



John Taylor Hospice  
76 Grange Road  
Erdington  
Birmingham B24 0DF  
Tel: 0121 465 2000  
www.johntaylorhospice.org.uk

## To refer to John Taylor Hospice click on **Referrals**

### **Community Clinical Nurse Specialists**

The Community Team provides psychological support and specialist symptom control advice in patients' homes seven days a week, between 9am and 5pm. This team will be the main contact for the majority of patients referred. They work in teams across different geographical areas to maintain continuity but there will also be a triage nurse available for emergency contacts. Caseloads will be regularly reviewed and patients who are stable without specialist palliative care needs will be discharged back to the care of their GP. If the situation then changes, the GP, district nurse or other external referrer can reactivate the referral using the reactivation form available on the website (see Appendix 2), a new external referral is not needed if the patient has been discharged for less than a year.

### **Inpatient Unit**

The Inpatient Unit provides 24 hour care, seven days a week for specialist palliative care patients and Sandwell and West Birmingham home-from-home patients. Specialist admissions can be for symptom control or end of life care, with an average length of stay of 10-14 days. A waiting list is maintained on SystemOne. Bed meetings take place regularly at 9am Monday-Friday in the Nurses' Office when admissions are decided on a daily basis, according to bed and staff availability. There is on site doctor cover 8.30am-5pm Mon-Fri which means the majority of new admissions are accepted within working hours. Depending on bed availability we will offer emergency admissions for end of life care at any time. Emergency weekend admissions for symptom control may also be possible, after discussion with the nurse in charge and doctor on call and review of the waiting list. Referrers should be made aware, and asked to tell the patient and their family, that the In-Patient Unit is not long stay. Discharge planning will begin on admission. Requests for transfer from hospital of a patient already known to another team at the hospice should be made on a reactivation form, they do not require a new external referral.

### **Hospice at Home**

The Hospice at Home Team of nurses and health care assistants provides care at home from 8am to 8.30pm, seven days a week, with a maximum of three calls a day to patients approaching the end of their lives. This includes personal care and booked sits. There can be a waiting list which is managed daily by the team. Hospice at Home is intended as a short-term service. Patients will be discharged if no longer in need of care or if longer term Continuing Health Care (CHC) is deemed more appropriate. There can sometimes be capacity to start care packages prior to regular social services or CHC packages starting, this is only available for up to two weeks and only for patients ready to leave the Inpatient Unit or hospital.





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## Living Well Centre

The Living Well Team offers a 12 week therapeutic programme designed to help address symptom control and provide support for physical, emotional and spiritual needs. The programme features a range of education and activities covering areas such as fatigue, diet, community support, medication, mobility and exercise. Working in partnership with patient's GPs, district nurses and other members of the hospice's specialist Multi-Disciplinary Team of pharmacists, occupational therapists and physiotherapists, the programme focuses on individual needs. This programme is available either on a Tuesday or a Thursday for a duration of 12 weeks, starting at 10am and finishing at 3pm. Waiting lists may apply and patients may be discharged at the end of the course or signposted to other hospice services. We encourage early referral to the Living Well Centre - we are developing good evidence that patients referred into a structured day hospice programme are better informed and prepared to live well before their condition deteriorates. The programme increases their knowledge base of supportive contacts, gives time to organise and plan their care and helps control their symptoms.

The Living Well Centre also hosts a social day on a Friday (10-3pm) for people who are lonely and may feel isolated but do not have end of life conditions. No referrals are necessary for this group.

## Pharmacy

The Pharmacy Team accepts community referrals for home visits to patients with specialist needs. These can include, but are not limited to:

- assessing, advising and resolving the pharmaceutical care needs of palliative patients requiring complex symptom control in their preferred place of care
- advising on drug choice, dose and frequency in patients with organ failure eg end-stage renal and liver failure
- assessing and arranging the provision of end-of-life anticipatory medicines in the community
- supporting the prescribing, titration and monitoring of unfamiliar medicines via syringe pumps such as Fentanyl and Alfentanil
- providing support and practical advice in situations where patients require alternative forms of medicines administration eg swallowing difficulties, enteral feeding tubes.

Patients will be discharged at the end of the intervention.

The Pharmacy Team will also complete medicines reconciliation on in-patients admitted to the hospice within 24 hours where practicable. Pharmacists will support the doctors and nurses to ensure safe and clinically effective prescribing, advise on administration of medicines and provide education and counselling to patients and relatives on all aspects of their medicines.





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## Physiotherapy

Physiotherapists provide holistic assessment of symptoms and collaborative treatment plans and goals for palliative patients within John Taylor Hospice or in their own homes. They aim to improve quality of life and enable the maintenance of independent living for as long as possible, offering patients realistic hope, integrated with a pragmatic approach to support them and their carers. Physiotherapeutic techniques and treatments provide palliative rehabilitation to improve physical symptoms such as reduced functional ability muscle strength and mobility, pain, dyspnoea and fatigue. Support and self-management techniques may also be used to help improve distressing symptoms of anxiety and breathlessness. Access is available to numerous mobility aids and other equipment that may assist functional independence. Patients can be seen at home, in the In-Patient Unit or Living Well centre, and may be discharged when stable.

## Acupuncture

An acupuncture service is available for in-patients, patients attending the Living Well Centre and out-patients. Treatment is provided to manage symptoms such as pain, breathlessness, anxiety, xerostomia, nausea and vomiting, hot flushes and sweating. The potential treatment will be discussed and the number of sessions suggested will be agreed at the initial assessment. Patients will be discharged at the completion of a course of treatment.

## Occupational Therapy

The Occupational Therapy Team can see and assess patients who are having difficulties with daily activities and provide support as appropriate. This may include the provision of assistive equipment, environment adaptations and advice and support with lifestyle management and help with a variety of symptoms such as fatigue, anxiety and breathlessness. Patients can be seen either at home, on the In-Patient Unit or in the Living Well Centre for a period of support. They will then be discharged but can be re-referred if appropriate. The Occupational Therapy service is not an urgent response service.

## Fatigue, Anxiety and Breathlessness Programme

The nine-week Fatigue, Anxiety and Breathlessness self-management programme (FAB) takes place in the Living Well Centre at John Taylor Hospice for a small group of patients for two hours on a weekly basis, plus a follow up consolidation session six weeks after programme completion. It is run by the hospice occupational therapist, physiotherapist and respiratory nurse specialist following a detailed respiratory assessment to ensure appropriate inclusion onto the course or signposting to a more appropriate service. The course includes education, advice and self-management techniques delivered by a variety of specialist health professionals. The referral criteria is for patients with end stage, chronic respiratory illness such as COPD or pulmonary fibrosis, ideally on their GP practice GSF register, living within the John Taylor Hospice catchment area, who are committed to and able to attend the whole programme. Waiting lists may apply and patients will be discharged at the end of the programme.



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## **Wellbeing Team – Psychological and Spiritual Support**

The Wellbeing Team comprises chaplaincy/spiritual care, counselling/psychological support, art psychotherapy and trained bereavement support volunteers. The service is available for hospice patients and for their families both pre and post-death, including children and young people, individuals and family groups. Self-referrals are accepted or via any health professional. There is no time limit after a patient's death for bereavement support or counselling. An external referral form must be completed for each family member referred for support. Even though they are referred to the team as an external referral, they are not eligible for other services within the hospice, as they are not an 'original' referral, but only referred due to their relatives' contact with the hospice. There may be a waiting list at times - the person will be informed of this by letter.

Bereaved families receive a letter and information offering the service approximately six weeks after the death of the patient and again at 8 months. All initial assessments are carried out by qualified therapists. Individual therapy and support is offered at the hospice in dedicated therapy rooms, in the hospice clinical areas, in the home, GP surgery or school. Bereavement support may be available in the home. Telephone support or counselling is available. The service is person-centred with flexibility around the number of sessions - the referral is closed when the therapeutic input has ended. The service offers flexibility around school and working hours with appointments in the evenings and weekend. The counsellors also provide resources for families, signposting for families and professionals and training around loss and bereavement. Patients can be supported in creating legacy work. A bereavement group runs each month for isolated bereaved adults.

## **Patient and Family Support Worker**

The Patient and Family Support Worker helps patients and families navigate care and can act as their advocate and support for different agencies eg helping fill in forms for housing and signposting for other agencies. Patients will be discharged when the situation is resolved or advocacy is no longer necessary for them.

## **Complementary Therapy**

Complementary therapy may be suitable for patients suffering from a variety of symptoms including pain, anxiety or nausea. Possible therapies offered include Reiki and aromatherapy massage. Patients will be offered a number of sessions depending on requirements and response to treatment and discharged following those sessions.