

# **An Update on Care Services** at Saint Francis Hospice

We are pleased to share our latest update from Saint Francis Hospice. This is part of a regular series of communications we send to keep you informed about our services and developments, and to support open, two-way dialogue with you as our valued partners in care. We encourage reciprocal communication and would welcome any feedback, questions, or insights you wish to share with us.

In this update, you will find information on three key areas:

- Our new five-year strategy and the priorities we are focusing on to meet growing demand.
- 2. Our upcoming Ward Development Project and how we will continue to deliver safe, high-quality care during this period.
- 3. Referral processes and clinical support to make it easier for you and individuals in your care to access our services.

# **About Saint Francis Hospice**

At Saint Francis Hospice, we provide free expert, compassionate palliative and end of life care to those who need us. We have been a trusted part of our community for over 41 years, supporting people of all backgrounds across Barking & Dagenham, Brentwood, Havering, Redbridge, and parts of West Essex. We are delighted to have been rated Outstanding by the Care Quality Commission again in 2025.

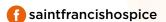
#### **Our New 5 Year Strategy: Growing Together**

Our hospice's new five-year strategy is focused on growth, scale, and impact, ensuring we meet the rising demand for person-centred end-of-life and palliative care. We aim to develop and expand our services, making

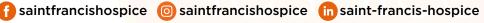
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them more accessible to individuals and their loved ones across all communities that we serve, with a focus on increasing referrals from ethnically diverse communities (currently there is under-referral/under-use of hospice services against data concerning advanced illness within ethnically diverse communities) and increasing hospital admission avoidance.

# **Ward Development Project**

We are starting a Ward Development project in September 2025 - a vital project that will ensure our care environment on the Ward continues to meet the needs of everyone we care for, and to maintain safe care provision and quality of services to people in our community for at least the next 5 years. The project will enhance the experience of all individuals receiving Ward care and support, and our staff and volunteers, with the ward upgraded to a modern, and welcoming standard.

The work will be completed in two parts reducing the Ward beds from 18 to 11 for the duration of the project. We have developed a new Enhanced Hospice at Home Service during this time, to ensure we can continue to provide care for our commissioned number of 18 beds. The Enhanced Hospice at Home Service will extend the Ward to people's homes, providing an enhanced level of care to support individuals with complex and unstable palliative care needs in their own homes. This service will be provided by our Hospice at Home team, seconded Ward staff and medical team, with wider MDT support.



The service will be for individuals who have been identified as requiring a level of care which would normally require a hospice Ward admission, with multidisciplinary care delivered at home rather than on the Ward, providing intense, individually tailored input through the crisis which has led to referral.

Please continue to make referrals to the Ward as per the current process.

The Enhanced Hospice at Home service offering will be undergoing continuous evaluation and auditing as it develops to ensure that this new service meets the needs of those that require it.

#### **Making a Referral**

Please refer using the online form on our website <a href="www.sfh.org.uk/refer">www.sfh.org.uk/refer</a>. We also accept the Pan London referral form and the St Luke's ONERESPONSE form, if sent electronically. Please provide supporting information with your referral i.e. background and current clinical information (summaries/hospital letters etc), as we struggle to get the information we need from other sources.

Please send to nelondonicb.saintfrancishospicereferrals@nhs.net.

You can find our **Referral Criteria on our website**. Please check this before you submit your referral **www.sfh.org.uk/patient-referrals**.

#### **Urgent Referrals**

If your referral is urgent, please telephone our Referrals Co-ordinator to discuss the referral on 01708 758606.

#### **Self-Referrals**

We accept self-referrals to our services, but it is much easier to get the clinical information at the start, so that if you are asked to make a referral for palliative care please do so (if you feel appropriate), rather than telling the person to self-refer. With self-referrals we will of course need to come to you for full supporting clinical information and to check that we are the right service for them. Please refer to our website for self-referral criteria.

Please turn over.

## **Specialist Advice Line**

Call our 24-hour Specialist Advice Line 01708 758643 for support and advice with specialist palliative care or end of life issues, including support for people not already on our books. Please do not advise people to call 111 for palliative or end of life care support.

# Anticipatory or 'just in case' Injectable Medicines and MAAR chart

Our website includes the latest NELFT/hospice guidelines for palliative and end of life care (V5) and examples of the required MAAR charts for injectables for those approaching end of life, including a sensible start for people who are 'opioid naïve', for frailty and for severe renal impairment. www.sfh.org.uk/professional-resources.

# **District Nursing Community Services**

Please ensure a timely referral to District Nurses - their on-the-ground support is invaluable in advanced illness and best end of life care at home. For our Hospice at Home team to be able to support, a district nurse referral is essential (the H@H team comprises more HCAs than RGNs).

## **Demand and Service Capacity**

As with all community services we are managing workforce gaps against a backdrop of increasing demand and need. We aim to give rapid telephone advice and support, make crisis face-to-face visits, do timely, supportive first meetings, and provide ongoing follow up, but at times we cannot do all. We will let you know if there is going to be a delay in response to referrals. Please give us as much information as you can with referrals - this makes a big difference to effective timely contact with the referred individual.

#### Please call us if you need to and please don't hesitate to refer.

#### Other useful information.

- Please ensure the individual has consented to a referral being made.
- The most critical need is for a comprehensive summary of the diagnosis and background, with the most relevant current symptoms.
- Highlight any recent significant deterioration.
- Do share any conversation about the individual and/or their family's insight into their situation, and their/your expectations from the referral.
- Please share if a preferred place of care and death has been determined. This information will help us to focus more quickly on what really matters.

## **Our groups at Pemberton Place**

We have a welcoming and generous space in Pemberton Place, on our Hospice site in Havering-atte-Bower, used by people in our services for groups including:

- Exercise group six-week movement and mobility course, four-week chair-based exercise with the aim to maintain function, movement and activity.
- Fatigue and breathless group four-week course for support with strategies to overcome these symptoms.
- **Dementia support group** monthly support group for those diagnosed with dementia with the ability to participate in activity and their carers.
- Neurological conditions support group monthly support group for people with neurological conditions and their carers.
- Sensory group monthly group offering multisensory sessions with a theme each month.

- **Wednesday connections** monthly social group with the aim of alleviating some of the isolation and loneliness experienced by some individuals and their carers. Regular guest speakers.
- **Creative expressions** a group for people under our care in the community or on the Ward. We use creativity as a vehicle for expression of thoughts and feelings.

#### Collaboration

Collaboration is key to delivering more joined-up care, and we are committed to working closely with you to achieve this. **Please send the dates of your upcoming GSF and ICT meetings to lisamcdonald@sfh.org.uk**.

Please let us know if you would like to know more about our services or to visit us for a tour, we'd be delighted to welcome you and your teams.

If you are interested in developing your palliative care knowledge and skills, our website includes a link to upcoming study sessions, also job vacancies and volunteering opportunities. If you have an enquiry, please contact us on 01708 753319 or email us on **communications@sfh.org.uk**.

Thank you for your ongoing support for our services.

Yours Sincerely

**Dr Corinna Midgley** 

Medical Director and Consultant in Palliative Medicine

#### **Tes Smith**

Tes Smith

Director of Care & Community Services

- CQC Registered Manager & Caldicott Guardian.

