

(range 0–14) and twice in their last twenty-four hours (range 0–5). Hyperglycaemic episodes were recorded on two occasions and a hypoglycaemic episode was recorded once. Of those patients on oral agents (five) these were stopped between 48–120 hours before death. Of patients on insulin (four) all patients had injections in their last 24 hours of life.

Conclusion Patients with diabetes make up a significant proportion of palliative populations. We currently are not discussing with patients about how best to manage their diabetes, resulting in numerous blood sugars tests, high and low blood sugars and a significant medication burden.

0-17 SEARCHING FOR THE HOLY GRAIL? EXERCISE AND NUTRITIONAL REHABILITATION (ENeRgy) IN PATIENTS WITH CANCER

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10.1136/bmjspcare-2018-hospiceabs.17

Background Rehabilitation is advocated as an essential component of palliative care (Tiberini & Richardson, 2015) and is increasingly being adopted throughout various care settings. However, data on efficacy and key components of rehabilitation are lacking (Salakari, Surakka, Nurminen *et al.*, 2015). There is a persuasive argument that any rehabilitation programme should combine exercise and nutrition, which together may improve physical function and quality of life, but this needs to be assessed (Payne, Larkin, McIlfatrick *et al.*, 2013; Chasen, Bhargava, MacDonald, 2014). The ENeRgy trial will compare an Exercise and Nutrition based Rehabilitation programme with standard care, in patients with advanced cancer. The trial is funded by Marie Curie and the Chief Scientist Office.

Aims The primary aim of the ENeRgy trial is to assess the feasibility of an Exercise and Nutrition based Rehabilitation programme. Secondary aims will assess patient and partner-carer quality of life measures, functional and nutritional status, contamination of the control group and health economic impact.

Methods A single centre, randomised (1:1), unblinded feasibility trial is underway. Patients are randomised to receive an exercise and nutrition based rehabilitation programme (intervention) or standard care (control). Eligible patients meet the following criteria: >18 years; Karnofsky Performance Status >60; have incurable cancer; not currently undergoing anti-cancer treatment (bisphosphonates and hormone therapies are permitted).

Results The trial is recruiting until February 2019. Preliminary results are encouraging with 16% recruitment and 20% attrition rates. Patients are tolerating the individualised rehabilitation programme and positive feedback is emerging in terms of patient centred outcomes.

Conclusions The ENeRgy trial is a key step in defining, developing and assessing the feasibility of an outpatient, hospice based rehabilitation programme in this patient cohort. The results of this feasibility trial may pave the way for a wider, multi-centre trial to generate high quality evidence for rehabilitation in advanced cancer patients. This research has the potential to further guide the evolving arena of Rehabilitative Palliative Medicine.

0-18 VIRTUAL REALITY DISTRACTION THERAPY IN PALLIATIVE CARE: A FEASIBILITY STUDY

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10.1136/bmjspcare-2018-hospiceabs.18

Background The rapid development of technology creates opportunities to improve the delivery of healthcare. An example of a technological innovation with the potential to improve palliative care is the use of virtual reality (VR) (Bower, 2014). Previous studies have demonstrated that virtual reality (VR) is beneficial in certain situations (such as distraction therapy for pain management) and there some examples of use in hospices (Bower, 2014; Chirico, Lucidi, De Laurentiis, *et al.*, 2016; Mahrer & Gold, 2009; Sharar, Miller, Teeley, *et al.*, 2008). However, to date there is little data in the literature concerning the potential benefits of VR therapy in palliative care.

Aim This project will determine the feasibility of using VR distraction therapy in specialist palliative care hospital and hospice inpatient settings.

Method This project will be conducted according to the Plan, Do, Study and Act (PDSA) quality improvement cycle. Samsung Gear VR headsets will be used to deliver the VR experience. Participants will be recruited from the Marie Curie Hospice Liverpool and the Academic Palliative Care Unit of the Royal Liverpool University Hospital. Participants will select videos from a curated content library and will be interviewed following completion of the VR session. Information about the patient experience, length of VR sessions, content choice and adverse effects will be recorded. This project is part of the Royal Liverpool and Broadgreen University Hospitals NHS Trust Global Digital Exemplar (GDE) programme and will be conducted over two months.

Expected outcomes The outcomes from the VR evaluation will help to develop future research, to study how VR can improve patient experience and support clinical care. Specifically, future work can examine whether VR-based distraction therapy can improve the symptom management for patients undergoing procedures. The outcomes of this project will be used to develop policy to support the wider adoption of VR in other hospital departments and hospices.

Parallel session 6: Care settings and service design

0-19 COMMUNITY VOLUNTEERING IN ADULT HOSPICES: ANALYSIS OF THE EXTENT, BENEFITS AND BARRIERS

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10.1136/bmjspcare-2018-hospiceabs.19

Background Hospice volunteers have become increasingly involved in supporting patients, families and carers in the community. There is little known about the extent, structure and benefits of such services, or of barriers to development. Hospice UK undertook a mapping survey as part of a larger project.