

## **Donna McFadden, Palliative Care Nurse**

Foyle Hospice Derry, Northern Ireland

All Ireland Institute of Hospice and Palliative Care Education and Practice Fellowship Report

### **Visit to Severn Hospice October 2013**

Severn Hospice is an independent charity largely supported by public fundraising. It provides end-of-life care for people living with complex and progressive illnesses, offering support, help and counselling to their families, friends and carers.

Severn Hospice provides care at three hospice units in Shropshire and North Powys. It's first facility was opened in 1989. Since then it has helped more than 21,000 patients and presently cares for approximately 2800 patients each year.

Severn Hospice works in partnership with communities to develop their own supportive networks. It aims to reduce isolation by keeping people connected to their communities. This is known as compassionate communities or Co-Co.

### **Overview of aims and purpose of visit**

Befriending has been defined as an intervention that introduces the client to one or more individuals whose main aim is to provide the client with additional social support through the development of an affirming, emotion-focused relationship over time (Mead et al, 2010).

Foyle Hospice hopes to learn from and replicate the pioneering Befriending Service developed by Severn Hospice. This initiative has seen Severn create a number of volunteer befriending schemes to help patients with chronic, life-limiting illnesses (and their carers) maintain valuable, meaningful contacts with their community. This sees volunteers providing friendship, or practical help with shopping, collecting prescribed medicines or helping with gardening.

I planned to observe Severn's Befriending Service models and learn from Severn's volunteer training skills. I wanted to learn how Severn's models operated as part of the Compassionate Communities philosophy (Co-Co). Co-Co is a public health model that seeks to develop skills and capacity that allow communities and volunteers to support the frail and vulnerable and those with life-limiting illnesses and their carers.

I planned to share the information and knowledge gained on my visit with colleagues and volunteers within the Foyle Hospice and also with the wider palliative care community via the AIHPC website and interested voluntary organisations.

### **Objectives developed prior to visit**

It is well documented that isolation and loneliness makes it harder for people to self-manage their medical care. More than 1 in 6 (18%) have been unable to collect a prescription for their medication.

Among women this increases to 1 in 4 (24%). (Macmillan, 2012). Foyle Hospice's community specialist nursing team sees social isolation as an area of unmet need. We believe that creating our own Befriending Service would free up community specialist capacity to focus on more complex needs. It would also complement the Home Care Service provided by Foyle Hospice.

We wished to learn how Severn's Befriending Service was set up, who was suitable for referral and to explore the value of the service to the wider community.

Foyle Hospice serves an area in the north-west of Ireland with a strong and vibrant community-voluntary network. Foyle Hospice wanted to learn from a successful, well-designed and established Befriending Service model with the ultimate aim of creating our own pilot Befriending Service, tailored to the specific needs of our patients and our geographic base – a service that would promote the physical and mental well-being of patients with life-limiting conditions living at home. The Social Care Institute for Excellence (SCIE) reviewed the evidence on loneliness and social isolation in 2011 and highlighted how being lonely has a significant and lasting effect on people's health (Windle et al, 2011).

#### **Outcomes achieved as a result of visit**

I was able to see how Severn Hospice used the Compassionate Communities philosophy to build a successful Befriending Service that promoted the values and benefits of self-help within the community. Volunteers saw the benefits of getting involved in community social care – and more importantly, the scheme tackled the isolation felt by many people living at home.

Severn carefully audited the operation and results of its service. I saw that besides reducing patient isolation there were added benefits: the Befriending Service resulted in fewer patient visits to GPs and other allied health services, reducing demand on NHS staff and budgets.

I was able to take an overview of the various Befriending Service models used by Severn Hospice. I also learned about the importance of tailoring the service to the needs of a specific area, the operation of a patient referral system, and the recruitment and training of volunteers.

#### **Potential outputs to be delivered as a result of visit**

- Presentation of report to All-Ireland Institute of Hospice and Palliative Care.
- Presentation to the Frail and Elderly Integrated Care Partnership Integrated Care Pathways.
- Sharing of gained knowledge, observations and findings with colleagues at Foyle Hospice.
- Preparation of pilot study and business case to examine the long-term operation and value of a Befriending Service for the frail and vulnerable within the catchment area of the Foyle Hospice.
- Creation of links with Severn Hospice and other interested parties to promote the sharing of knowledge and skills.

## **Acknowledgements**

Thank you to the staff and volunteers at Severn Hospice for generously giving of their time and expertise. Particular thanks go to Paul Cronin, CEO of Severn Hospice, and Gary Kirlew.

This bursary was generously funded by the All-Ireland Institute of Hospice and Palliative Care. My thanks go to Karen Charnley at the AIHPC for her help and guidance.

Finally, I would extend my gratitude to my valued colleagues at Foyle Hospice – especially Yvonne Martin, Sharon Williams, Dr Paul McIvor and Terry Sythes.

## **References**

Macmillan Cancer Support/ICM online survey of 155 UK health professionals treating people living with cancer. Field work conducted September 2012.

Mead, N., Lester, H., Chew-Graham, C., Gask, L. and Bower, P. (2010). Effects of befriending on depressive symptoms and distress, systematic review and meta-analysis. *British Journal of Psychiatry*, Vol. 196, No 2 pp96-100.

Windle, K., Francis, J. and Coomber, C. (2011). *Research Briefing 39: Preventing Loneliness and Outcomes*, Social Care Institute For Excellence, London.