

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

of life is diminished, and a reduced sense of spiritual peace ensues. Yet many healthcare professionals feel unprepared to appreciate, assess and tackle patients' spiritual issues.

Cheshire & Merseyside Palliative & End of Life Care Network has run the 'Opening the Spiritual Gate' course, across the UK for a number of years, to address this training need. This aims to increase awareness of spiritual and religious needs and facilitate recognition of spiritual distress.

**Aim** To explore participant perceptions of spiritual care and the impact of the training on their clinical roles after completing the course.

**Methods** A qualitative methodology was adopted, using digitally recorded semi-structured interviews. Purposive sampling of healthcare professionals who had undertaken the course, in either the North West or South West of England between 2015–2017, resulted in 21 participants. Data were subject to thematic analysis.

**Results** All participants reported on the value of the course and the impact on their clinical roles, including being better able to recognise when spiritual distress may be evident. Two main themes were identified; *recognising spirituality*, containing sub-themes of what spirituality means and what matters, and *supporting spiritual needs* with sub-themes of recognition of spiritual distress, communication skills, not having the answers and going beyond the physical.

**Conclusions** The course is clearly effective in preparing staff to recognise opportunities to provide individualistic spiritual care. Acknowledging that spiritual care is as important as physical care, and having the skills to address it, is vital for delivery of best holistic care.

**Funding** Cheshire and Merseyside Palliative & End of Life Network Education Strategy Group.

#### P-164 USING VIRTUAL REALITY IN PATIENTS WITH PALLIATIVE CARE NEEDS

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**Background** Virtual Reality (VR) is a 360° audio-visual simulation presented as reality to the user, allowing immersion and distraction from symptoms or treatments. There is some evidence based support for the use of VR technology to reduce symptoms including pain, anxiety and stress in patients with cancer, chronic pain and other conditions (Li, Montañó, Chen & Gold, 2011; Gorini, Pallavicini, Algeri, Repetto *et al.*, 2010; Oyama, 1998). The feasibility and impact of this technology was assessed in a hospice setting.

**Method** A pilot project for use of VR technology took place in a hospice inpatient and day unit over a four week period. Patients were assisted to use the technology by trained staff, with each session lasting approximately seven minutes. Patients chose their own 'experience' from a selection of options. A follow-up questionnaire on the experience, self-reported symptoms and any change in symptoms was completed by each patient.

**Results** A total of 14 sessions took place and each participant completed a questionnaire. All of the patients agreed they would use VR again and would recommend it to others. 75% of patients who reported pain felt they experienced some improvement following the session. Similarly, 50% of patients reporting breathlessness and 81% expressing anxiety, believed

they improved. Comments were generally positive, themed around 'immersion' and 'escapism'. The results were limited by the small number of participants and self-reported effect, but showed an overall improvement in symptoms.

**Discussion** This pilot study demonstrated VR technology to be a beneficial and well tolerated means of providing immersion and distraction therapy. Use was limited by the resources needed for the equipment, including cost, programmes available and trained staff. However, with rapidly emerging new technology and positive user feedback, VR is a viable non-invasive means for symptom management in palliative care.

#### P-165 OBSERVATIONS OF IMMERSIVE VIRTUAL REALITY SESSIONS IN A HOSPICE

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**Background** Several studies have confirmed positive outcomes using virtual reality (VR) for clinical conditions such as anxiety disorders, phobias, post-traumatic stress syndrome, eating disorders and pain management. VR has also been employed to promote emotional wellbeing and induce positive emotions for people in hospital. Research into the clinical applicability of VR in health care settings is still in its infancy. Until now, little research has focused on VR in a hospice setting with one other hospice in the UK that has started a small research pilot. The aim of this study is to explore the feasibility, acceptability and potential benefits of using VR for people with incurable long term conditions in a hospice setting.

**Methods** This was a prospective observation and interview study of hospice patients' experiences of taking part in a 30 minute VR session where they were immersed in a virtual world.

**Results** Observational data of VR sessions with 20 patients showed that most people respond positively. Reactions were of joy, happiness and amazement or of feeling peaceful and calm. Some people voiced that they were able to forget symptoms. These participants valued being able to visit somewhere that they now never would while others were able to visit places, often from younger days, that they wished to see again, expressing that it allowed recourse to a happy time of life. Some participants' responses were more muted. Those participants would have preferred to have further opportunity to think about where they would like to visit having experienced a session. Some people, however, declined to take part stating that they saw no need for it, or that they felt that it was new and not for them.

**Conclusion** Preliminary findings are encouraging with VR well received by staff and patients alike. VR may best be targeted to people who are most likely to benefit from the technology.

#### P-166 INTRODUCING ACUPUNCTURE AS A NON-PHARMACOLOGICAL OPTION FOR PALLIATIVE CARE SYMPTOMS IN THE HOSPICE

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**Background** The evidence for acupuncture in a range of palliative symptoms is growing. Palliative patients are increasingly