



Community Palliative Care Service

Information for Patients and Families

St 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.

Hospice Chief Executive



Since 1950, the Hospice has offered compassion, dedicated commitment and excellent care to patients with advanced life-limiting illnesses and also to the older person with complex medical, nursing and End of Life needs.

In addition to inpatient services, the Hospice offers a wide range of facilities to the local and wider community including Out Patient Facilities, the Edwina Bradley Day Hospice, Community Palliative Care and Counselling/Bereavement Services.

There are many ways to contact the Hospice and I am always delighted to hear from any patients, relatives, friends or supporters. We try to create an atmosphere of warm, comfortable and pleasant surroundings. Should you require any help or assistance, please feel free to contact me at the Hospice and I will be delighted to help in any way I can.

Sister Rita
Chief Executive

St Margaret of Scotland Hospice Community Palliative Care Service offers support and advice to patients and families (in their own homes) who are experiencing a progressive life-threatening illness. The areas covered by the service are G3, G11, G12, G13, G14, G15, G60, G62, G81 and parts of G20.

The Community Palliative Care Services is a nurse-led service which complements the care given by the patient's own doctor, district nurse and other healthcare professionals. The Community Palliative Care Nurses who work within the service are experienced registered general nurses with specialist knowledge and expertise in palliative care. The nurses have the support of Hospice medical staff and other members of the Hospice multi-professional team.

Philosophy of Care

The provision of care from the Community Palliative Care Service takes account of the uniqueness of the individual and their culture, is patient centred and designed to meet the changing and complex needs of patients and carers. A multi-professional and

collaborative team approach to delivering care is undertaken. Clinical practice is evidence based, drawing on official guidelines, protocols, Hospice policies and QIS requirements.

The Team



Kathryn Nattress
Director of Clinical Services & Governance
/Community Palliative Care Service Manager



Susan Bradley



June Boyd



Issy McCallum

Criteria for Referral

- The patient has consented to the referral
- The patient has a progressive, life-threatening illness requiring complex symptom management
- The patient/carer requires support to adjust to

the diagnosis of a progressive, life-threatening illness

- Health Care Professionals caring for the patient/carer require specialist advice and support

Referral to the Service

Referrals are accepted from Health Care Professionals using the Hospice referral form, provided the patient has given their consent and has palliative care needs. Patients may self-refer but their General Practitioner must be in agreement and complete the Hospice referral form. The referrer will be contacted within 2 working days of receiving the referral as acknowledgement of its receipt. The referral will be discussed with the multi-professional team before being accepted to the service.

Once accepted, the Community Palliative Care Nurse will contact the patient within two working days and offer a home visit within five working days of acceptance of the referral.

Following assessment, a plan of care will be developed and will be regularly reviewed by you and your named Community Palliative Care Nurse. An assessment of your relative/carer needs may also be undertaken if required. Contact with your relative/carer will only be with your agreement, except in circumstances where there are concerns over your personal safety.

Frequency of Home Visits

The Community Palliative Care Nurse's level of involvement depends on the complexity of the patient/relative/carer's needs.

There are four levels of intervention:

- Level 1** Telephone Advice
 - Level 2** A single visit made alone or with the referring Health Care Professional
 - Level 3** Short term interventions until the problem or issue is resolved
 - Level 4** Regular assessment and review of ongoing complex issues
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Discharge Policy

The length of time the patient remains within the service will vary according to the patient/family/carer's needs. Patients may be discharged from the service if:

- Following initial assessment, they do not meet the criteria
- The patient or carer refuses the service at the initial assessment or any time thereafter
- The patient's condition becomes stable or the patient and carer issues are improved or resolved
- The needs of the patient and carer are more appropriately met by other Hospice, Community or Social services.

When a patient is discharged from the service, their General Practitioner is informed in writing. Re-admission to the service is by self-referral if within six months of discharge date or referral from a Health Care Professional.

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. 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 your complaint within seven working days of receiving it, If we cannot deal fully with your complaint within seven working days, we will inform you, 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 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 service, you may complain directly to:

Tracy Birch
Programme Manager
Independent Healthcare
Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh, EH12 9EB

Email: tracy.birch@nhs.net
Telephone: 0131 623 4701

Community Palliative Care Contacts

Direct Line: 0141 435 7008 (Susan Bradley)

Direct Line: 0141 435 7009 (June Boyd)

Direct Line: 0141 435 7048 (Issy McCallum)

Out of Hours 0141 435 7011 (St Joseph's Ward)

Reception: 0141 952 1141

Fax: 0141 951 4206

Email: office@smh.org.uk

Website: www.smh.org.uk

Hospice Telephone Numbers

The main telephone number at the Hospice is:

0141 952 1141 (Reception)

However, there are direct lines to each of the wards, Edwina Bradley Day Hospice and other departments within the Hospice. You may find the following telephone numbers useful:

St Joseph's Ward	0141 435 7011
Mary Aikenhead Centre	0141 435 7007
Edwina Bradley Day Hospice	0141 435 7005
Fundraising	0141 435 7018
Administrator	0141 435 7002
Human Resources	0141 435 7001
Education Centre	0141 435 7017
Community Palliative Care	0141 435 7008
	0141 435 7009
	0141 435 7045
	0141 435 7048

You may also contact your relative directly at their bedside. Please ask the Ward Staff to provide you with the bedside telephone number.

You can also email the Hospice on
office@smh.org.uk