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# Iain Rennie Grove House Hospice Care

*more care for more patients and families*



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IRGH Business Development Director
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IRGH Chief Executive
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*"We have seen a 13% increase in patient numbers so far this year."*

# Our vi

## Local support for local care

by Robert Breakwell



*Robert Breakwell  
IRGH Business  
Development Director*

Many of you will know that Iain Rennie Hospice at Home and Grove House Hospice have worked together for many years to support thousands of local families coping with life-threatening illness. Merging to form Iain Rennie Grove House Hospice Care has already brought benefits to more patients and families – and has put us in a strong position to face tough care and funding challenges as patient numbers and diversity of needs continues to increase but NHS funding does not.

As a charity we rely more than ever on **support from our local community** in order to make the choice to stay at home a reality for local patients with life-threatening illness. We are caring for more patients from diagnosis and into remission through our nurse clinic, Cancer The Next Step programme and Canceri information service – as well as in Day Hospice or at home. Over the past two years we have seen an average annual increase of 10% in patient numbers; half way through this financial year there has already been an increase of 13% in Hospice at Home patients and 20% more patients are accessing Day Hospice again, following a dip in attendance earlier in the year. We receive less than half the UK average of NHS funding given to hospices, so we have relied entirely on our dedicated local supporters to fund this growth in our service.

We expect to care for over 2,000 patients this year and, as we make no charge for this service, we have to raise over £6 million annually to ensure we can continue to respond to the growing demand. The good news is our increased efficiency as a combined team means even more money goes straight to funding nurses and clinicians to support patients and families locally.

**Thank you for helping to make the choice to stay at home a reality for more patients.**

Your ongoing support makes a huge difference to local families in need. And don't forget – you can choose where your donation is spent – ensuring your contribution will fund vital hospice care in your local area. Read more about this on page 7.

*"We rely on our supporters for over 85% of the costs of our care."*



Our Family Support team helps patients and families cope with anxiety and distress.

“Our care helps ensure that 60% of our patients can stay at home at the end of life.”

## More people needing hospice care

by Mark Lister



Mark Lister  
IRGH Chief Executive

Rising numbers of people living longer with life-threatening illness is one of the principal challenges facing society in general and was the most compelling reason for our merger to form Iain Rennie Grove House Hospice Care (IRGH).

**Hospice care is high on the national agenda** because the UK’s ageing population means that 20% more people will require end of life care in 2030 compared with 2010. Alongside this, the number of cancer survivors increases 3% each year and will almost double by 2030. Adults and children with life-limiting illnesses are living longer with increasingly complex needs, which requires more of our care.

By joining forces to create IRGH, we are in a strong position to cater for this growing demand from patients and families because we have combined our acclaimed hospice at home care with our valued Day Hospice, Canceri and Cancer The Next Step services, designed to offer a broader range of care to more people.

The Government’s recent National Palliative Care Funding Review reflects the fact that hospice care is moving up the political agenda because of changing demography. The Review’s report to Health Secretary Andrew Lansley highlights the fact that patients are dying in hospital when they have no medical need or wish to be there. **IRGH is enabling some 60% of patients to remain at home at the end of life compared with just 20% nationally.** Yet we receive no extra NHS money for each patient we support at home – whereas hospitals receive extra funding for every additional night a patient stays in hospital.

We welcome the report’s call for funding to follow the patient. This would promote good outcomes for patients, irrespective of where they are cared for.

We will do our utmost to influence reform at a national level, but will always need your local support and volunteering so that local patients and families continue to have the choice to die at home rather than in hospital. Thank you for helping us to give them that choice.



*Our specialist nurses can offer advice and provide hands-on care as well as administering symptom control and pain relief.*

## Merger benefits for patients and families

by Sue Varvel



*Sue Varvel*  
IRGH Director of Nursing & Clinical Services

Combining the best of both hospices to form the new charity was the best way to meet the growing demand for hospice care from a population with increasingly diverse needs.

Iain Rennie Hospice at Home has gained national renown for specialist palliative care at end of life, supporting patients with terminal illness to live and die at home if that is what they wish. However, prior to merging, Iain Rennie nurses were already discharging an increasing number of patients, having supported them and their family from diagnosis and through treatment into remission.

Grove House leads the way in helping patients live well with life-limiting illness. Day Hospice, with its mix of clinicians and therapists; Canceri and Cancer The Next Step were all designed to help patients develop coping strategies.

### *Key benefits of our partnership*

#### **We can reach more patients who need our help:**

Extending the Iain Rennie model of 24/7 hospice at home care into St Albans and Harpenden has meant more families have had access to round-the-clock care and support, making the choice to stay at home a reality for an additional 250 patients to date.

#### **We can offer a wider choice for patients and families:**

Our Family Support Service now comprises 40 bereavement support volunteers providing one-to-one support in patients' homes; a team of volunteer counsellors based at Grove House; social support groups for bereaved carers and siblings of our paediatric patients; and our own spiritual care service. At least 16 Bucks-based families have already benefitted from this broader support network.

#### **We have saved costs to fund more care:**

By starting to combine office teams we have been able to reduce support service costs to yield over £60k savings per year – enough to fund one of our nurses and our physiotherapist.

# Our patients

As IRGH we offer a wider choice of care to meet growing needs at different stages of life-threatening illness. Around 90% of our patients have advancing illness or require end of life care

survivors



## Cancer the Next Step

"Cancer was a huge shock. Sharing my thoughts and fears with others on the same journey in the Cancer the Next Step Course at Grove House helped me realise I was not alone; it was like being wrapped in cotton wool."  
*Service user and supporter*

advancing illness



## Day Hospice

"I had been frightened to leave the house because of breathing difficulties and I was surprised when my GP suggested I visit Grove House Day Hospice. I didn't realise it could help me lead a more independent life and keep me out of hospital."  
*Day Hospice patient*

end of life



## Hospice at Home

"I have been so impressed with the hospice at home nurses. When I rang their emergency line past midnight, they were here within 20 minutes. And they liaise with my doctor and other professionals on my behalf, which takes some of the worry away from us."  
*Former patient*

family support



## Family Support

"Joe was adamant he wanted to die at home. I couldn't have coped with caring for him and looking after our children without the IRGH 24/7 call-out service and the charity's family support team."  
*Former carer*



## Our services

**Hospice at Home:** This 24/7 service ensures families can call out a specialist nurse any time of the day or night, 365 days a year. We have five nursing teams caring for adult patients and our Pepper team caring for children with life-limiting illness.

**Day Hospice:** Clinical care, emotional support and coping strategies in day hospice can help patients and carers cope with a life-limiting illness. Hertfordshire patients have access to specialist nurses and a doctor, therapists and our Family Support team. Patients in Bucks can be referred to other day hospices with whom we work closely.

**Family Support:** We support families affected by life-threatening illness from diagnosis, through illness and post-bereavement with a range of services including one-to-one bereavement support, counselling and social support groups. Our volunteer home sitters offer respite care for family members: a service we hope will soon be available to all the families we support.

**Therapies:** A team of qualified complementary therapists offer treatments to patients and carers at home and in our day hospice, helping to alleviate stress and the side effects of medication. In addition, we also have a physiotherapist and occupational therapists who can offer support and advice to patients and their families at home and in our day hospice throughout Herts; we want to make this service available to our Bucks patients too.

**Spiritual Care:** Available to any patient or family member irrespective of their faith or beliefs, our spiritual care is completely tailored to the individual.

**Cancer:** This drop-in information service is available immediately upon diagnosis.

**Cancer The Next Step:** This eight-week programme for patients with primary cancer helps people with a good prognosis learn coping strategies for living well with and after cancer.

**Other providers:** Our clinicians and Family Support team work closely with patients' GPs, District Nurses and consultants to ensure coordinated care and a seamless service. We also work with other charities such as Marie Curie and Macmillan, as well as in-patient hospices.

### Next steps

We have exciting plans in place, which we hope will help to meet the growing demand for hospice care from a diverse range of patients and their families.

**Nursing:** We have trialled a three-shift pattern with a dedicated overnight team and an extended 'working day'. This meant nurses could schedule more visits into the evening and take on new patients up till 9pm – giving them immediate access to our 24/7 call-out service. This new way of working eliminated waiting lists and saw some teams nearly double their caseload. We need funds to roll out the new model across our combined area as we know it helps us meet increased demand without compromising our standard of care or our 24/7 service.

**Family Support: Home Sitters** This valuable volunteer-led respite service helps patients and carers cope. We plan to roll out the Grove House model to support all our Bucks patients.

*In recent surveys of our patients and carers, over 90% were highly satisfied or satisfied with our hospice at home service; 92% of patients accessing our day hospice, outpatient clinic or therapies at home said their overall wellbeing had improved and 70% of patients rated our care 10 out of 10.*



## Funding more care for more patients and families



We need to raise more than £6million annually to keep offering our free service to patients and families who need us. We will be working closely with GPs and PCTs in a bid to secure more government funding. **Our comprehensive and co-ordinated care saves the NHS money**, but with uncertainty around commissioning, an immediate increase in NHS contributions looks increasingly unlikely.

So we will continue to be more reliant than ever on the generosity of our local supporters to secure the future of our service. We're very aware that people have strong emotional connections with the hospice care delivered right in the heart of their community, so we want to reassure people that we're still about local support for local families. **It's important that supporters have a say in where their money is spent** by locality and service, for example, supporters might choose to 'sponsor' a nurse in their own locality, or ear-mark their donation for day hospice care in St Albans or hospice at home care in Bucks.

We face some serious challenges, not least an extremely tough economic climate, which makes fundraising more difficult for all charities. Thanks to our incredibly generous local communities we have achieved a huge amount so far. But we need every possible pound we can get from each local community to maintain and increase our care for patients and families who need us now and in the future.

*How your support can help*

**£20** could fund one hour of specialist nursing care in a patient's home

**£40** could fund a session with our play therapist, supporting a grieving child and helping them face the future

**£85** could pay for a nurse in day hospice to support a patient with pain relief

**£200** pays for a counsellor to help a patient and their family cope with the effects of life-threatening illness

**£500** could fund a day of nursing care in our day hospice for 16 patients

**£800** could buy a new syringe driver: a device which administers pain relief and makes patients' final days more comfortable

**£32,000** could fund a nurse for a whole year

# IRGH facts and feedback from our patients, carers and supporters

*"Staff took time with everything, the time they spent with you – you were the most important family in the world."*

*Patient*

**Our Retail teams bring in nearly £800,000 annually to help fund our care.**

**We care for 2,000 patients and families each year.**

**Supporters can fund care in their local area.**

*"As a practice we work closely with the hospice at home nurses: the doctors value them as an important part of the primary care team. They are always available, always listen and are always ready to help."*

*Local GP*

**More than 1,000 volunteers save us over £1 million every year.**

*"Last year we raised funds for Grove House, where my dad went every Friday during the last four months of his life. Iain Rennie nurses helped him at home too, so we're delighted the two charities have merged and hope to raise lots of sponsorship to help more families."*

*Family member*

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