• To remove barriers to accessing hospice services.

**Aims** Empower palliative care patients to maximise their physical activity in order to promote an ongoing active lifestyle and develop resilience in managing the impact of their condition.

**Method** Paced Rehabilitation and Enablement Programme (PREP) is a community-based service at Willen Hospice funded by a grant from St James’s Place Foundation and was developed in partnership with the local council and secondary care. PREP is an 8–12 week programme delivered within a gym setting by a clinical team consisting of physiotherapy, occupational therapy, nursing and a gym instructor. The weekly two-hour programme includes exercise and education underpinned by an individual goal orientated ethos. The programme utilises a range of outcome measures to identify goals, progression and evaluate the overall impact of the service.

**Results** Of the eight patients who have so far completed the programme:

- all have achieved their goals
- all have improved their physical performance (Mean ‘3 metre timed up and go’ increase of 5.8 s; Mean ‘sit to stands in 1 min’ increase of 67%)
- all are engaged in ongoing physical activity and participating in valued roles of their everyday life (country dancing, fishing and gym memberships)
- three patients want to return as volunteers to support other patients.

**Conclusion** We believe PREP is an ideal opportunity to empower palliative care patients to stay active for longer and to regain their sense of value and confidence and could be replicated across palliative care settings.

**P-149 EFFECTIVENESS OF PALLIATIVE CARE INTERVENTIONS OFFERING SOCIAL SUPPORT – A SYSTEMATIC REVIEW**

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**Background** Social support is a necessary resource for good quality of life, particularly for individuals managing the psychological challenges of living with a life-limiting illness. Qualitative evidence describes social support obtained during palliative care interventions as valuable to the patient and beneficial to their wellbeing. Improving the quantitative evidence base is necessary to develop the application of economic evaluation in palliative care.

**Aim(s)** This systematic review aims to summarise existing quantitative evidence on the effectiveness (and cost-effectiveness) of interventions offering social support to individuals with life-limiting illness.

**Method** Research literature was identified through searching of electronic databases, reference picking and hand searches of key journals. Searches returned a total of 6247 unique titles of which sixteen were eligible for inclusion in this review.

**Results** Identified interventions included group therapies, group multidisciplinary interventions, and palliative day care. Outcome measures and study designs were heterogeneous. There was very limited use of economic evaluation. Statistically significant results were reported in areas including quality of life, mood disturbance, pain experience and symptom control. Benefits were frequently short term or influenced by participant characteristics (age, gender, baseline distress). Methodological limitations included attrition rates, insensitivity of outcome measures, and difficulties in capturing a true baseline.

**Conclusions** Although benefits in both psychological and physical domains were identified from palliative care interventions that include an element of social support, methodological problems and a scarcity of research has resulted in limited evidence of sustained benefit or cost-effectiveness. Existing evidence suggests that social support interventions may be more beneficial to some groups of patients than others.

**P-151 HUMAN RIGHTS IN END OF LIFE CARE: DEVELOPMENT AND IMPLEMENTATION OF A PRACTITIONER’S GUIDE**

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**Background** There have been many reminders of losing sight of our humanity when delivering health care: the Mid-Staffordshire Enquiry (2013) and Winterbourne View (2012). The Care Quality Commission’s new approach and the End of Life Care Education Framework for Scotland, are based on human rights principles.