

and planning how to implement it. Engagement of senior managers and the wider MDT were key change facilitators, as was a comprehensive education programme for staff and volunteers. Both research projects identified a number of organisational and operational challenges in terms of: concept, lay/external perceptions, alignment with current models of care and a tradition of 'over-caring', risk aversion, strategic direction, senior/management engagement, insufficient time and/or resources, variable condition of patients, poor team working/communication.

Conclusion PAR can be used to integrate rehabilitative palliative care, and HCPs want to engage with and implement the concept in their practice. The combined results of these two research studies show how research can drive a change in practice successfully through a top down and bottom up approach.

0-15 AN EXERCISE AND NUTRITIONAL REHABILITATION (ENERGY) TRIAL IN PATIENTS WITH INCURABLE CANCER

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Background Rehabilitation is an essential component of palliative care (Tiberini & Richardson, 2015), however, data on efficacy and key components are lacking (Salakari, Surakka, Nurminen *et al.*, 2015). There is a strong argument that any rehabilitation programme should combine exercise and nutrition, which together may improve physical function and quality of life, but this needs careful evaluation (Payne, Larkin, McIlpatrick, *et al.*, 2013; Chasen, Bhargava, MacDonald, 2014). This is being done through the ENeRgy trial which compares an Exercise and Nutrition based Rehabilitation programme with standard care, in patients with incurable cancer. The trial was funded by Marie Curie and the Chief Scientist Office.

Aims The primary aim was to assess the feasibility of an Exercise and Nutrition based Rehabilitation programme. Secondary aims included assessment of quality of life (patient and partner-carers), functional and nutritional status, contamination of the control group, health economic impact and survival.

Methods A single centre, randomised, unblinded feasibility trial was undertaken. Patients were randomised to receive an exercise and nutrition based rehabilitation programme (intervention) or standard care (control). Eligible patients were: ≥ 18 years, Karnofsky Performance Status ≥ 60 , with a diagnosis of incurable cancer; not undergoing anti-cancer treatment.

Results 45 patients were recruited from a mixture of hospices and a cancer centre. Challenges included optimising patient recruitment, compliance with the components of the rehabilitation programme, and the establishment of a clinical research team within an independent hospice. Patients' overall experience of the rehabilitation trial was positive and nurtured a positive, empowering impression of the hospice setting. Key themes and some preliminary data will be presented.

Conclusions The ENeRgy trial is an important step in assessing the feasibility of an outpatient, hospice based rehabilitation programme for patients with incurable cancer and will inform future work in this area.

0-16 SUPPORTING FAMILY CARERS OF PEOPLE WITH MOTOR NEURONE DISEASE: ADAPTATION OF THE CSNAT INTERVENTION

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Background Family carers play a vital role in supporting people with Motor Neurone Disease (MND) but face substantial physical and mental demands in doing so. Timely support from healthcare professionals is crucial to enable carers to fulfil their caregiving role and to look after their own wellbeing. The Carer Support Needs Assessment Tool (CSNAT) intervention is an evidence-based approach for person-centred assessment and support. This project aimed to: (i) adapt the CSNAT intervention to the context of MND care; (ii) test implementation of the adapted CSNAT-MND intervention within specialist MND services.

Methods Stage 1: focus groups and interviews with 14 bereaved and 19 current carers to explore support needs (met and unmet) and supportive inputs at key stages of the patient's illness. Stage 2: workshops with 24 practitioners and 19 carer advisers to adapt the content of CSNAT intervention and its delivery within MND care. Stage 3: implementation of CSNAT-MND in three specialist MND services; interviews with practitioners and carers exploring their experiences of the intervention.

Results Content of CSNAT-MND included an additional domain on support with relationships. Intervention implementation adapted to (1) legitimise assessment of carer support needs as part of routine care in MND by practitioners, (2) delivery of a stand-alone introduction stage of the CSNAT-MND intervention and (3) provide a dedicated assessment and planning conversation at a subsequent contact. This basic model was then suited to fit the working practices of three different MND services. We will present challenges of tailoring and implementing the CSNAT-MND intervention in real life practice.

Conclusion Implementation of the CSNAT-MND requires the establishment of a clear protocol defined at service level. This project provides insights into how carers of people with MND want to be assessed and supported, how this process can be delivered, and the feasibility of implementing the CSNAT-MND in practice.

0-17 LEGAL NEEDS TOWARDS END OF LIFE: DEFINITION, EXPERIENCE AND IMPLICATIONS FOR POLICY AND PRACTICE

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Background Life-limiting illness generates an array of challenges for patients and carers but little is known about legal issues. There is no definition of legal issues in this context and limited integration of care across health, social, advice, legal and charitable sectors although all contribute to holistic care.