

assistants' understanding of other HCPs' roles highlighted the need for further education in this area.

**Conclusions** Whilst rehabilitation is not new to palliative care, the findings suggest this approach is going through a developmental and formalisation process. Increased interdisciplinary team working and further training in rehabilitative palliative care for hospice staff would be beneficial to embedding this approach in hospices. The findings show that healthcare assistants, who provide a large proportion of patient 'hands on care', would particularly benefit from additional training to incorporate rehabilitative palliative care into their practice.

### P-132 LET'S FOCUS ON REHABILITATION

Nicola Parkes, Richard Fisher. *Trinity Hospice and Palliative Care Services, Blackpool, UK*

10.1136/bmjspcare-2018-hospiceabs.157

Our inpatient unit has had physiotherapy skills for over 10 years, however, we wanted to expand our services from 4.5 days to a seven day service, to assist the rehabilitation of our patients, to promote independence and to enable patients to increase confidence leading to reduced length of stay and facilitating safer discharges.

An opportunity arose from the departure of our OT to review the clinical team make-up of our inpatient team and the services they can provide. Our health care assistants (who hold an NVQ3 in care) wanted to develop themselves and learn new skills, so we developed the NVQ3 rotation programme in partnership with our physiotherapist. A three-month rotation is offered in which the staff learn new skills around assessment of mobility, choice and use of equipment, rehabilitation exercises, facilitate an exercise group and undertake a prescribed exercise regime. The rotation covers the inpatient unit and day therapy suite to develop the skill set of the staff. During the programme the staff have a comprehensive workbook to complete which tests their understanding and skill set.

All of our NVQ3 staff have completed the rotation, enabling joint partnerships with our physiotherapist, patients and families. The physiotherapist provides a detailed management plan that our NVQ3 assistants can invoke; this has moved the service over to seven days and has facilitated greater understanding, enhanced assessments, joint working externally to enable our physiotherapist to develop relationships with community occupational therapist, greater access and reduced waiting times.

### P-133 IS A THERAPY LED REHABILITATION FOR WELLBEING SERVICE APPROPRIATE WITHIN A HOSPICE SETTING?

Anne English, Catherine Bristow, George Obita, Lucy Carter, Sarah Haynes, Nikki Sawyers. *Dove House Hospice, Hull, UK*

10.1136/bmjspcare-2018-hospiceabs.158

**Background** Physical function and independence are important for patients with advanced illness and evidence suggests that maintaining autonomy, dignity, control and a sense of normality are priorities for them (Tiberini & Richardson, 2015).

**Aims** A recent benchmarking exercise demonstrated that our hospice needed to develop an earlier approach to

rehabilitation (Tiberini & Richardson, 2015). Therefore, a Rehabilitation for Wellbeing Project was developed at Dove House Hospice in Hull aiming to:

- Identify patients earlier in their palliative pathway, raise awareness and improve accessibility to hospice care
- Demonstrate a rehabilitative approach that promotes physical function, confidence, independence and psychological well-being
- To show benefits to patients' and carers' wellbeing through audit
- Educate staff on the benefits of a rehabilitative approach to personalised patient care.

**Method** The group operates twice weekly for six weeks, offering educational and physical activities and is delivered by an experienced therapy team, assisted by volunteers. Educational topics include fatigue, breathlessness, mindfulness, nutrition and the benefits of exercise. Patients identify personal goals and share their experiences. Validated tools have been used to record outcomes, e.g. MYCAW (Measure Yourself Concerns and Wellbeing) and NRS (Numeric Rating Scale).

**Results** Referrals have been received from all health professionals and self-referrals were also accepted. Participants so far have given fantastic feedback with improvements in confidence, self-esteem, mood, physical function and quality of life.

**Conclusion** This innovative project has rejuvenated rehabilitation in palliative care within the hospice.

**Future plans** The group has evaluated exceptionally well so far and Dove House Hospice will continue to fund the rehabilitation for wellbeing project after the original project funding has ceased.

### P-134 DEVELOPING AND EVALUATING PALLIATIVE REHABILITATION IN AN IN-PATIENT UNIT (IPU) SETTING

Samantha Atkins, Faye Chappell, Polly Traxler. *The Hospice of St Francis, Berkhamsted, UK*

10.1136/bmjspcare-2018-hospiceabs.159

**Background** There is a large body of evidence demonstrating the benefits of palliative rehabilitation for hospice patients. Physical function and independence are high priorities for patients living with advanced illness enabling them to maintain their autonomy, control and dignity (Tiberini & Richardson, 2015). As well as benefitting patients, a rehabilitative approach also offers health economic benefits for the organisation (Tiberini & Richardson, 2015). This approach is well established within our outpatient setting but the multi-disciplinary approach on the in-patient unit (IPU) was recognised as being less focussed on patients' goals and priorities. The benchmarking document (Hospice UK, 2015) was subsequently used to help identify areas for short and long term development on the IPU.

**Aim** To evaluate the introduction of a more integrated rehabilitative approach to patient care on an In-patient unit.

**Methods** Between April – June 2017, activities included a literature review, service mapping, benchmarking, training of nursing and medical staff on rehabilitative techniques, and the Rehabilitation Team on new processes for initial patient assessments.

From July 2017- June 2018, 'quick fix' operational changes were implemented and there was liaison with the leadership team to consider future strategies for rehabilitation. Supporting