strategy. The method was a literature review alongside professional experience which when combined resulted in three key outcomes:

- The introduction of the concept of legitimacy and how this has the potential to be a key factor in hospice organisational change
- The highlighting of a model by Greenwood, Suddaby & Hinings (2001) which provides a framework for institutional change
- The development of a new theoretical model that proposes a way of representing the nature of elements of hospice organisations. The model also outlines three options that explain some of the choices the hospice movement may make in addressing the need for change i) decoupling i.e. the intentional separation of activity from the accepted norms e. g. via a new partnership, ii) deinstitutionalisation followed by reinstitutionalisation which is the process described by Greenwood, Suddaby & Hinings (2002) identifying key stages of radically shifting institutional narrative or iii) the development of a new social movement.

The work is part of a larger study that aims to explore organisational factors influencing hospices’ development of services for people with dementia. This first part of that work concludes that there is importance in understanding the nature of hospices as both old and new institutions (Selznick, 1957; Powell & DiMaggio, 1991). This theoretical lens provides a refreshing and insightful perspective on many of the challenges hospices are encountering as they face the future.

P-233 USING VISUAL THINKING TO HARNESS THE RIGHT-BRAIN TO PLAN IN PALLIATIVE CARE
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Background Thinking in Western culture is traditionally left-brain centred. Planning is often linear and depends on the drive, experience and expertise of individuals. Palliative care is a holistic discipline, but despite this there is often a reticence among some within the field to step outside the boundaries of established planning methods. Thinking creatively enables innovation, the cornerstone for developing services for those who need them. Enthusiasm to develop can be enhanced by using an unfamiliar, enjoyable and challenging method, such as visual thinking (Brand, 2017).

Aims To evaluate the use of visual thinking as a means to plan creatively and collaboratively in specialist palliative care.

Method A hospice education team used visual thinking as a planning tool to develop educational programmes. The technique involved the use of low cost materials, including rolls of brown paper and pens. The focus is on presenting thoughts in a visual way by using creative thinking.

Results From the visual thinking exercises, planning documents were written. These enable the concepts to be recorded, given structure and presented to others in a more formal way. The visual thinking work can be kept in the workspace as a summary of the work in progress or included in reports as a graphic illustration of the planning. The differing levels of expertise and experience of the team members were drawn together to develop plans. Colleagues who saw the visual thinking work in progress, expressed interest; one planning to use the method as the basis for interview material and another used the concept to develop presentation materials.

Conclusions Visual thinking has been helpful in planning within a hospice. It takes some courage to try a new technique. Showing it in practice helps colleagues to see its value. It takes preparation and time, something that is needed however planning is undertaken.

P-235 THROWING OUR HAT IN THE RING: TENDERING FOR SPECIALIST PALLIATIVE CARE SERVICES
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Background In 2015 the local NHS Integrated Care Organisation put community services out to tender across two NHS Clinical Commissioning Groups (CCGs), a population of 235,000. This included specialist palliative care team (SPCT) for hospital and community and Consultants. The SPCT were an integral part of the local integrated service, the risks to patients and families of not having a seamless service would be detrimental. In 2016 two individual providers won the