to enthuse creativity and self-expression.
- A 'Message Tree' with a selection of nature-inspired shapes to write on and either take home or hang on tree branches for others to read.
- 'One word stones' to be decorated and taken home or placed in a basket for others to gain support from.

Results Participants from a broad range of ages and backgrounds have taken part in the project and the majority of those have chosen to sign their work. Children and young people have developed the resources, illustrating their writing with art. Feedback indicates the 'Quiet Room' is providing a warm, relaxing safe space, which encourages expression and reflection. The project also encouraged communication with people who may not have ordinarily accessed Family Support Services.

Conclusion The 'What's in a Message' project has:

- Provided opportunities for people to inspire, support and comfort each other.
- Enabled people to release their emotions.
- Highlighted just how much we respect and value thoughts and feelings.

P-71 CREATING A LEGACY FRAME PROJECTWendy Ashton. *EdeValley Hospice, Carlisle, UK*

10.1136/bmjspcare-2017-hospice.98

Background Legacy work isn't about death and dying, it's about life and living. It's about making connexions and sharing precious moments with the special people in your life. It can be a means of moving on, not only for you, but for the people around you. Leaving a legacy frame gives your loved ones something to hold on to, something that can provide healing and comfort. It's a reminder of who you were, what you loved, what was important to you and what contributions you have made.

Aim To enable and support patients to participate in a creative legacy frame project and offer psychological and emotional support.

Methods Verbally interviewed patients and the wider MDT about their thoughts on the creative arts project.

Feedback was positive.

Pilot frame completed by social worker.

Developed a four session programme on a once a week basis. Each session to last approx 1.5 hours.

Ratio of staff to patients is 1:1 or 1:3 in a group setting.

Referrals can be made by any member of the palliative care team.

Results Participants felt a personal self fulfilment as it is a short-time-limited project that they can manage within the timescales of their illness. The project was held in the Hospice setting and had very positive outcomes. The participants reflected on life with emotional support from social worker. The participants had a completed frame to keep and take home.

Conclusion Studies have shown that socialising with people face-to-face can help reduce depression, anxiety, insomnia and feelings of loneliness. Art and creative work are a vital human activity and integral to a good quality of life (Shaw, 1999). The project has encouraged people to reflect on life and given them a unique opportunity to process the events in their lives and the people who shaped it in the format of a frame.

P-72 THERAPY REQUESTS: DEVELOPING CREATIVE ARTS THERAPY SERVICE IN A CHILDREN'S HOSPICEJane O'Neill. *Demelza, Hospice Care for Children, Sittingbourne, UK*

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Background Designing tea towels, making thank-you cards and playing the flute at an AGM were all once tasks for the therapists at Demelza. We moved from misunderstood perceptions of our roles to develop a team of innovative and high quality creative arts therapists that provide emotional and well-being support to babies, children, young people and whole families that access Demelza services. All of the art, drama and music Therapists are educated to Masters Degree level and are registered with the Health and Care Professionals Council.

Aims To design, develop and implement a team of qualified, professional therapists, delivering a reliable and consistent service that is driven by clear targets with defined outcomes. To enable emotions that are too difficult to put into words to be expressed through art, music, play and drama.

Methods

- Creating key objectives with measurable and targeted outcomes
- Developing new roles in the team; honorary affiliate music therapists and musician and artist in residence in order for the craft activities gap to be filled
- Work in Their Shoes – being proactive in communicating opportunities to staff members across the organisation to experience a music/art therapy group and also providing updates and reviews electronically
- To create a menus of services to define sessions such as, referred individual sessions, workshops, scheduled group sessions such as Saturday morning music

- Team development through away days and regular team meetings.

Results Increased sessions are being delivered each month, communication has improved amongst staff, families can self-refer for therapy services and positive employment outcomes for the musician and artists in residence.

Conclusions Following structured sessions provision, the therapy team have now developed the Summer Therapeutic Arts programme that is in its second year. Therapy services now play a major part of the hospice care.

Generating research, knowledge and outcomes

P-73 FROM BLACK AND WHITE DATA TO HIGH DEFINITION INTELLIGENCE

Pauline Flanagan, Steve Ledoux. *Douglas Macmillan Hospice, Stoke on Trent, UK*

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Background Lack of impactful data in the hospice sector is widely recognised (NHS England, 2017) and many hospices struggle to evaluate the true cost of care. Based on hard facts, this hospice has striven to develop meaningful intelligence to strengthen our position within the local healthcare economy by emphasising the difference we make to our local population.

Aims Our aims are as follows:

- to refine a mountain of data into useful intelligence
- to communicate effectively
- to evidence our impact on our local community
- to justify our inclusion in high level discussions around EOL care and provision of palliative care (National Palliative & End of Life Care Partnerships, 2015).

Method The following tools and skills are essential:

- Electronic patient notes
- Ability to analyse data
- Advanced Excel training
- Use of the OACC measures
- Ability to convert data to intelligence
- Ability to communicate effectively
- Use of population-based intelligence e.g., current data from ONS and NEoLCIN.

Data are scrutinised monthly to identify anomalies. Comprehensive quarterly reports are sent to the CQC and commissioners. Annual analysis highlights trends e.g., impact of local demographics; proportion of non-cancer patient referrals; reduction in hospital deaths.

Results Top level intelligence being shared with the CCGs

- The cost estimates used in the EOL tender process were too low
- Of all the cancer deaths in our area over the past year, 84% had been referred to the hospice
- All patients identified as palliative had been referred to the hospice
- Increasing numbers of EOL patient are being transferred from hospital
- Increasing numbers of in-patient admitted within two days

- The true cost of care bands can be evaluated.

Conclusion Communication based on robust data is paramount to the survival of hospices. Feedback from our commissioner was 'The hospice makes an invaluable contribution to the Staffordshire Hospices Clinical Quality Review Meeting sharing experiences and making positive suggestions and providing support to both commissioners and other Staffordshire Hospices.' (Douglas Macmillan Hospice, 2017)

P-74 FUTURE CARE PLANNING: A WIDER HORIZON FOR ELECTRONIC PALLIATIVE CARE CO-ORDINATION SYSTEMS EPACCS

^{1,2}Steve Plenderleith. ¹Rowans Hospice, Waterlooville, UK; ²Southern Health NHS Foundation Trust, Hampshire, UK

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Background The poster will provide an overview of the Future Planning Project which has achieved nearly 50 000 patient Future Planning records, in its first year, accessible to all urgent care services via the Summary Care Record; at a cost of £160 and time. Future Planning uses clinical systems and information sharing agreements already in place across Hampshire, Portsmouth, Southampton and East Berkshire, to best effect. General Practice staff record information in their own GP clinical system which is automatically uploaded to the Summary Care Record and Hampshire Health Record. It is then easily visible to all community teams, 111, South Coast Ambulance Crews, Out of Hours services, ED and MAU staff.

Method Presented in the form of pictures to show the structure of the Future Planning template and the information flows that now take place across Hampshire. It will also include shots of the www.futureplanning.org.uk website and of the 'My Wishes' self complete patient leaflet. It will also outline the future work planned to widen the scope of the Project both to increase local uptake and ideally to cover more CCGs and counties.

Results Will be in the form of graphs that we produce monthly showing, per CCG, the number of GP practices using the Future Planning template, which individual pieces of info/code are being uploaded and the number of accesses to the Summary Care Record by each Trust across our rollout area. Our first success has been a Parkinson's disease patient who achieved her wish of becoming a brain donor!

P-75 SPELLS OF CARE COULD WORK MAGIC IN THE COMMUNITY...

Janice Penman. *Isabel Hospice, Welwyn Garden City, UK*

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Background In palliative care, objective measurement of our clinical effectiveness has always been an area of concern. An ongoing, ever increasing demand for specialist palliative care community services means that managing caseloads can be a challenge. We therefore need to ensure that patients with specialist palliative needs can access the service in an appropriate and timely manner. There is very little literature or evidence