displayed alerting patients and families. Patients were invited to participate by their key worker. Full explanation was given to participants, with consent obtained prior to filming. Patients without capacity were excluded but their relatives included. The Clinical Lead had increased visible presence during the 13 weeks filming across clinical areas ensuring equal access to patient stories.

**Results** Some clinical staff were reticent, acting as gatekeepers, impacting on opportunities for patients and families, addressed by Clinical Lead’s presence. A surprising number of families showed a willingness to talk at intense critical moments in their journey.

Families have valued the lasting legacy this has provided. ‘If filming highlighted to others what services are provided I feel it has been of benefit’ (Patient)

**Conclusions** Patients and families value telling their stories and feeling heard. Barriers to participation of patient involvement have reduced as clinical awareness of therapeutic benefits has grown.

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**P-25 FIVE MINUTES OF FAME: THE PSYCHOSOCIAL IMPACT OF MAKING A TELEVISION DOCUMENTARY**

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**Background** Between January and April 2018, a television production company began filming a 13-week documentary exploring hospice care which aired from May 2018.

**Aims** During filming – explore the impact of film crew on patient/family experiences. During broadcast – support participating families featured in the documentary, ensuring the safety and follow-up of patients and bereaved families.

**Methods** Patients, carers, staff and volunteers from a selected hospice were approached about filming and offered an opportunity to tell their story. In addition, disclaimers were placed around the hospice with full explanation of the process. Contact details of all featured in the documentary were collected throughout the filming process. Our Communications Team had some editorial control reviewing each draft episode, creating a working plan of patients and families involved in the documentary. Patient stories.

**Results** Film crews were sensitive when approaching patients and did so with full consent. All patients and families who consented were keen to tell their story and play a part in the documentary. However, occasionally there was a sense that the presence of cameras changed the nature of the interaction with patients and their relatives. Occasionally, this meant scenarios were ‘staged’ with some conversations needing to be repeated. For patients filmed during the documentary who subsequently died, families were grateful for forewarning of the broadcast. Most families declined the offer of private screening, although many stated they would record the episode to watch later. Private screenings enabled staff to pick up bereavement risks resulting in onward referral to counselling services.

**Conclusion** Filming in the hospice environment needs to be handled extremely carefully and sensitively with great consideration and support given to families whose loved ones subsequently die.