

Methods The Post CCT Fellowship scheme was advertised online as an innovative attempt to improve recruitment and collaborative working between primary and secondary care.

Results Two newly qualified GPs were recruited. Both GPs were employed in a local GP practice and worked one session a week at the hospice. The scheme provided funding for postgraduate education. One GP has completed a Postgraduate Diploma in Palliative Medicine and the other has completed the Postgraduate Certificate in Palliative Medicine. The roles have covered inpatient and community palliative care. The collaboration has supported the hospice strategy of addressing inequity in palliative care access for people with dementia and heart failure. One GP has taken a leading role towards improving primary care training and education.

Conclusions The GP Fellowship Programme has improved patient management for patients within North East Essex and enhanced GP development. These skills will be cascaded to GP colleagues via a GP Community of Practice and formal GP education. Both posts have led to successful permanent recruitment in local primary care.

P-227 STIMULATION THROUGH SIMULATION

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Can the use of a mannequin help hospice nurses retain competence in seldom used clinical skills?

Background Simulation is widely used to teach healthcare professionals end of life care communication skills (Smith, Tamara, Macierira *et al.*, 2018, cites 30 such studies) and the use of simulation is becoming commonplace in undergraduate nurse programmes (Warren, Luctkar-Flude, Godfrey *et al.*, 2016; Cant & Cooper, 2017). However, little research has been carried out into the retention of seldom used clinical skills by nurses working in a hospice inpatient unit (IPU). Anecdotal evidence suggests that it is often difficult for IPU nurses to achieve and retain some clinical skills, including administering IV therapies, tracheostomy care, PEG management, stoma care and catheterisation.

Aim To enable IPU nurses to attain/retain some key clinical skills, thereby increasing their confidence and improving the care they are able to offer to patients.

Methods Registered nurse competencies will be reviewed in June 2018 to establish who is within timeframe for competence achievement/retention. A planned programme incorporating theory and practical sessions with the mannequin for the clinical skills listed above will be delivered between June and December 2018. Competencies will be re-reviewed in December 2018.

Results It is anticipated that all nurses will have completed competencies in the listed skills by 1 January 2019. A rolling programme can then be put in place to ensure retention of skills.

Conclusion Patients have a right to expect optimal care. Nurses are mandated to be competent and confident in the clinical skills utilised in achieving that care. The use of a clinical skills mannequin may be a way of achieving and retaining that competence and confidence in seldom used skills, and hence may be instrumental in achieving optimal patient care.

P-228 SO MUCH MORE THAN JUST A CHARITY SHOP?

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Introduction Are hospice charity shops more than just an outlet for 'charity goods sold at a profit but which aid beneficiaries' (Bruce, 2016) and utilised as a 'function as a way of raising awareness of the parent charity' (Charity Retail Association, 2017)?

Aim The aim of the study was to evaluate implementation of a new charity shop model. The concept was one that moved the charity shop from being a 'market follower' to being a 'market nicher' (Bruce, 2017) – one that has a competitive edge in the business and moral sense, by offering something distinctive and unique from the many charity shops found in the local area.

Approach used A new charity shop was opened by the hospice in January 2018. As well as being able to shop for second-hand items in order to raise vital funds for the charity, the new shop also offers a bespoke information area with free internet access, as well as a small café where the local community can meet together socially. The vision behind the shop is one based on the relationship marketing approach.

A pilot printed questionnaire was devised using the principles of effective market research questionnaire design (Sargeant & Jay, 2014). The questionnaire was piloted in the charity shop during the first month of opening. Market research 'is perhaps the most important way of strengthening relationships' (Bruce, 2016).

Results A total of 50 questionnaires were distributed in the shop with a 76% response rate achieved. The results provide an understanding of the profile, needs and perspectives, giving an interesting insight into charity shop customers.

Conclusion It is but the start of a journey into development of a unique model of charity shop rooted in the core values of the charity, which demands further evaluation.

P-229 THE DILEMMA OF MAKING BOLD BRANDING DECISIONS IN THE CHANGING WORLD OF PALLIATIVE CARE

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When is a hospice not a hospice? The dilemma of making bold branding decisions in the changing world of palliative care.

Background and aims Exploring the journey of one organisation and how it made the boldest decision of its history to remove the word Hospice from its identity; what inspired the transformation, the process that was undertaken and the opportunities and the pitfalls facing similar organisations considering a radical change of brand.

Following a perception study which highlighted significant misconceptions of the organisation's brand and services, the transformation that followed set out to dispel long held myths about hospices and improve early referral rates, dispel fears about services and widen the reach for improved income generation.

Methods and results A perception study with a wide cross section of stakeholders was conducted to provide a platform for

a new vision and strategic direction. The outcomes and dilemmas presented by the study required further research specifically on brand. The study outcomes demonstrated a difference of view between stakeholders but provided a bold new direction for the charity and a significant change management and leadership challenge. The long term outcomes will require more time to measure. Early indicators show positive engagement with the change but stakeholder roles in the organisation and the effective management of the change are also determining factors.

Conclusions The aim is not to make fixed recommendations but to openly share both the positive and negative aspects of one organisation's experience to provide learning for others considering the same course of action. The costs, change management and reputational risk of rebranding are significant for any hospice. If the early positive indicators turn into long term benefits, a bold brand repositioning could have a significant impact in addressing long held myths and improve access to palliative care for generations to come.

P-230 WHAT'S IN A NAME? TELLING OUR BRAND NEW STORY

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Background 'The Hospice' has been engrained in people's vocabulary for over three decades. Yet today, more of our services are delivered outside of our hospice building. Whilst services had rocketed forward with new innovations, our brand was pinning us down to an old style of hospice care.

Aim

- To tell our new story
- To better explain where people's fundraising goes
- To be bolder about our fundraising ask.

Methods We were incredibly fortunate that an award-winning national brand agency donated their time and skills to create our new brand. An additional £10 000 individual donation was given specifically for new signs and vehicle livery. With no further funding, our staff and volunteers were our biggest communications resource and we ensured they thoroughly understood the reasons for rebranding. We developed a strong story for them to tell, alongside answers to some anticipated questions. We held 12 open meetings, followed up with an information pack and a separate briefing was held for media and stakeholders.

A 'Letter to the Editor', embargoed press release and interviews with our CEO, additional social media and video content consolidated our key messages at no extra cost to our charity. Importantly, we retained the word 'hospice' to describe our building but in the context of our wider umbrella name.

Results

- Our retail department feeling much more 'part of the team'
- No negative coverage in local media
- Less than £10,000 (donated) spend
- Implemented within one month.

Most importantly, we had a golden opportunity to tell our new story – one that people are starting to repeat back to us.

Conclusions Whilst a name change may seem peripheral to delivering hospice care, it has been fundamental to opening

up services by helping people better understand how we support them and how they support us.

P-231 WHAT HAPPENS WHEN A BISHOP, AN OT & THE MD OF A DEPARTMENT STORE ARE INVOLVED IN REBRANDING A HOSPICE?

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Branding for hospices was recently described as a 'hot topic' (Hospice UK, 2018) in an increasingly fast-paced as well as competitive environment for hospices and at a time when organisations are placing greater emphasis on brands to differentiate (Lee & Bourne, 2017; Chapleo, 2015; Stride & Lee, 2007; Lee, 2013). Balancing normative (social/mission driven) and utilitarian (business driven) identities (Lee & Bourne, 2017) hospice brands need to encapsulate a mission and represent a set of values (Stride & Lee, 2007; Kynader & Sytone, 2012; Lee 2013) about a form of end of life care which they consider non-negotiable. Furthermore, a hospice brand is inherently complex needing to generate trust, foster a sense of pride amongst staff, volunteers and fundraisers, however, carrying out this work can draw accusations of inappropriate business-like behaviour by critics who perceive such use of resources unnecessary (Lee & Bourne, 2017; Kynader & Sytone, 2012). Whilst several hospices have undertaken branding work (Design Week, 2017) this paper addresses the paucity of studies which consider the particular challenges of undertaking this work at hospices. Outlining an eight-month project at St Helena Hospice and disseminating key insights gained from participant observation, this paper builds on a body of work which considers the specific tensions and reactions which emerge when working with an established brand in the not-for-profit sector (Lee, 2013) and, furthermore, how such a project became an opportunity to inform and re-educate stakeholders. Accordingly, this paper has relevance for a range of stakeholders including trustees and senior leaders showing the 'doing of rebranding' focusing on how St Helena Hospice incorporated and integrated its philosophical foundations with the values and emotions of numerous, diverse stakeholders. Facilitating conversations this project broadened ambitions, implemented a new vision and re-evaluated key priorities repositioning St Helena Hospice (Lucarelli & Hallin, 2015).

P-232 HOW CAN INSTITUTIONAL THEORY HELP HOSPICES PLAN FOR THE FUTURE?

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There is little written about UK hospices as organisations. Given the changing nature of care as hospices increase access significantly beyond cancer, it is important to explore models of change. This research aims to highlight key concepts within institutional theory and change, that may be of interest to hospice leaders in developing and delivering their future