

charities meet bi-monthly to discuss the progress of the needs assessment and consider how to work more closely together. Engagement activities for the needs assessment have included members of the public, patients and carers, schoolchildren, community groups, public and private health care providers, nursing home staff and residents with their families.

Conclusions Many of the issues encountered are similar to those in other settings and proximity does not always lead to closeness although personal connections are an advantage. There is some consistency so far in the views of participants that we aim for the right care, in the right place at the right time, although the small island setting presents some unique challenges.

P-182 USING THE MODEL FOR IMPROVEMENT TO REDESIGN DAY THERAPY SERVICES

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Background A review of Day Therapy (DT) services was required due to the challenges of increasing numbers of people with complex multi-morbidity needing services over a longer time period (Commission into the Future of Hospice Care, 2013). A need to provide more diverse and flexible services, able to meet the needs of a wider range of people was identified through service evaluation and user feedback. Transformational changes to services can be challenging to embed and maintain and the use of a framework can enable effective and sustainable service improvement (NHS England Sustainable Improvement and Horizon's Team, 2018).

Aims

- To evaluate the current model of day therapy
- To identify changes required to ensure services remain appropriate for our current and future patient population
- To use a service improvement framework to ensure changes are embedded effectively and sustained.

Methods The Model for Improvement (ACT Academy, 2018), was used by the DT staff team as a basis for redesigning and implementing the changes required. This model starts with three key questions, including 'what are we trying to accomplish?', followed by a Plan, Do, Study, Act (PDSA) cycle, allowing for continual analysis and improvement. The 'Fresh eyes' redesign tool was also used to facilitate viewing the redesign from the perspective of people using the service.

Results

- Evaluation of current service completed – identified elements that work well and those that are less effective
- Identified shared purpose for DT services: 'To provide a range of rehabilitative, holistic outpatient services to those with a variety of life-limiting conditions in a format that is individualised and flexible.'
- Identified proposed service changes, including outcome measurement and used PDSA cycle to implement
- Studied impact of changes using OACC data, attendance figures, user feedback.

Conclusion The Model for Improvement was an effective tool for planning and implementing change within the DT setting. It ensured focused planning and careful study which led to successful implementation of service improvement.

P-183 USING IPOS TO EVALUATE THE IMPACT OF DAY THERAPY SERVICES

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Background Outcome measures are designed to capture changes in health status as a consequence of clinical interventions (Witt, de Wolf-Linder, Dawkins *et al.*, 2015). Measuring outcomes in palliative care can be challenging due to the progressive nature of the diseases people accessing services have. The OACC suite of outcome measures (Witt, de Wolf-Linder, Dawkins *et al.*, 2015) has been in use in Day Therapy since 2015, in particular the Integrated Palliative Care Outcome Scale (IPOS) (<https://pos-pal.org/>).

Aims To audit the use of IPOS outcome measures in a day therapy setting. To assess the differences in reported IPOS scores between cancer and non-cancer patients. To evaluate any changes in IPOS scores between the beginning and end of Day Therapy sessions.

Methods A retrospective audit of the data all patients attending day therapy between March 2017 and January 2018 was completed and the following data was extracted from an electronic patient record database:

- Patient age
- Diagnosis
- Gender
- IPOS scores recorded for all Day Therapy attendances
- Dates of all Day Therapy attendances.

These data were then analysed using Excel spreadsheets.

Results Between March 2017 and January 2018:

- 600 IPOS measures were completed by 112 different patients
- 53% of patients had a non-cancer diagnosis
- 28% of IPOS had one or more values missing
- The mean total IPOS score for cancer patients was 22.9
- The mean total IPOS score for non-cancer patients was 29.1
- Improvements were seen over time in all psychosocial, spiritual and practical domains of the IPOS
- Scores on the physical domains were maintained over time.

Conclusion A significant proportion of IPOS were not fully completed. Non-cancer patients scored on average higher than the cancer patients. Day Therapy appears to have a positive impact on psychosocial domains and maintains physical symptoms, which may be surprising given the progressive nature of the diseases those attending have. Methods to ensure completion of IPOS need to be identified.

P-184 CREATIVE GROUP LEGACY PROJECT

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Background Previous creative groups had been focused on creative exploration and distraction, however, it was decided that the focus of the creative groups should be more therapeutic, utilising the skills of the Occupational Therapists (OTs) and enabling patients to explore memories, thoughts and feelings. A new six-week legacy project was developed to enable patients to do this.

Aims

- To develop a six week OT-led therapeutic creative group, based on creating a legacy frame
- Enabling patients to use creative activities to explore significant life events
- To evaluate the group using an outcome measure and patient feedback.

Methods A legacy project was developed that explored therapeutic aims. Patients were invited to select a theme for their project and bring meaningful items to the group to use in their box frame. The FACIT Spiritual Well-Being (FACIT-Sp) and a non-standardised outcome measure were selected to evaluate the group.

Results Five patients completed the group, one dropped out as they felt unable to cope with the emotions they experienced and one patient died while completing their project. Patients chose legacy projects around topics of travel, career achievements, family, marriage and hobbies. Themes explored through facilitated group discussion as part of the project included: grief, living with a life-threatening condition, death of parents, divorce, anger, reconciliation, children, self-esteem, fear of trusting others and guilt.

Patient feedback from the sessions included quotes such as *'I feel safe to be me, to discuss and express how I am really feeling'*

'very inspired'

'I would like my family to know more about me'

FACIT-Sp demonstrated little or no change.

Conclusion Qualitative feedback was most helpful in demonstrating the impact of the group. A different outcome measure may have been more sensitive to change. The group provided a safe space to explore difficult topics.

P-185 EVALUATING THE IMPACT OF A CAFÉ STYLE SOCIAL DROP IN GROUP

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Background It is estimated there are 1.2 million lonely older adults in the UK (Campaign to End Loneliness). Increasing numbers of patients who were completing their day therapy programme reported they felt isolated and wished to continue linking into the hospice. As part of restructuring of Day Therapy it was recognised that social isolation was impacting patients at the hospice. A café style drop-in group was introduced which runs weekly.

Aims

- To introduce a café style social drop in group
- To evaluate the group using an outcome measure and patient feedback
- To reduce social isolation in patients attending the group
- Use the café as way to introduce people to the hospice.

Methods We introduced a therapy assistant and volunteer-led café for patients and their friends/families. Volunteer transport was available. The De Jong Gierveld Loneliness Scale (long version) (DJGLS) outcome measure was selected to evaluate the group and is completed as a weekly questionnaire by attendees. Qualitative feedback was also gained from the attendees.

Results An average of 16 people have attended the group on a weekly basis. The majority of people attending come each week, however for some people attending it has been their first contact with the hospice. More than 80% of the attendees are men. As the service is new, we do not yet have sufficient data from the DJGLS to statistically analyse, however, this will be completed by November 2018. Feedback from patients is positive and includes:

'I always love coming here, I go home refreshed with the love'

'Fantastic to look forward to each week'

'Supportive'

The cost per session, has been calculated at £71, approximately £4.50 per person attending.

Conclusion The group has provided a low cost, 'light touch' social support service. Qualitative feedback has suggested that the group is providing appropriate support.

P-186 SETTING OFF ON OUR JOURNEY TO WIDER AND EARLIER HOSPICE ENGAGEMENT

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Background Our statistics showed that the average length of time from referral to death in March 2017 was 1–2 months. This represented too many patients missing out on support and planned end of life care. We hypothesised that by engaging with more people, earlier we might reduce the stigma around engagement with hospice services.

Aims Our aim was to increase the number of people accessing the Living Well Services over a six-month period.

Methods After considering which activities attracted more referrals and listening to our users we relaunched our original day services as 'Living Well Services'. The programme of activities offered was enhanced to offer more of our popular activities such as physiotherapy supervised exercise groups, Fatigue and breathlessness courses, Creative Cafes, singing and Tai Chi. We used community collaborations to deliver some of these activities. We also complemented our day service with a support group for patients with complex neurodegenerative conditions. We presented our new service to community colleagues, targeting disease specific groups such as pulmonary rehab courses where we delivered education on 'Living with Long Term Conditions', the Heart Failure CNS team at the acute trusts, as well as pre-established links with the local Navigator for Complex Neuro. We also opened all our Living Well services to self-referrals and improved our website to encourage engagement.

Results Over the period October 2017 to March 2018 the total number of attendances at the Living Well services increased from 340 to 667 representing a 96% increase. This included seven self-referrals. The caseload increased from 131 to 186, a 42% increase. Our non -cancer referrals increased from 38% in October 2017 to 48% in March 2018.

Conclusions We will review first referral to death times in a year to confirm that the significant increase in earlier engagement carries through.