

Spring/Summer 2018

Hospice Matters

because **you** matter



ARDGOWAN
Hospice

*together
we care*



Leann tells her story

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Also inside:

- Your Hospice: Myth vs Reality
- A Day in the Life of our consultant
- A son's heartwarming memories



Your support is amazing. This update highlights some of the services your donations help us provide to the Inverclyde community.

Hello, I'm Linda McEnhill and I am the new Chief Executive at Ardgowan Hospice. I would like to say a heartfelt thank you for all of your interest and support for your local hospice.

This edition of Hospice Matters is packed full of stories and updates from our work supporting those affected by life limiting illness in Inverclyde.

We've got lots of things to share with you—from one young woman's tale of living with the complications of many operations and being supported by our Lymphoedema service. We also try and give you a real insight into our clinical work—by including a story that tracks a day in the life of our consultant, Dr Sandra McConnell.

We also include a fitting tribute from one local man about how a special package of support helped his father in our In-Patient Unit.

And as always, we will be celebrating the support we've received from our wonderful supporters. You understand the challenges facing families across Inverclyde. Like us, you're there for your friends, family and neighbours in need.

We hope you enjoy reading Hospice Matters as much as we enjoy putting it together for you. It's so important for us to keep you updated on our work and show you just how the donations you make benefit children, young people and families all across Inverclyde. It's thanks to you that we are able to help them, every day.

Linda McEnhill, Chief Executive

Myths vs Reality

Our no-holds-barred expert guide will help you understand what Ardgowan is all about. This is a myth-free zone...

Myth "If you go to the hospice as an in-patient you will die there."

Reality

We offer symptom management and pain control for short periods and then patients go home. Some people choose to spend their last days in our care. Families of patients find the hospice a warm, friendly and supportive environment to spend precious time with their loved one.

Myth "Hospice care is fully funded by the NHS."

Reality

It's not. We rely on about 60% of our funding from the generosity of the community to fund our services.

Myth "Hospice care is about giving up all medical treatment."

Reality

Many of our patients are receiving active treatment, such as chemotherapy or surgery. We support them and also provide symptom control and pain relief. We offer clinical advice on improving quality of life.

Myth "Hospice is where you go when there is nothing more a doctor can do."

Reality

Hospice is not a place but a comprehensive range of services, offered by a skilled team to provide medical and emotional care focusing on comfort and quality of life while also supporting the family.

Myth "Hospice services aren't provided at home."

Reality

We have a specialist community nurse team—supported by GPs, hospitals and hospice's own medical staff. We support patients and family members to care for their loved ones. A caregiver is not alone, being able to consult with skilled providers on their regular visits and by telephone.

Myth "Hospice care is only for older people."

Reality

We work with patients of all ages. Young men and women are supported in all our services. We provide support to children and young people affected by a bereavement or a family member who has a life-limiting illness through our Butterfly Project.

Leann explains how she copes with Lymphoedema



Leann is in her 30s and over the last decade has coped with cancer and major surgeries and is now living with a chronic condition called Lymphoedema.

Leann was aged 28, training to be a nurse and was diagnosed with cervical cancer after a regular smear.

"I was working as a carer part-time to support my studies. I told everyone. I was in a daze and by saying the word it made it more real."

Leann received treatment but within a year, investigations showed a malignant tumour in her cervix.

"I kept thinking, there's no way I'm going to survive a second time."

Leann underwent major surgery at Royal Marsden, London with a specialist team to remove her cervix and some lymph nodes. The surgery was a success.

"The surgeon mentioned that swelling may occur."

When it did occur, the swelling was painful and impacted on her life and work.

Her GP referred her to Elizabeth Jennings and the Lymphoedema Service at the Hospice.

"I couldn't quite believe it. I thought that's where you went if you were going to die. The reality was completely different."

"Everyone at the hospice is friendly and helpful and the atmosphere is homely and welcoming."

Elizabeth offers me massage and advice on skin care. She also prescribes the correct compression hosiery to control swelling and reduce pain. She understands when I get frustrated that I can't tan my legs in the summer. She reassures me about my worries about my swollen limbs and how it affects my ability to do my job.

"It's annoying sometimes as my swelling is not obvious at first glance and I look well, so people don't realise the pain and discomfort I feel."

"However, I feel lucky to be alive, even if it can be a struggle sometimes. I'm living with a chronic condition but I feel supported and have fantastic family and friends around me."

"I visit the clinic regularly and Elizabeth helps me so much. I can talk to her about my real concerns and practical issues as well as have my physical symptoms treated."

Leann

Specialist Lymphoedema nurse Elizabeth Jennings answers questions about the condition.



What is lymphoedema?

It's a collection of fluid which cannot drain away causing swelling, mostly seen in arms and legs, but can occur anywhere in the body. It's a condition with no cure but specialist treatment can help manage symptoms and improve quality of life.

What is the lymphatic system?

It is a network of vessels and nodes cleansing and removing excess fluid (lymph), proteins, bacteria and waste throughout the body.

Why are lymph nodes removed?

Many patients have lymph nodes removed, as there is a worry secondary cancer can develop in other areas. When I met Leann I showed her techniques to help reduce the swelling.

What does your treatment involve?

It starts with a thorough assessment as it's important to get a full medical history and understand how the symptoms are affecting a patient's life in a physical and an emotional way. I will examine the swollen area and often take measurements. Treatment involves massage, skincare and wearing compression hosiery.

Why is the correct hosiery so important?

It can reduce swelling and pain. It takes some time to get the correct compression and sizing to provide the best comfort and relief.

The service is available via a referral from a health professional.

For general enquiries call us on 01475 726830.



A Day in the Life

Palliative Care Consultant,
Dr Sandra McConnell
describes a working day
at the Hospice.

I manage the care of all patients admitted to the in-patient unit. I also provide input and advice as necessary to those patients treated at day hospice and in the community by our specialist nurse team. On a Wednesday I run an afternoon clinic where patients can attend with their family or carers.

9am

I arrive in time to catch up on any emails and calls before the handover meeting. Nurses who are on early shift bring key information to my attention. They will have already been briefed by the night staff, so that I am given a very clear picture of the progress of the patients and any issues that need to be addressed that day. I will review patients as necessary outwith my twice weekly ward rounds. On the days I don't personally see the patients, my doctor colleagues will review them.

I will allocate potential new admissions with colleagues before the day starts. It is always difficult as we only have 8 beds and some are in shared rooms. We try to achieve the best care environment for each patient.

10.30am

On a Wednesday I meet with colleagues for a multi-disciplinary team meeting. Specialist nurses, who have visited patients in their homes, outline the needs of patients and carers they have visited. The community nurses feedback on what is needed on a clinical and emotional level. Other attendees at the meeting may include nursing staff, physiotherapists and family support staff. Each will contribute their view

“I'm passionate about finding ways to help people with life limiting illnesses enjoy a life that is comfortable and where pain is managed and emotional issues tackled. There is no average day and no average patient.”

“Each patient's needs are different and special. We help them with the symptoms that may limit their lives—such as losing speech and find ways for them to contribute and not get depressed and down. It's a holistic approach as we consider the whole picture including the carer and other family members.”

based on their knowledge of individual patients. This information is invaluable and helps us create individual care plans for our patients.

I will then go and review any patients needing my input on the ward. I also answer questions from the nursing staff. I will check emails and correspondence and liaise with external colleagues as required, occasionally grabbing some lunch.

1.30pm

On Wednesday the clinic starts at 1.30pm. I offer a one-to-one consultation. Carers and family members often attend too. I like to spend time getting a clear understanding of what is most concerning the patients and how we can help. It is important that I discuss and explore all of the patient's needs and sometimes this takes more time than is expected. I like to offer the best service I can. Palliative care, like all medical care, is complex. It is about making decisions that affect peoples'

lives. I am trying to help patients that have seen so many doctors they often forget who they have seen for what. They need reassurance and help to pull together all the strands and get a clear picture of what they can do to manage their illness. It's a long afternoon. We are often offering step-by-step improvements to improve patients' quality of life and to allow them to live as independently as possible. It is also important to ensure their family is also supported to ensure they can, in turn, support the patient.

5pm

After the clinic I will write up my notes and suggestions on care and referrals. This may involve letters to GPs, oncology and other specialist consultants. Before heading home I will go to the in-patient unit to follow-up on patients and new admissions.

I then try and leave as it's time for my family before my head hits the pillow.

Supportive Care Clinics are offered in three locations in the community on different weeks.

Port Glasgow
Medical Centre

Greenock
Medical Centre

Greenock
Access Building,
Hospice, Nelson Street

These are organised by referral via your GP, Hospital via consultants or clinical nurse specialists or internal hospice referrals.

Corporate Partnerships



£15,000 will provide care for an in-patient bed for nearly a month.

RBS Mortgage Centre has voted the hospice as its charity again this year. Funds are raised throughout the year with staff getting involved in lots of innovative fundraising ideas.

Ardgowan offers excellent partnership opportunities for local businesses and if you are interested please get in touch using contact details below.

School Partnerships



The hospice supports the Youth and Philanthropy Initiative (YPI) as it raises awareness amongst young people about philanthropy and their local community. A group of pupils from local school, Inverclyde Academy, visited us recently. **Amy, Fiona and Olivia**, pictured here, left with a good knowledge of hospice care.

We are always keen to work with local schools and please get in touch using contact details below.

Thanks to you...



Sean is determined to go the extra 26.2 miles and complete the Stirling Marathon for Ardgowan. This is a big challenge and not for everyone. We hope it will encourage people to try and do something that suits their skills and ability to support the hospice.



Aaron gave away his pocket money and now he's striding out to support the Kiltwalk with his beloved dog, Nala, by his side.

He will also be joined by his mum and dad, so it will be a family day out raising money with every step.



A fundraising idea not for the faint-hearted: just a little parachute jump! One of the group lost her dad to cancer. **Lauren Mulaghton** is

supporting the hospice as she wants other families to receive the love and support her family did when her father was unwell.

Get active this summer!

10 June
Simplyhealth Great Women's Run Glasgow

17 June
Glasgow Men's 10K

25 August
Great Scottish Swim Loch Lomond

29/30 September
Great Scottish Run Glasgow

How to get involved

Call us on **01475 558899** or email **fundraising@ardhosp.co.uk** or sign up on our website **<https://ardgowanhospice.org.uk/events>**.



Fundraise for us



Make a donation



Support our charity shops



Become a volunteer

Comfortable and surrounded by love—an end to aspire to.



Brian McLaughlin drives past the Ardgowan In-Patient Unit every day on the way to work and, until his father was cared for there, never gave it a second glance. When Brian drives past now, he thinks about all the kindness and laughs he shared with family, friends and staff at one of the saddest times of his life.

“The hospice became like a second home to me. When I arrived I could be with my dad, relax in a comfy chair with some tea and toast. These simple things help when you are trying to enjoy every last minute.”

“The hospice staff welcomed my extended family so we could spend quality time in a supportive environment. It was such a comfort to see that my dad was not in pain and could enjoy the time with us all.”

Brian McLaughlin (senior), age 56, passed away just before Christmas. He was diagnosed with thyroid cancer only three months previously. He had already told his children when he was

near the end of his life he wanted to go to the hospice.

“The staff were great with my dad; they shared banter and jokes and always had time for him. They treated him like he was the only patient there and gave him real loving care. It wasn't a sad environment and he was still living his life with all his family around him,” says Brian.

“My sister and I have had such comfort from the fact that my dad was cared for at the hospice in his final week. The staff explained things so clearly and would always spend time answering any questions we had. All the staff were really caring and warm and they made us all feel special and cared for too. What I now appreciate as I drive past the hospice is the vital service it offers to our community.”

Go Yellow for Ardgowan!

Pick a day in May to **GO YELLOW** to raise funds for your local hospice!

Join together with your classmates, work colleagues, family and friends and help us to paint Inverclyde yellow!

Go to www.ardgowanhospice.org.uk for your free fundraising pack.



May is **National Go Yellow** month to support your local hospice. It cost £9,000 a day to keep the hospice running. The Greater Glasgow and Clyde Health Board provide about £3000 of these funds. We rely on the dedicated people of Inverclyde fundraising together.

Gunge your friends and colleagues!



£40

A session at our Lymphoedema clinic

£75

Would pay for 5 one to one sessions for a child needing support

£600

A day at our in-patient unit

Make a donation to Ardgowan Hospice today

1. My Details

Title:

Forename:

Surname:

Address:

Postcode:

Tel No:

Email:

2. I would like to make the following donation:

Amount: £

I enclose my cheque payable to Ardgowan Hospice OR please debit my debit/credit card:

Card No:

Expiry Date:

Security No (3 Digits):

Name On Card:

3. Gift Aid: Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Are you a UK taxpayer?

YES NO

I want to Gift Aid any donations I make now and in the future or have made in the past four years to Ardgowan Hospice. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please notify us if you want to want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

4. Future Contact

From time to time we'd like to keep in touch to let you know about the vital work we do and how you can support us and get involved. Please let us know your contact preferences—we promise never to sell your data.

Please tick the boxes to indicate your contact preferences:

Email Telephone

Please tick this box if you **DO NOT** want to hear from us by post:

You can change your mind at any time by calling 01475 726830 or writing to us. For further details on how your data is used and stored by the hospice, please write to us at 12 Nelson Street, Greenock, PA15 1TS. All information provided by you is held by Ardgowan Hospice Limited in accordance with the Data Protection Act 1998.

5. Return To:

Fundraising Team, Ardgowan Hospice, 12 Nelson Street, Greenock, PA15 1TS.

Ardgowan Hospice is a registered charity in Scotland No.SC011541