



# Donate to support personalised nurse-led palliative care in the community

## Why I wanted to work in a hospice

"When I was young, I witnessed the impact of hospice nurses through my grandad's care. This experience and my caring nature inspired me to become a nurse.

**I wanted to make the same difference those nurses made to my granddad, my family, and me.**



Becoming a Community Palliative Care Nurse combined both my passions – community work and end of life care. It is incredibly fulfilling to build relationships with my patients and families, and it is an honour and a privilege to be let into their family homes and lives at such an intimate time.

**I want to be the person they can rely on, just as my family and I relied on my grandad's hospice nurses."**

I qualified during COVID and began nursing in an Intensive Care Unit. I cared for many extremely ill people. Some of whom died. This had a profound effect on me and strengthened my desire to make a positive impact on people's end of life experiences.

From acute care, I moved to community care. Visiting patients in their homes. Taking time to listen. Not just treating their illness. I am bubbly and chatty, so community care really suits me.

## My care extends beyond the Hospice walls

"The old stigma that a hospice only provides end of life care in an Inpatient Unit is changing as public awareness increases about all the services that make up hospice care.

**Many more of our patients living with life-limiting illnesses wish to remain and then die in their own home,** surrounded by family and friends and avoiding unnecessary hospital admissions. They want to keep their



close-knit family time and sleep in their own bed! Where I can, I enable and support their wishes through our community palliative care services, organising specialist equipment, managing symptoms with medication and holistic care to help them cope with the challenges of their illness.

My care also extends to patients living in nursing or care homes. I can join GPs on their rounds to help with treatment plans for my patients. I also help educate and support staff, so they feel confident and empowered to talk with patients and families about advance care planning and future wishes. Key information can be learnt during these conversations to meet the wishes of the patient and family.

**The care I provide my patients and families remains the same wherever they call home."**

### **How to access my service**

"Patients and families are referred to our team by care/nursing homes, GPs, hospital teams, ambulance

staff and St Luke's clinical teams. Every morning, we discuss our new referrals and contact those in greatest need first."

### **My support and care**

"Much of my work is symptom control, including management of pain, anxiety, constipation, nausea and vomiting. **My in-depth experience of life-limiting illnesses means I am a specialist in this field**, and I have different treatment options to choose from. Sometimes I suggest specific medications to my patients' GP, and some of the team are qualified to prescribe medication, reducing a potential delay in starting."



### **Talking and listening are key skills in my role**

"I have had specialist training, reflected and learnt from day-to-day conversations with my patients and families to develop these skills. Sometimes the topics I need to discuss are difficult, but they are

important. **My motto is that someone may forget what you say, but they will remember how you made them feel.** So, while I may need to have in-depth or sometimes distressing but necessary conversations with patients and their families, what matters most is how I make them feel at these moments.

Many patients and families say I am the first healthcare professional to take the time to listen to their symptoms, hear their concerns, and help make sense of what they are experiencing. **Creating space to listen helps me understand what is impacting their life** and allows me to suggest approaches for support and symptom control. I am always considering the services available and which ones they would benefit from. I then discuss the options to see which ones they wish to try. Once we agree on a plan, I action the referrals to implement the services.

**Talking and listening to my patients and their families helps me meet their needs now and into the future.** I help them develop Advance Care Plans, ready to respond to potential future challenges caused by their illness. It is helpful for them to have

a clear understanding of what the future may hold and how I can help them.”

## **My care goes beyond medical intervention**

“I can refer my patients to services for support, such as social services, physio and occupational therapists, ensuring they receive comprehensive care from all available community resources. I can also apply for additional support in their home for washing and dressing, order equipment - hospital beds, reclining chairs or bathroom equipment.



**All are designed to help them remain independent and in their own home.**

Hospice nursing includes medical intervention and holistic care. I can refer my patients and families to St Luke’s Patient & Family Support Team for emotional, physical or psychological support. **Caring for someone with a life-limiting illness can have a significant impact on family members without them realising it,** as they are focused on the person they are supporting. I am here to help so they can be the wife, husband, daughter, son or parent – not the carer. Ensuring quality family time.”



## My care is personalised and provides continuity

“Each day, I visit up to five patients at home. **My support is tailored to meet their needs.** The visit length and duration of support will vary depending on their personal circumstances, just long enough to bring symptoms under control or longer if my patient’s prognosis is short and their symptoms are complicated. This is a special part of my day, especially when my patient’s symptoms have improved after changes implemented at a previous visit.

During the week, the Brent Community Team holds a clinic at the Hospice for patients well enough to attend. They meet our doctors and nurses and familiarise themselves with our building and services.

**Working in a hospice is very different to anywhere else.** I build close

relationships with my patients and their families. I know their medical history inside out. They do not need to repeat it at subsequent visits. And I can give them as much time as they need.”

## My support continues after a patient dies

“When my patient dies, I reach out to the family. I express my condolences and see how they are coping. Sometimes they share their thoughts about our care, and it is an opportunity for me to introduce our Bereavement Service, should they wish to access it.”

## Please support me and St Luke’s community nurses to be there for local people

**“Thank you for caring and being there with us.** Together, we can provide my patients and families with the support they need to cope when living with a life-limiting illness. **Please donate today to help me continue delivering care in the community.** Thank you so much. Your donation will make a difference.”

Best wishes,

*Charlotte*

**Charlotte, Community Clinical Nurse Specialist in Palliative Care**



**It costs £96 to fund half an hour of our community team’s personalised nurse-led palliative care. Please donate to support our care at [www.stlukes-hospice.org/charlotte](http://www.stlukes-hospice.org/charlotte) or call 020 8382 8030.**