

Patient information guide



2008 / 2009

St Helena Hospice
your time...your hospice



Welcome from Rosy Stamp Hospice Director

You may have opened this information guide with very mixed feelings of anxiety, fear, sadness and perhaps shock if your diagnosis is still new. We will not be able to take away those feelings and the reality of your illness but we will try to ease your journey and walk beside you all the way. We are here not just for you, but for your family and friends and will do our best to support them as well as you.

The philosophy of the Hospice is to work 'holistically', that is to give you physical, spiritual, psychological and social care. We also aim to work with all the other professionals looking after you and ensure that communication and collaboration make your care as co-ordinated as possible.

The services of St Helena Hospice are free to all our patients and families. The Hospice is paid for partly by a grant from the NHS (about a third of our care costs) and the rest is provided through generous support from the local community. If you would like to know more about where the money comes from and how you can help, please refer to the sections on fundraising and volunteering. We are here for everyone from every background and faith who needs our services.

Hospices believe that good care and support can make all the difference to your quality of life. We may be able to help you at any stage of your illness and many of our patients dip in and out as they feel they need us.

Please read through the guide as you feel ready to do so and let us know how we might be able to help you or contact us to find out more.

A very warm welcome from all of us.

A handwritten signature in black ink, appearing to read 'Rosy Stamp'.

Rosy Stamp
Hospice Director

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Introduction

We hope this booklet will help you understand more about the support and services that are available at St Helena Hospice and how you might be able to benefit from them. You will notice that the support is not just for our patients, everyone at St Helena Hospice appreciates that family, or friends, may need help too. Family is taken to include anyone who matters to the patient.

St Helena Hospice is based at Highwoods in Colchester but also has a Day Centre in Clacton as well as a presence in Halstead.

You do not need to be resident at the Hospice to obtain help, as the Hospice operates Day Centres and can bring some of the services to your home if that is better for you.

Many of the people that use the Hospice are experiencing a good quality of life and may, for the most part, be coping quite well. The Hospice can be used as and when their services are needed and you may find yourself using them quite extensively initially and then months or years may pass before you feel the need to return, and that is fine.

We know you are likely to have questions about the Hospice so we have included the most frequently asked questions (FAQs) throughout this guide. If your query is not covered here you can contact St Helena Hospice by telephone 24 hours a day every day of the year.

"My family has commented on how much better I have seemed since coming to the day centre"

"I look forward to my visits and enjoy my lunch - oh yes, and the laughs".

"I would like to thank all staff from the bottom of my heart for all the problems they have dealt with for me"

"Very nice place to come and very relaxing"

(patient quotes, 2007 survey)

"Words cannot express our appreciation of you all. It was a comfort to us that he was in such a safe, caring and loving environment"

"We could not have wished for a more pleasant place to say our goodbyes."

"Thank you for your help and understanding. I don't think I would have got through it all without you."

(quotes from 'thank you' cards, 2008)

How can I get help from the Hospice?

There are several ways you can be referred to the Hospice, the most common are by your GP, by a district nurse, via the hospital or by some other professional dealing with your condition. You can even contact the Hospice yourself if necessary.

After an initial assessment, the team will work with you and your family to agree a plan that will form the basis of our support, which is then reviewed on a regular basis. For example, this support might take the form of home visits from a Macmillan nurse and/or a Family Support Worker or it could be that our Day Service is a more appropriate support (more of this later).

The Hospice team provide 'palliative care' which is a term that you will hear a lot. The team consists of people from many specialist areas that come together to offer support and comfort to you and your family or carer; not all of them from a medical background but all dedicated to helping you get the most out of life. You will find a description of the main areas in this guide.

FAQ - So what does 'palliative care' mean?

Here is the definition given by the Government guidelines:

" Palliative care is the active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families."

FAQ - Does the Inpatient Unit offer respite care?

The Hospice does not offer social respite as this is provided through health and social services. However the Inpatient Unit can offer admission for the patient and a break for the family when there are complex psychological or physical issues that only an inpatient stay can address.

Day Services

St Helena Hospice operates two Day Services Centres, at the Joan Tomkins Centre in Colchester* and the Tendring Centre in Clacton*, that benefit a large number of people in the surrounding areas. The Centres are the bases for highly skilled teams offering specialist information, interventions, support and advice to people diagnosed with a life- threatening illness as well as working with their family, friends and carers.

The aim of the team is to work with you and your family to make a plan to enable you to live your life as normally as possible, and to pre-empt any problems that may be approaching. The support is open-ended and agreed between you and your keyworker, whether they are a nurse, social worker, counsellor or any of the other specialists in the team. The Day Services teams work alongside their colleagues in the Community and Inpatient Unit to help you make the most of your life at any stage of your condition.

So you may ask, what do patients actually do when they attend our Day Centres? The following are just some of the activities patients enjoy: massage, chiropody, fatigue management, reflexology, manicure, hairdressing, gardening, Jacuzzi, trips out and just talking with friends and colleagues. Most people who visit our Day Service Centres gain immense support from spending time with others who are living in similar circumstances. Many people attend on a regular day each week, others on a more flexible basis.

**see pages 28 and 29 for details of their locations*



Community Palliative Care Nurses (also known as Macmillan nurses)

Community Palliative Care nurses are clinical nurse specialists (CNS) who are experts in pain and symptom control. They give emotional support and practical advice to patients and families, from diagnosis onwards and provide this support through home visits.

As a patient at the Hospice you will have an initial assessment to see if you would benefit from the services of a Community Palliative CNS and this will be re-evaluated as your needs change. The Community Palliative CNS is often the patient's main point of contact and acts as a link between all the health and social care professionals working with you within the Hospice and externally. They can offer advice and access to other services, such as occupational therapists or counsellors (which may be offered at the Hospice), but they will liaise with your GP and Social Services too. They have regular meetings with the hospital oncology consultants to discuss treatment issues and often take questions asked by their patients to these meetings.

FAQ - Can the Community Palliative CNS change my medication?

Yes, they do advise GPs and make suggestions as to which medications might be most suitable for people who are suffering from symptoms such as various types of pain, nausea, constipation and other conditions that may arise. The GP is involved in the decision making process and is ultimately responsible for prescribing the medication.

FAQ - Does the Community Palliative CNS have to tell my mother she has cancer?

Sometimes families are informed of the diagnosis and prognosis of a patient without that person being involved. As specialist palliative care nurses, Mac nurses acknowledge the concerns of the family and recognize that they are only trying to protect their loved one. However, if the patient asks, they will tell them what is wrong in a gentle but honest manner.

They are always led by the patient although they recognise and take into consideration the family concerns. Very often the patient already knows that they have cancer but have also been trying to protect others by not discussing it.

Inpatient Services

Some patients, perhaps with an issue about symptom control or who have specific problems, may be best helped by a short stay in the Hospice Inpatient Unit (IPU). Problems may be physical in nature, such as pain or nausea, and the emphasis is on 'sorting out' symptoms so that patients can go home as soon as possible with the support of our community teams. Patients may need emotional or spiritual support and sometimes this will be the specific reason for admission.

Our aim is to provide specialist care and support for patients in a relaxed and friendly setting. Families, children, friends and pets are warmly welcomed (there is even a resident cat, Charlie, that loves people to make a fuss of him) with open access visiting, if this is what the patient wishes. Meals are prepared on the premises, fresh every day and every attempt is made to cater for dietary requirements. This support is also offered to families, friends and carers of the patient who often comment that 'nothing is too much trouble', when it comes to the care and attention given by the staff and the many Hospice volunteers. The emphasis in every circumstance is on 'living' and improving patients' quality of life.

The Hospice unit is set in beautiful grounds and can accommodate up to 15 patients in its spacious four-bedded bays and single rooms with en-suite facilities, overlooking the gardens. There is also a bedroom available for relatives to stay overnight if they wish and many of the rooms have comfortable chairs that carers are welcome to sleep in.



Medical Services

The medical team has much experience working with patients with life-threatening illnesses regardless of the diagnosis. They work in all areas of the Hospice, seeing patients on the Inpatient Unit, at outpatient clinics and in their own homes. They also see patients in the hospital. They provide specialist advice on the control of symptoms such as pain, nausea and breathlessness and also provide advice out of hours to patients, families and other healthcare professionals.

Like the Macmillan nurses, the doctors are in contact with the doctors at the hospital and with your GP so that everyone is kept updated on your care. The medical team are committed to their own continual professional development, through reading of journal articles and attending relevant courses and conferences. They practice evidence-based medicine and are involved in teaching to colleagues at the Hospice and other educational meetings.

FAQ - Do the doctors just deal with cancer?

No, they have an expanding role in all advancing and progressive, life threatening diseases; including heart failure, chronic lung disease, motor neurone and other neurological disease, renal failure and HIV and AIDS.

FAQ - I am worried about taking morphine, will I become addicted?

Used properly, and in the right circumstances, morphine is an extremely effective pain killer with a long history of safe use. There is no risk of addiction when used properly. Side effects may be short-term or respond to simple treatment and alternatives exist if morphine is not tolerated or is ineffective.

FAQ - How long have I got left, Doctor?

This is an extremely difficult question to answer accurately and often we have to admit that we don't know. It is influenced by the rate of progression of a disease, response to treatment and the presence of other medical problems.

We are honest and answer the question frankly, balancing realism and hope. We aim, working with our colleagues, to make sure that the patient makes the most of the time left, that distressing symptoms are minimised and that the patient and family are supported up until death and during bereavement.

Rehabilitation

Rehabilitation is about helping a person to stay as independent as possible and to cope with the way their illness affects everyday life. The Hospice wants you to stay as well as you can and remain in your own home but sometimes that does mean that a few assessments and adjustments have to be made to enable you to remain independent and safe. This support is carried out by a range of professionals, in particular, Occupational Therapy and Physiotherapy.

Occupational Therapy

A lot of people assume that rehabilitation is just about equipment, for example a bath lift or zimmer frame, however professionals involved in rehabilitation use a whole variety of skills to encourage independence. Occupational Therapy (OT) is concerned with how an individual carries out their day to day activities, such as earning a living, personal care or leisure and social activities. They may provide equipment, however they will also advise about different ways of doing things and other ways of coping, for example dealing with tiredness or fatigue.

Occupational Therapy can provide individual help or run courses for small groups to help patients with, for example, body image problems, fatigue management, breathlessness, anxiety and relaxation. The aim is always to promote independence.



Physiotherapy

Physiotherapy looks at ways of addressing physical problems affecting day to day living such as weak muscles or breathing problems. This may include 'hands on' therapy and advice on exercise, positioning, breathing techniques or moving and handling.

Like OT, Physiotherapy's aim is to promote and maintain your independence. Much of the help will be to assist your carers to help you and this can reduce much of the anxiety felt by carers, afraid that they are doing the wrong thing.

The physiotherapist can help pain relief through the use of TENS** , massage, positioning, use of heat and cold and provision of neck collars and splints and they can assist with the management of lymphoedema (swelling of arms/legs).

*** commercially available equipment for pain relief*



Support Services

The Hospice understands that sometimes it is the little things that get you down, like feeling negative or tired, and not always the big issues of your diagnosis. Often it is the worry over how the family is coping with your illness, and its impact on them, that concern you the most. Various support services are here to help.

Library Resources

St Helena Hospice has an extensive library of resources that patients and their family/carer can use to find information about their condition, medications, support services etc. There is a librarian who will assist with finding what you want. The libraries are in the Education Centre at Colchester and the Information Centre in Clacton. See Contact List (pg 27) for details

Complementary Therapy

The use of complementary therapies in palliative care is growing as research has shown that its use, alongside conventional medicine, can help enhance relaxation and well-being as well as help with the management of specific symptoms such as breathlessness, nausea and pain control.

There are four therapies offered at St Helena, they are:

Massage

Massage is the oldest form of medical treatment known to man. Massage is used to relieve muscle tension, help the body relax and promote a feeling of well being.



Reflexology

This is a therapy which works by the application of pressure to various points on the feet. It is suggested that the application of this pressure in a certain way can enhance general well being and give a feeling of deep relaxation and calm.



Shiatsu

The literal meaning of shiatsu is 'finger-pressure' and its practice dates back several thousand years. Shiatsu is given with the receiver remaining fully clothed and either lying on a futon on the floor, on a couch or sitting in a chair. Research has reported that some of the benefits are better concentration, higher energy levels, improved physical capability and enhanced symptom control.



Acupuncture

Acupuncture has been practised for many centuries and involves the insertion of very fine needles at specific points on the body. These needles stimulate the body's natural responses and can promote general well being as well as aid specific complaints such as breathlessness, pain control and nausea and vomiting.

Counselling, Music and Art Therapy

You may find, like many people, that you need time to come to terms with a life threatening diagnosis and need emotional support as well as medical help. Your family too may want the opportunity to talk to someone other than a relative and so this help is available for patients and their carers. Counselling, music and art therapy offer different ways to engage in, express and explore the feelings and thoughts raised by the individual's experience. Starting with an assessment, which gives both the therapist/counsellor and the individual the opportunity to see whether further sessions would be appropriate, confidential, weekly sessions continue in blocks of six and are then reviewed by the individual with their therapist/counsellor.

Counselling

Counselling is an opportunity to talk about and explore issues and emotions that may not be shared with family, friends or in any other setting, in a non-judgemental atmosphere. Counselling is not about giving advice but helping the individual find their own answers and possibly a way to deal more comfortably with what is happening.

Music Therapy

Music Therapy uses music to support communication and expression. Music is a powerful medium which can affect us all deeply and when words seem inadequate or impossible, music can often make sense. In a music therapy session mainly improvised music is used, providing an immediate and personal form of communicating and understanding.

A range of accessible musical instruments are available and no musical skill or experience is needed as there are no 'right' or 'wrong' notes in music therapy.

Art Therapy

Art Therapy is not about artistic ability and you do not have to be good at art to do art therapy. Through the use of art materials within a supportive relationship, thoughts and feelings that may be too intense or painful to put into words can find expression. Art Therapy offers the individual a chance to explore emotional and psychological needs at his/her own pace.

"Having my hair done makes me feel good".

"Helps to realise you are not the only one"

"Always feel that I can phone for advice and always helpful when I do"

(patient quotes, 2007 survey)



Spiritual Care at St Helena Hospice

For some people, faith is an important part of their lives, whilst for others religion has no significance or relevance whatsoever. While the spiritual care of St Helena Hospice is founded in the Christian faith, the Hospice's understanding of 'spiritual care' embraces both religious and non-religious perspectives on life, thus enabling us to support any patient who wishes to explore personal thoughts and feelings that may have arisen as a result of past and recent life experiences.

The Hospice Chapel/Quiet Room is open every day and provides peace and quiet for anyone in need of personal space and reflection. The Books of Remembrance are kept in here.

FAQ - Do I have to see a Chaplain?

Many patients and families are, understandably, apprehensive about the prospect of meeting a 'vicar' or any other representative of a religious faith, which is why the Hospice chaplaincy team is 'patient-led'. In accordance with national guidelines, permission will first be obtained from a patient (usually a nurse asks the patient) before they receive a visit from a chaplain.

FAQ - Which Church do the Hospice chaplains represent?

The Hospice chaplaincy team is currently representative of the Anglican, Roman Catholic and Free Church traditions. We enjoy the privilege of meeting people of all faiths and none and through contacts within the local community are able to liaise on behalf of patients and families with representatives from all major world religions, who are extremely welcome at St Helena. The lead chaplain also has contact with members of the Essex Humanist Society and other secular groups.

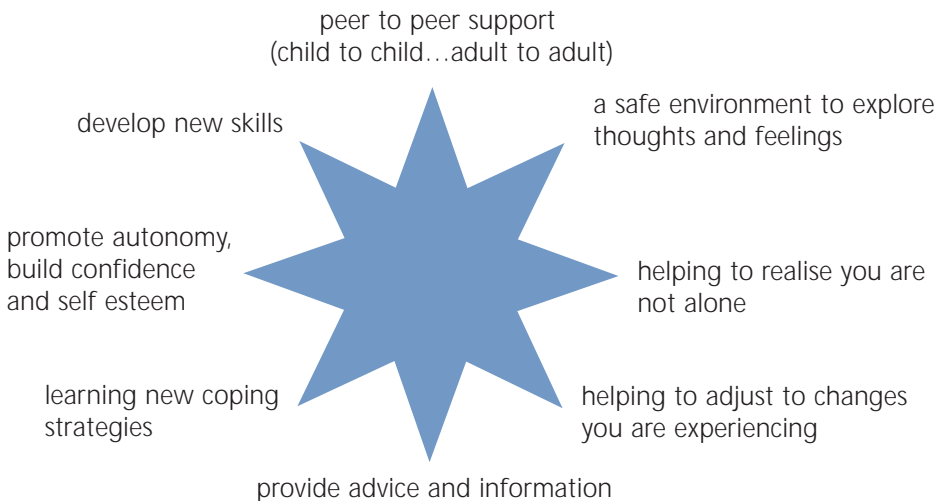
FAQ - Will the chaplain question me about God or my religion?

The chaplaincy team is committed to offering confidential and non-intrusive support to those patients and families who choose to speak with us. Whilst some people may wish to discuss personal thoughts and feelings relating to religious faith, others will be content just to share informal conversation with us on 'anything under the sun.'

Family Support

The Hospice is as much about helping your family and loved ones as it is about caring for you. After all, if you know that your family/carers are coping, this will help you too. Much of the help offered to you is available for your family as well but specific assistance is offered on the practicalities of caring and can include topics such as preparing meals for the patient, handling medications, discussing illness and treatments with the children, making wills and preparing family members for the death of someone close.

Family Support offers a range of services to support adults and children who have a link with the Hospice. 'Family' is a term that includes anyone who matters to the patient. Family Support Workers include Social Workers, Counsellors, Art and Music Therapists and specially trained volunteers all have similar aims, which are:



FAQ - I am too unwell to work and I haven't got any money coming in, what can I do?

The state benefit system can seem complicated and confusing, especially if you have never needed to use it before. This often means that people who are unwell are not claiming all the benefits they are entitled to. Our social workers will be able to provide you with information, assistance and contacts about this.

End of Life Support

There will come a time when those living with a life-threatening illness must come to terms with the fact that the end of life is near. The Hospice can offer much needed comfort and support at this upsetting and stressful time. It is not at all uncommon for people to find it impossible to think about practical issues at such an emotional period yet there are practical matters to be considered. Some of the key issues are explained in this section but a more detailed booklet is available on request.

Preferred Priority of Care

Preferred priority of care came into being in 2006. It is a nationally recognised document, which hopefully will ensure that patients are cared for in their preferred setting in the last weeks/days of life. Many people wish to remain at home but, in the past, have experienced difficulties when professionals came to the house and felt hospital was more appropriate.

People can complete the preferred priority of care document when curative treatment is no longer an option. The community healthcare teams have had training in how to complete the document so can help if necessary. The ambulance service recognise the document, so if they are called to the house by professionals and the family produce the document they will adhere to the person's wishes. In the event someone wishes to be cared for in another setting such as the Hospice, bed availability has to be considered when the time comes.

The Inpatient Unit

There are many reasons why patients may prefer not to die at home and the Inpatient Unit may be able to offer supportive care at this time. While a bed cannot be guaranteed, the Day Service, Community, Inpatient and Hospice at Home teams work closely together, particularly at the end of life, to try to ensure that patient's preferences are respected.

"Your staff made all the family feel very welcome day or night and nothing was too much trouble."

(quote from 'thank you' card, 2008)

Resuscitation

Resuscitation of patients at St. Helena Hospice can be a delicate and difficult subject to discuss. Our whole philosophy is based on comfort. St Helena Hospice is only able to offer basic life support (CPR) in the event of a sudden collapse. Specialist treatment would involve transfer to the main hospital. Any decision reached about resuscitation will be in conjunction with Hospice senior medical staff and the patient, whose views, preferences and rights will remain at the centre of this process. There will be consideration of information from carers regarding the patient's views and preferences. Advance Statements (or 'Living Wills') may be part of this discussion and there is further information about these in a separate information leaflet. Staff will be pleased to discuss any issues you might have.

Hospice at Home

It is recognized that most people want a good death, a tranquil, pain-free passing in their own homes among the ones they love. St Helena Hospice provides a service that supports people at home at the end of life. This is intended to give patients and carers practical and emotional support so that a patient who wishes to die at home can choose to do so. The service is very flexible and aims to respond quickly to individual patient's needs.

Referrals for the service are made through the Hospice or hospital discharge teams, District and Macmillan nurses or GPs and will be assessed by medical staff trained in palliative care. The Hospice at Home team members are trained and experienced in palliative care and can help you to maintain your peace and dignity.

FAQ - Will my GP still be involved in my care?

Your local doctor will continue to prescribe medication. The Hospice at Home team is there to provide practical and emotional support and will work closely with the GP, district nurses and Macmillan nurse. Any changes to care will be in consultation with the GP.

FAQ - Does the Hospice at Home team take over from the district nurse?

No. The district nurse will continue to be the patient's 'key' nurse and the Hospice at Home team co-ordinator will plan with the district nurse when any extra care is needed.

FAQ - How do I contact the team?

Once you are involved with Hospice at Home, the contact number can be found on the front cover of the district nursing notes or you can contact the team through the Hospice.

Planning Ahead

You may already have made arrangements to secure the future for the significant people in your life but for many people making Wills, financial planning, pensions and making funeral arrangements are things that they may not have done before and they need help. Living together, divorce and children can make matters more complicated as issues around next of kin and responsibility for children are complex. So for some people it may be helpful to think again and take advice if they have any anxieties.

Next of Kin

Before a death it is possible for a patient to appoint any person of their choice to be recognised as their next of kin, whether or not they are related. However, after a death this person will not be legally recognised if there is a direct living relative or spouse. We would advise patients to consult a solicitor for guidance.

Further information is available on: www.advicenow.org.uk/livingtogether

Mental Capacity Act 2005 (MCA)

This Act came into force in 2007 and creates important new safeguards for anyone who, through illness, injury or disability, has difficulty making decisions. If this is applicable now or you would like to plan ahead in case it happens in the future, then this Act will be of interest to you. Please ask a member of the Hospice staff if you would like more information.

Children

In situations where children are living with their mother (the patient) and their biological father is estranged from their mother, or is the mother's partner, there should be documented evidence of how the mother wants her

children to be cared for after her death. It is not sufficient to assume that a written request (or a Will) is adequate or to assume that the children's biological father can continue caring for the children.

Children born prior to December 2003 - If the biological father is not married to the children's mother he does not have parental responsibility in the event of her death, even if his name is on the birth certificate.

Children born after December 2003 - In the same circumstances the biological father would automatically have parental responsibility if his name is on the birth certificate.

In such circumstances we advise patients and families to consult a Family Law solicitor who is familiar with the Children Act to ensure that arrangements made for children are legal and binding. The mother can make other arrangements, but only by a legal process. Any local solicitors firm can give you a list of local Family Law solicitors.

Planning like this as far ahead as possible ensures that your wishes are carried out and we can help you get access to information and the contacts to make your arrangements.

If you wish to discuss any of the above please contact a member of the Family Support Team.



Bereavement Services

Emotional support is perhaps the first and most obvious need that family and friends need when someone close to them dies, and St Helena Hospice offers that but practical help can be just as valued. The person who is left may have no experience of paying the bills, setting the washing machine or is too frail to mow the lawn and it is the loss of help with the mundane aspects of life that can make the grief all the harder to bear.

The St Helena Hospice Bereavement service has counsellors, social workers, therapists, chaplains and bereavement volunteers who run programmes to lessen the isolation of the newly bereaved families and children, including grandchildren, and get them access to the help they need. Usually starting with an initial telephone contact, this may lead to home visits, individual grief counselling and consultation and advice to other professionals and organisations including schools as appropriate. 'Link' meetings, a support group for the newly bereaved, are held monthly at the Hospice.

The STARS Programme for Families and Children

This is specifically run to help the particular needs of surviving parents with children, from young children of five to young adults up to twenty-five years. The programme takes place at least once a year and families are invited to participate within 6 - 9 months of bereavement.

There is a separate leaflet available but, briefly, the programme aims are:

Supporting families in coping with the death of someone special.

Talking to other people who have had a similar experience to lessen the sense of isolation.

Aadjusting to the changes that families face after the loss of a parent.

Remembering the person who has died through a range of creative and expressive activities.

Someone special; someone unique. Feeling you are not alone and feeling ready to move on.

Volunteers

Volunteers not only contribute a great deal of manpower at the Hospice but bring skills, interests and individual experiences to the patients. There are over 900 volunteers filling more than 60 roles so there is bound to be something to suit everyone. Volunteers come from all walks of life and commitment, reliability, commonsense and flexibility are just some of the qualities which are needed.

Some but not all duties which volunteers carry out will bring them into direct contact with patients or their families. Satisfaction in volunteering is all about matching skills, interest, passions and personality with available opportunities.

FAQ - Why do people volunteer?

There are many reasons why people choose to get involved. These are just a few: To support the Hospice's work

- To do something unusual and inspiring

- To meet people and make new friends

- To learn new skills and improve their CV

However, the response given by most of our volunteers about why they do it is quite simply because they find it enjoyable and rewarding.

FAQ - How much time do I have to give?

Most roles usually involve a morning, afternoon or evening duty, although there are some exceptions with greater flexibility. You can volunteer for a weekly, fortnightly or 1 week in four duty; this will depend on the time you can afford to give. It is far better for a volunteer to begin modestly and perhaps increase the involvement later.

FAQ - How do I get involved?

Please contact the Voluntary Services Co-ordinator (details are on page 27) and we will give you an information guide containing details of our current vacancies and an application form. We will also be delighted to answer any questions that you may have.

St Helena Hospice Partnership Group

The Partnership Group is a small group of patients and current and previous carers who advise the Hospice management on any user-related matters.

The group uses its experience to provide feedback on potential changes and to propose enhancements to existing services and facilities. In fact this Patient Information Guide was produced and the printing funded by this group.

The Group members organize and carry out the annual patient survey and report on the results to the Hospice managers and trustees. They have also produced a Visitors Guide which provides useful information about the Hospice for new visitors. The Hospice management are very supportive and refer to the Partnership Group on a wide range of topics.

The Group meets on a Saturday morning at the Hospice. New members are always welcome, see page 27 for the contact details.

FAQ - Who can join?

Anyone who has experience of using the Hospice services, either currently or in the past. This includes patients, carers, friends and/or family members.

FAQ - How often, and where, do you meet?

The group always meets on a Saturday morning at the Hospice in Colchester. We meet as often as necessary for the work we are doing but it is usually about once a month.

FAQ - I'd have difficulty getting to meetings. Can you help?

Group members give their time freely but are not expected to be out of pocket when attending meetings. Reasonable travel costs are reimbursed and special arrangements can usually be made if a member has particular difficulties getting to meetings. A member can also contribute to the group by e-mail, letter or by telephone. Expenses are paid from the NHS user participation budget; they are not taken from Hospice funds.

Fundraising

All St Helena's services are free to patients and their families. As a registered charity, we have to rely upon the generosity of our community to provide financial support for the work to continue.

It costs over £4.5 million a year to provide Hospice services, which are available to over 380,000 people in our region. Funding comes from a range of sources including; legacies, funds raised by our shops, events, our own lottery, donations from individuals as well as local businesses and support provided by grant making bodies. We are not part of the NHS but we do receive a grant from our local primary care trust (PCT) which contributes towards some of the services we provide to the community.

Every penny donated to St Helena Hospice really can make a difference. We would like to be in the position of not just maintaining current services but to help more people in the future by expanding our services. For this to happen we need more donors. We also need to constantly improve our facilities and equipment for patients and families, ensuring that we provide the best clinical standards and care. Some of these improvements are expensive but are also vital. Can you help us with these costs?

If you would like to support St Helena Hospice or would like further information, please contact the fundraising team; details are on page 27.

FAQ - How do you handle specific donations?

Sometimes donors have very specific views as to how they would like their money spent. When this is the case we receive the donation into a Restricted Fund and monitor it to ensure that it is only spent in line with the donor's wishes.

Sometimes we receive money that we are unable to spend because of the restrictions applied to the donation. In that situation, rather than holding the money in our bank accounts, we will contact the donor and discuss with them the possibility of using the money for a slightly different purpose, more in line with our current requirements.

FAQ - Why is Gift Aid so important to St Helena?

If you are a UK taxpayer, Gift Aid offers a simple way to increase the value of your gift to the Hospice by allowing us to reclaim the tax on your gift.

St Helena Hospice Policy

Policies and Procedures

All policies and procedures are available on computers throughout St. Helena Hospice. If you would like help accessing these or copies of any of them, please ask any member of staff.

Complaints, Feedback and Suggestions

The Hospice aims to bring you the best specialist service possible. If any part of your experience is above or below expectations, we would like to hear about it. Our Complaints Policy and Procedure and Feedback/ Suggestion Forms are available in every department. Please do not hesitate to use them. Alternatively, you may approach any member of staff to make a comment, positive or negative. All complaints, feedback and suggestions will be used anonymously, if this is the person's wish. From time to time we ask patients to contribute to questionnaires and surveys and patients have a right to see the reports written from these.

Smoking

It is now illegal for any employee, volunteer or visitor to smoke within the Hospice buildings. There is a designated area outside where smoking is allowed. Patients, however, may smoke in the smoking room within the Inpatient and Day units.

Confidentiality

Information received by Hospice staff from patients and families will be managed appropriately with regard to confidentiality and the privacy of individuals. Individual patients will be provided with information on their diagnosis, prognosis, treatment and care options, to the extent that the patient wishes to have this information. With the patient's stated permission, carers and families will also be provided with this information.

Access to Hospice Records

It is a patient's right to request access to their Hospice records. Patients should ask any member of staff and this will be actioned in line with St Helena Hospice's policy and procedure.

Inspection

St Helena Hospice is regularly inspected by its regulatory body, the Healthcare Commission.

Their address is:
Healthcare Commission
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

Telephone: 0207 448 9200.

Email: firstname.surname@healthcarecommission.org.uk.

Patients are interviewed as part of this process.

Copies of Inspection Reports are available at the Hospice and on the Healthcare Commission website at: www.healthcarecommission.org.uk

Suggestions about this Guide

This Patient Information Guide is reviewed annually to ensure that the information in it is up-to-date. If you wish to make comments or suggestions about this information guide, please ask for one of our Feedback / Suggestion Form's which are available in all departments of the Hospice.

This guide was produced September 2008

Next review September 2009

Contact List

Community and Day Services

You can contact us Monday – Friday between 9am and 5pm at::

Colchester/ Halstead Community and Day Service Team

Telephone: 01206 848163

Tendring Community and Day Service Team

Telephone: 01255 221222

e: enquiries@sthelenahospice.org.uk

W: www.sthelenahospice.org.uk

The Hospice can give advice outside of these times on 01206 845566.

Inpatients Services

You can contact us 24 hours a day, 7 days a week on:

Telephone 01206 845566

e: enquiries@sthelenahospice.org.uk

W: www.sthelenahospice.org.uk

Bereavement

You can contact us Monday – Friday between 9am and 5pm at:

St. Helena Hospice Tendring Centre

Telephone 01255 221222

St. Helena Hospice

Telephone 01206 845566

e: enquiries@sthelenahospice.org.uk

Partnership Group

Contact – Ken Aldred (Chairman)

Telephone: 01206 751397

or St Helena Hospice reception

Telephone: 01206 845566

The Voluntary Services

Co-ordinator

St. Helena Hospice, Myland Hall,

Barncroft Close, Highwoods,

Colchester. Essex CO4 9JU

Telephone: 01206 845566

e: enquiries@sthelenahospice.org.uk

w: www.sthelenahospice.org.uk

Fundraising

If you would like to write or visit the team, the fundraising office is located at:

St Helena Hospice Fundraising Office,

95-97 Magdalen Street,

Colchester CO1 2LA

Telephone: 01206 791740

e: enquiries@sthelenahospice.org.uk

w: www.sthelenahospice.org.uk

Library Resources

Education Centre, Barncroft Close,

Colchester CO4 9JU

Telephone 01206 851560

e: edcentre@sthelenahospice.org.uk

Tendring Centre

St. Helena Hospice, Jackson Road

Clacton-on Sea CO15 1JP

Telephone 01255 221222

e: enquiries@sthelenahospice.org.uk

How to get there

Directions to Joan Tomkins Day Centre, Inpatient Unit, Education Centre, Colchester.

By car from the south

Take the A12 to Colchester. Then take the A1232 exit marked Colchester/Harwich. Keep in the left hand lane and slip off left to Colchester/Ardleigh. At the roundabout take the 3rd exit. Go straight on at the traffic lights. Take the 3rd exit (Rovers Tye Public House) at the next roundabout. There are signs for St Helena Hospice and Highwoods Shopping Centre. At the next roundabout take the 1st exit into Eastwood Drive and then take the 5th turning on the left into Barncroft Close.

St Helena Hospice, including the Joan Tomkins Day Centre, the Inpatient Unit and the Education Centre are on the right.

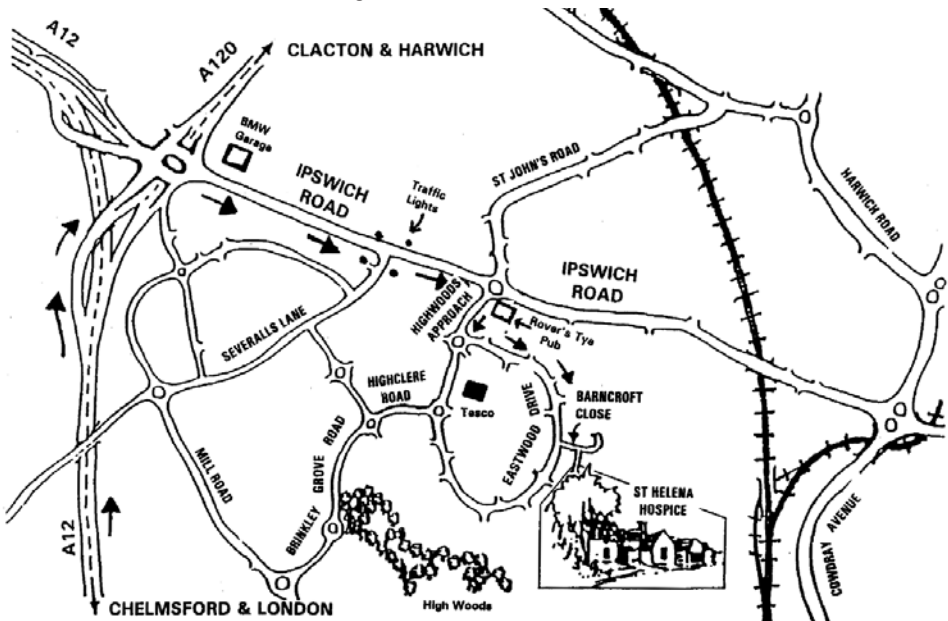
By car from Clacton

Take the A120 to Colchester. Then take the A1232 exit. At the roundabout take the 1st exit and follow directions as above.

Public Transport

There are a number of regular bus services to St Helena Hospice or nearby Tesco Highwoods just five minutes walk away.

For the most up to date information please consult Colchester bus station. The bus from North Station (rail services) takes approximately ten minutes.

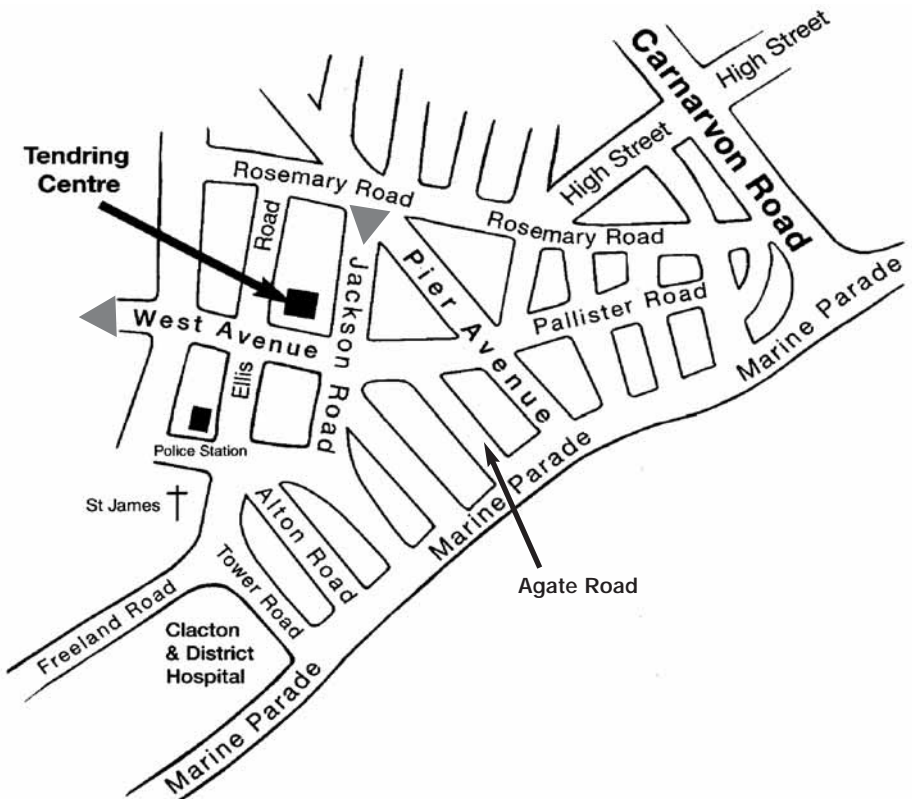


Directions to St Helena Hospice, Tendring Centre

When entering Clacton on the A133 follow the signs for the Sea Front.

You will eventually drive down Carnarvon Road, a wide road with the sea visible ahead. At the end turn right on to Marine Parade. Continue past Pier Avenue and take the next right turn into Agate Road. Bear left at the end into West Avenue and the Hospice is directly ahead. The Hospice's main car park is on the right, just past the building.

The entrance to the Centre is in Jackson Road where there is also a car drop-off area. Please note that Jackson Road and West Avenue are one-way streets (as shown ▼).



St Helena Hospice

Myland Hall Inpatient Unit
Barncroft Close
Highwoods
Colchester CO4 9JU

t : 01206 845566
f : 01206 843294
e : request@sthelenahospice.org.uk

St Helena Hospice

Tendring Centre
Jackson Road
Clacton-on-Sea
CO15 1JP

t : 01255 221222
f : 01255 435409
e : request@sthelenatendring.org.uk

St Helena Hospice

Joan Tomkins Centre
Barncroft Close
Highwoods
Colchester CO4 9JU

t : 01206 848163
f : 01206 752245
e : request@sthelenahospice.org.uk

St Helena Hospice

Education Centre
Barncroft Close
Highwoods
Colchester CO4 9JU

t : 01206 851560
f : 01206 845969
e : education@sthelenahospice.org.uk

St Helena Hospice

Fundraising Office
95–97 Magdalen Street
Colchester
CO1 2LA

t : 01206 791740
f : 01206 793477
e : enquiries@sthelenahospice.org.uk



St Helena Hospice
your time...your hospice

St Helena Hospice is a company Limited by guarantee.

Registered in England and Wales No. 01511841.

Charity No. 280919.

Registered Office: Myland Hall, Barncroft Close, Highwoods, Colchester. CO4 9JU

Colchester: Inpatient Unit, Joan Tomkins Centre,

Education Centre. Clacton-on-Sea: Tendring Centre.

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