Ford Park Crescent, Ulverston, Cumbria LA12 7JP.

Tel: 01229 580305 Email: Referrals@stmaryshospice.org.uk



Contact Number

Please indicate ONE main service being requested below: For more information on services see Page 4 'Guide to Services'

In-Patient Unit	Hospice at Home	Compler Ther	-	Group / Individual Living Well Therapies	Family & Bereavement Support (pre & post bereavement)		
Referrer's Details (We n	may need to contact you	if informatior	n is missing,	before accepting the ref	erral)		
Date referring:		Tim	ne:				
Your name:		You	ır designati	on:			
Your contact number:		Em	ail:				
Patient's Details (Includ	le these details if referrin	g a carer for I	Family & Be	reavement Support Servi	ice)		
Name:		DO	В:				
Address:		Pos	Postcode:				
		Tel	Telephone no:				
Current location:			Is patient aware of referral?				
NHS no (if known):							
Family Carer Details (if	known)						
Name of main carer/Next of Kin:			Rela	Relationship to patient:			
Address if known:			Tel.	Tel. no:			
Primary Care Team Det	ails						
Name of GP:		Surgery	address:				
Tel. no:							
Other Health Care Profe	essionals involved (e.g. [District Nurse	. Communi	tv Specialist Palliative Ca	are Nurse)		

Health Care Professional

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Summary of current condition and treatments, current medication list:



To be completed for a referral to IPU, H@H, Complementary Therapy or Living Well Therapies:

	YES	NO		YES	NO
Is the patient aware that they are at End of			Is this patient receiving chemotherapy?		
Life i.e. potentially in the last year of life?			(Include details overleaf)		
Does any written documentation of ACP			Has this patient had radiotherapy		
exist?			recently? (Include details overleaf)		
(If so, it should come with the patient)					
Any Advance Care Planning conversations?			Any pressure ulcers? Category (if known)		
(Include details overleaf)					
Are Just in Case drugs in the home?			Any known infections?		
Any risk of falls?			Hospital acquired infections?		
Is oxygen required?			Any problems gaining access to the place		
(If yes, please organise HOOF and supply for			of residence?		
admission date)					

Main reason for referral:			
Main Patient Diagnosis:			
Other relevant Diagnosis / Areas (e.g. Mental Capacity Assessment))		
Has a Carer Assessment been completed (if appropriate)	YES	NO	
To be completed for a referral to Family & Bereavement Support Ser			
Please include any relevant information about social support / soci	ai situation:		

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To be completed for **ANY** referral

	YES	NO		YES	NO
Any lone worker risks? (Patient and carers)			Any issues with mental capacity?		
Safeguarding concerns?					

Please add any further information of relevance here e.g. what interventions are in place/have been tried						

Please note: a bed or service is not booked until confirmed as such by hospice staff.

N.B. Attach copies of relevant specialists' letters and GP patient summaries.

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GUIDE TO SERVICES AT ST MARY'S HOSPICE

In Patient Unit	Our 8 bedded in-patient unit is for adults over the age of 18 who are diagnosed with an advanced, progressive incurable condition. We accept referrals for; Pain/symptom control Emotional/psycho-social and spiritual needs Complex symptom management in the last days of life End of life care The in-patient unit waiting list is reviewed daily. New admissions are decided by clinical priority on a daily basis. If you wish to discuss a referral, please phone IPU and ask to speak with the member of						
	the medical team responsible for admissions that day. Please advise when referring if any specialist equipment is needed (for example, feeding pumps, bariatric equipment)						
Hospice @ Home	Cares for patients who wish to remain at home at end of life. The service covers the Furness and South Lakes area seven days a week. We also have a night service, where a Health Care Assistant can stay at a patient/family home overnight to help prevent carer fatigue and hospital admission.						
Family &	Emotional/spiritual support for patients and/or their family members regarding loss and						
_							
Bereavemen	grief issues pre and post bereavement covering Furness and South Lakes. Clients can be						
t Support	seen at hospice or in own homes. We also offer signposting service should we not be the appropriate service. Referrals taken during normal office hours Mon-Friday. Please note this is neither a counselling service nor an emergency response service and is offered to adults only although parental guidance can be offered by the team regarding children's' grief responses.						
Living Well Programmes including Day Hospice	 The Living Well Team can offer a range of programmes to support individuals. These include "Feel Good" days – These are 2 hour sessions delivered at both our hospice sites and in our local community focussing on the 4 Pillars of Good Health* (Relax, Eat, Move and Sleep) and the 5 Ways to Wellbeing** (Connect, Be Active, Take Notice, Learn and Give). These will be delivered over 4 sessions. Patients can choose to attend any combination of these. Fatigue, Anxiety & Breathlessness Programme (FAB) – 6 week programme to help patients develop non-pharmaceutical techniques and strategies to practically, emotionally and mentally to cope with fatigue, anxiety and breathlessness. Each session will last 2 hours. Creative Therapy – 8 week group programme to enable individuals to take a sense of control and boost self-esteem. The programme allows a use of a wide range of art forms, building on new skills which can be shared with family and friends, thus encouraging reconnection during what can be a very lonely time, and help to make everlasting 						
	 memories. Each session will last 3 hours. Physical Activity Therapy – Various programmes delivered across both hospice sites in Ulverston and Barrow and in the local community. The programmes focuses on the benefits of movement, exercise and relaxation for wellbeing to help reduce symptoms, improve mood and quality of life. 						

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- Complementary Therapy Our complementary therapy team can offer a range of 1:1 and group therapy sessions for patients and carers. A treatment plan will be developed on assessment. Complementary therapy is available at any point from diagnosis.
- Day Hospice 8 week programme for individuals requiring more extensive support. The programme includes goal planning, creative therapy, reminiscence, movement, relaxation, nutrition and sleep (4 Pillars of Good Health*) sessions to enhance confidence and wellbeing. The day hospice can help with symptom management, as well as emotional and spiritual support. Each session lasts 4 hours and a light lunch is provided. The day hospice is delivered at both our Ulverston and Barrow sites.

Which Living Well service to refer a patient to:

Individuals will be assessed for their suitability for these programmes by a member of the Living Well Team. From assessment the team will decided on the most suitable programme to offer to meet their needs using a tool called the Australian Modified Karnofsky Performance Status (AKPS) which is a model used by St Mary's Hospice and other hospices nationwide. This model identifies the functioning and performance of individuals and their dependency of need. The Karnofsky scores range from 0 to 100. A higher score indicates the patients is better able to carry out daily activities. It can also be used to determine a patient's prognosis and to measure changes in a patient's ability to function.

AKPS Score	Description of Performance Status	Suitable Living Well Programm			
100%	Normal, no complaints, no evidence of disease.	Not suitable for Programmes			
90%	Able to carry on normal activities and work, minor signs or symptoms of disease.				
80%	Normal activity with effort, some signs or symptoms of disease.	Feel Good Days			
70%	Carers for self, but unable to carry on normal activity or to do active work.	FAB Day Hosp	FAB Day Hospice		
60%	Able to care for most needs, but requires occasional assistance.				
50%	Considerable assistance and frequent medical care required. District nurses and CNS involvement, frequent GP input.	Day Hospice	· ·		
40%	In bed more that 50% of the time.	Hospice /	Hospice At Home		
30%	Almost completely bedfast.				
20%	Totally Bedfast and requiring extensive nursing care by professionals and /or family.	Inpatient Unit Hospice at Home			
10%	Comatose or barely arousal, unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly	Inpatient Unit Hospice at Home			
0%	Dead	Bereavement Support			

Complementary Therapy can be delivered at any stage of the AKPS Score.