

Aims To promote the importance of sharing experiences from a patient perspective. To promote therapy-led groups in hospices and perceived patient benefits.

Methods Therapists and therapy assistants facilitate wellbeing groups to promote self-management of symptoms. Topics include mindfulness, managing breathlessness, falls prevention, managing fatigue, anxiety management and relaxation (Royal College of Occupational Therapists, 2011). Whilst education was the initial driver for sessions, patients have provided narrative feedback which indicates deeper psychological and emotional benefits. Verbal feedback was gathered by facilitators on an informal basis at the end of sessions and recorded in writing.

Results Patients identified making connections with others they had not spoken to before in day therapy. The sessions provided space for new conversations and offered reflective time. Patients identified that sharing their frustrations within the group felt therapeutic and cathartic. Peer support was found to be invaluable in helping individuals to manage their palliative condition.

Conclusion/recommendations Wellbeing groups will continue in the day therapy programme at LOROS as patients benefit from being able to share their experiences with their peers. Therapists will share the above findings with colleagues and explore ways of facilitating groups for the wider patient group who may not attend day therapy.

P-190 TRANSFORMING PALLIATIVE DAY SERVICES TO IMPROVE ACCESS AND QUALITY FOR PATIENTS, CARERS AND STAFF

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Background Pressures on hospice resources are ever increasing and innovative approaches to service provision are needed to meet demand in a timely manner while maintaining a quality service (National Palliative and End of Life Care Partnership, 2015; National Institute for Health and Care Excellence, 2017). Following service feedback and literature review we reconfigured day services to run a closed self-management group for patients with fatigue, anxiety and breathlessness, to create capacity and enhance patient experience (Galdas, Fell, Bower *et al.*, 2015; Bradley, Frizelle & Johnson, 2011; Low, Perry & Wilkinson, 2005). We are evaluating the effect of this on patient satisfaction and service delivery.

Aims Evaluate effectiveness of service transformation from individual breathlessness management clinics to the delivery of closed, interdisciplinary, mixed diagnosis, self-management groups for patients and carers.

Methods October to December 2016: Literature review, feedback analysis, service review, model design, internal consultation, marketing and recruitment, patient information pack created. January 2017: Pilot group. February 2017: Commenced delivery of FAB group. IPOS was used as an outcome measure alongside a non-standardised patient feedback form. Early 2018: Results were analysed after one year of repeated programmes.

Results Increase in patient contact hours from 80 to 441 hours annually, 220.5 hours per staff member, a 176% increase. Broadened service provision to address more diverse conditions, with a 125% increase in contact time per patient. Interdisciplinary working enabled staff up-skilling and multi-professional support for patients. Qualitative feedback (non-standardised

form): 100% positive from patients, carers and partner organisations/referrers. Quantitative feedback (IPOS): limited and biased due to attrition and response shift. 'Views on care' was added following one year analysis, as a further evaluation tool.

Conclusions Interdisciplinary groupwork offers many benefits to service users and palliative care providers in terms of expanding service provision and enhancing patient experience within limited resources. Quantitative outcome measurement in educative palliative care programmes is problematic and evaluation of tools from the OACC suite is ongoing.

P-191 DO NURSE-LED PALLIATIVE CARE CLINICS HAVE A PART IN THE CHANGING WORLD OF HOSPICE CARE?

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Aim As part of our hospices' initiatives to respond to the challenges of meeting patients needs within today's healthcare environment, the Hospice Outreach Team (HOT) set up a project to investigate if nurse-led palliative care clinics are effective in improving efficiency and coordination of services whilst promoting the 'living well' concept of rehabilitative palliative care compared with the parallel traditional model of nurse home visits and medical clinics offered as part of the hospice day services.

Method In March 2018 the HOT set up a weekly clinic in the hospice day unit staffed by the specialist palliative care nurses alongside traditional medical clinics for support. Inclusion criteria is aimed at patients with a functional status of 1-2 for initial consultation, follow up, or carer support. Evaluation is taking place through qualitative and quantitative data collection including nurse and patient surveys.

Results Evaluation of six months data will be available for the final poster submission. Anecdotally clinics have provided opportunity to address patient symptoms and put support in place for both patients and carers effectively. Patient questionnaire review has shown that the clinic is well received and has helped to dispel myths and concerns about coming to the hospice building. An additional aspect of clinic benefits include the location providing access to other members of the multi-disciplinary team and the majority of patients have been discharged to other hospice services.

Conclusion/recommendations Qualitative indications are that the clinic provides a good arena for introducing patients to the hospice, maximising the potential for its services in enabling them to 'live well'. The contact with the outreach team may also make care more seamless when home visits are required. Ongoing evaluation will continue to show how these clinics can develop to support the challenge the hospice faces in shaping its services.

P-192 FROM SILO TO COLLABORATION: DEVELOPING A TRANSITION PALLIATIVE CARE MULTI-DISCIPLINARY TEAM MEETING

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Background Nationally there is a lack of support for young adults with chronic, life-limiting illnesses in transition from