

- Dorothy House Hospice Care physio continues to provide specialist treatment and advice for those who need it.
- Consideration of seven-day week support (funding dependent).

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COLLABORATION BETWEEN STARLIGHT REHABILITATION SERVICE AND LOCAL EVERYONE ACTIVE GYM

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Background The Hospice Rehabilitation Service aims to maintain independence, build confidence, improve strength, reduce fatigue, reduce side effects of treatments, depression and anxiety. The benefits of exercise for people living with long-term conditions, both physically, emotionally and psychologically, are widely recognised.

Aims A local gym agreed to provide a Personal Trainer free of charge to run a group under the guidance of hospice staff. The project aims to:

- Enable and empower active and independent patients to access a local community gym for independent exercise;
- Improve patients' health and wellbeing.

Participating patients would then be offered gym membership at a reduced rate on completion of the programme.

Method Patients set their goals, and hospice staff provided referrals, relevant information and training in rehabilitation principles and fatigue to the Personal Trainer. The patients were taken as a group into the gym environment to access the equipment safely at their own level, building their confidence in small steps. Seven patients were referred, and the Personal Trainer developed programmes suited to individual needs.

Results Four completed (57%) and reported increased strength, mobility and fitness, weight loss and improved confidence. Two of the group have now taken up gym membership and one has achieved his goal to get back onto the golf course.

Conclusion The programme had a positive impact on our patients' health and wellbeing and the hospice has successfully enabled patients to access community resources. The second cohort of patients have been referred and progress is being monitored.

'Exercise not only changes your body, it changes your mind, your attitude and your mood.'

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IMPROVING ACCESS AND OPPORTUNITIES TO EXERCISE FOR PALLIATIVE PATIENTS

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Background Research suggests that participating in some form of physical activity improves quality of life and leads to better outcomes for palliative patients. However, evidence suggests that there are variable levels of participation and engagement in physical activity for many reasons. One of the common reasons provided is the reluctance to access mainstream gyms and services due to a perceived lack of support and specialist knowledge of their diagnosis and symptoms. Due to our small

team, there are often many challenges to providing our patients with these services.

Aims Our aim was to improve the opportunities for hospice patients to participate in supported gym-based exercise groups.

Methods We contacted several universities to establish interest in exercise student placements. We developed links with a local university, arranging clinical placements for six exercise students over an eight week period.

Following an initial physiotherapy assessment, and prescription of appropriate exercises, two students worked together delivering gym sessions. Students were encouraged to progress exercises with physiotherapy support and report any issues back to the therapy team.

Following the eight weeks, feedback was obtained from both students and patients.

Results Results have been positive. The students have enjoyed the experience a clinical placement has offered, and two have since enrolled onto a physiotherapy degree course. Uptake onto the classes and gym sessions was good. As well as reporting enjoyment of the sessions, patients reported improvements in quality of life.

Conclusion Our work has demonstrated that offering exercise services within a hospice is important to palliative patients. Developing relationships with other institutions and exploring the use of different academic students (to complement our physiotherapy student placements) is both resourceful and valuable. Work is ongoing. We hope that by maintaining these links we will provide hospice patients with greater opportunity to access beneficial services for the future.

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A PILOT STUDY TO MEASURE OUTCOMES OF USING A REHABILITATIVE PALLIATIVE CARE PHYSIOTHERAPY SERVICE

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Background Having in the past two and a half years changed our day service delivery from a traditional day hospice to an out-patients supportive rehabilitative care service we wanted to formally measure the outcomes for patients using our physiotherapy and gym programme. Anecdotally patients reported *'feeling better and fitter'* but this wasn't fully captured by reviewing their gym programme alone. We hypothesised that in a group of patients with an overall declining picture of health we needed to look at not only their physical condition, but also the potential mental health benefits of exercise. We believed that even if patients were physically declining, we could use the mental health questionnaire results to encourage and motivate patients to continue with their programmes.

Aims Our aim was to pilot a system whereby patients completed an IPOS, identified a goal they wanted to be able to achieve (e.g. 'to be able to walk to town') and completed an anxiety and depression questionnaire.

Methods From late 2018, existing and new patients to the gym have completed an IPOS, identified a specific and measurable goal and have been asked to complete the PHQ-9 (Depression) and GAD-7 (Anxiety) questionnaires. Patients are then reviewed approximately every 12 weeks. Results of the review and questionnaires are collated and used to identify not only further physiotherapy intervention but whether the

patient would benefit from other parts of the rehabilitation and wellbeing service.

Results We are currently in the process of collating the results of the first six months pilot in conjunction with our audit team. Provisional results appear to show that whilst patients may not show improvement physically, there is a demonstrable improvement in their mental health.

Conclusions The service delivery and outcome measures will be reviewed in accordance with the provisional findings of the pilot project.

P-161 INPATIENT SUPPORTIVE SELF-MANAGEMENT INNOVATION – WELLBEING CAFÉ PILOT

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Background Rehabilitative palliative care can positively promote overall wellbeing and best practice highlights facilitating supportive self-management groups (SSMGs) (Hospice UK, 2015). The need for SSMGs was identified in our inpatient unit (IPU) patient, carer and staff feedback. The wellbeing café emerged as the most promising option. This enables isolated patients and carers opportunity to socialise and optimise their functional potential through tailored educational talks and activities.

Aims

- Promote wellbeing;
- Reduce social isolation;
- Offer SSMGs that are flexible and can be tailored to meet needs in the group;
- Teach symptom self-management strategies, enable sharing of peer support and tips;
- Task practice activity e.g. making own cup of tea in preparation for discharge.

Evaluation at 12 weeks will focus on pre- and post- sessions wellbeing scores, satisfaction and feedback comments.

Method October 2018 - February 2019: service evaluation, feedback, development of pilot.

March 2019 - May 2019: engagement with senior management and all hospice teams. Development of promotional material.

May 2019 - ongoing: Wellbeing café pilot commenced and is facilitated by staff and a volunteer. Services users are informed about the Wellbeing Café whilst on IPU and provided with a leaflet.

June 2019: Interim six -week evaluation, feedback to quality improvement group, meeting with marketing manager.

Results Anticipated results for the 12-week pilot is that wellbeing scores would be maintained or improved. Interim results at six weeks include:

- Attendance, 21;
- Feedback comments are extremely positive;
- 100% report that they have found the sessions helpful;
- 100% report that they would attend again.

Conclusion The Wellbeing Café has proved beneficial during this initial 6-week period. Evaluation comments are extremely positive in relation to subjective wellbeing. Streamlining the referral process, reviewing practicalities and time commitment involved in assisting service users to the café is required. The

Wellbeing Café's success and sustainability will be strengthened by nominating champions and continued hospice team engagement.

P-162 SUPPORTED SELF-MANAGEMENT IN YOUNG ADULTS WITH PALLIATIVE CARE NEEDS

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Background Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services (Together for Short Lives, 2012). The preparation and planning around moving on into adult services can be an uncertain time for young people with health needs. There is evidence of service gaps and young people may fail to engage with services without proper support (NICE, 2016). This leads to greater levels of dependence and isolation, with little opportunity for social situations. Personal autonomy and independence are frustrated.

Aims Supported self-management aims to potentiate a shift towards self-care and personalised care (NHS Long Term Plan, 2019). Evidence suggests that measuring individuals' activation; their level of knowledge, skills and confidence and then tailoring support through interventions that improve their activation, helps to empower and enables them to be in control of their own health and care (Hibbard & Gilbert, 2014).

Supported Self-Management Programme consists of:

- Patient Activation Measure (PAM) to assess likelihood of being able to self-manage;
- Supportive resources to increase skills, knowledge and confidence;
- My Healthcare Journal.

Methods Following assessment of activation using the PAM, the young adults identify their goals and priorities and a personalised care plan is documented in 'My Healthcare Journal'; an intervention to support self-management. Other interventions the young adults are introduced to include self-management education, health coaching and access to community resources such as peer support and group based activities. Activation is re-measured together with assessment of satisfaction and achievement of personal goals and autonomy.

Results Increased personal autonomy and improved health outcomes are anticipated, together with greater effectiveness around resource allocation.

Conclusion Supported self-management provides a means of empowering young adults, enabling them to address goals and priorities. Resources are tailored to individual needs.

P-163 RECOGNISING SPIRITUALITY: THE IMPACT OF TRAINING ON HEALTHCARE PROFESSIONALS SUPPORTING PATIENTS' SPIRITUAL NEEDS

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Background Supporting patients spiritually as they approach the end-of-life is vital. If spiritual needs are unmet, patients are at increased risk of poorer psychological outcomes, quality