

How You Can Help Us Improve Our Service

We welcome comments regarding the service we provide and will use them to help improve our service. If you have any comments or are unhappy with the service, please let us know. We can put it right. In the first instance, please speak with the Hospice Consultant, Professor Welsh.

If your concern remains unresolved please telephone or write to:

Director of Clinical Services
St Margaret of Scotland Hospice
East Barns Street
Clydebank
G81 1EG
Tel: 0141 435 7025

Should you complain, we will:

- Reply to you complaint within seven working days of receiving it
- Inform you if we cannot deal fully with your complaint within seven working days, explaining why and indicating when you may expect a full reply.

If you are not satisfied with the response to your complaint, you can telephone or write to the Hospice Administrator or Sister Rita, Chief Executive, at the address above.

We will regularly ask patients, relatives and carers what they think of our service by completing our user satisfaction questionnaire, and act on what they tell us.

Regulation of Care

If you are dissatisfied with the Hospice Out-Patient Symptom Control Clinic, you may complain directly to Christine Hill, Executive Office Business Manager, Healthcare Improvement Scotland, Gyle Square, South Gyle Crescent, Edinburgh, EH12 9EB

Phone 0131 275 6000 (reception)

Email christine.hill2@nhs.net

St Margaret of Scotland Hospice

East Barns Street
Clydebank
G81 1EG

Phone: 0141 952 1141 (Switchboard)

Fax: 0141 951 4206

Email: office@smh.org.uk

ST MARGARET OF SCOTLAND HOSPICE

Out-Patient Symptom Control Clinic



Information for Patients and Families

Saint Margaret of Scotland Hospice, founded by the Sisters of Charity in 1950, is at the heart of the Community providing wholeness of care for both body and Spirit.

Philosophy

The Symptom Control Clinic is available to all with any progressive incurable condition. The Consultant led Clinic is a fast track service for people with complex, distressing problems. The service works in partnership with primary, secondary and tertiary care, proactively involving other health professionals where necessary. Its further aim is to ensure speedy and effective communication between the team of Health Care Professionals involved.

Aim of the Service

The aim of the service is to:

- Be rapidly responsive
- Assess individuals holistically
- Refer on to appropriate others both internally within the Hospice and externally when explicit needs are confirmed
- Provide a caring environment for patients and families ensuring they feel unrushed and listened to

Mode of Referral

Referrals come from Health Care Professionals in Primary, Secondary and Tertiary care and from Community Clinical Nurse Specialists. Every new referral will be seen within one week or sooner.

Criteria for Referral

Criteria for referral:

- Specialist Palliative Care needs
- Symptoms proving difficult to control
- Patients who need regular blood monitoring with a view to in-patient transfusion if indicated.

Discharge Policy

Very few patients are discharged from the Out-Patient Symptom Control Clinic as they require on-going monitoring, sometimes initially weekly then less frequently.



About the Service

The Symptom Control Clinic is located within the Edwina Bradley Day Hospice. It works closely with other staff within the Edwina Bradley Day Hospice. On occasion, if needed, patients may be admitted to the Hospice from the Symptom Control Clinic if appropriate. Appointments are available on Monday mornings between 10.30 13.00 hours and Thursday afternoon between 15.00 and 17.00 hours. In urgent cases patients are fitted in at other times during the week.

The first visit comprises of assessment, usually some form of intervention e.g, medication advice or change, or onward referral within and outwith the Hospice. The plan of care is carefully discussed with the patient. Families or carers are welcome (with the patient's permission and often attend the consultation

Communication

For all consultations, a letter detailing the outcome of the consultant is sent to the referring practitioner and copies to all involved clinically. If necessary, in particularly complex cases the practitioner will be phoned and a direct discussion occurs.