

Myths and questions - Severn Hospice care is more than you think



Registered Charity 512394



Myth – Severn Hospice is just for people who are about to die

Fact – We provide specialist palliative care for people living with an illness that cannot be cured and has been diagnosed as being in the palliative phase. Life-limiting incurable illnesses take many forms and people can live in the palliative phase of their illness for some time, and so our support is not just at the end of life and can be provided alongside active treatment. We focus on enablement and independence, helping patients to live as well as possible for as long as possible. Palliative care provided by Severn Hospice starts from the moment a patient is referred to us.

Myth – Hospice palliative care is only for the elderly

Fact – Our specialist care is available to adults aged 18 and over who are in the palliative phase of an incurable illness and have been referred to us. Our Patient and Family Support Services provide bereavement support to children under 18, both before and after bereavement. They also offer emotional support to family members and carers of anyone who has died in our care, providing guidance and comfort for all ages.

Myth – Severn Hospice is the same as Macmillan or Marie Curie

Fact – No, our caring teams work for Severn Hospice only. You will recognise them by our logo on their uniforms. Severn Hospice is the local provider of specialist palliative and end-of-life care and is an independent charity. In Shropshire and North Powys, Macmillan provides general care for people with cancer, not specialist palliative care services. Marie Curie does not operate services in Shropshire.





Myth – Hospices are sad, depressing, sombre places

Fact – We have worked really hard to make our wards feel warm, friendly and as far away from a clinical space as possible. Patient rooms are all private, with en suite facilities, flat-screen TVs, smart speakers and WIFI. They have doors opening to our award-winning gardens. We have open visiting for family and friends - even pets are welcome (we've had a pony visit one of our wards!) Our aim is to create a proper home-from-home feeling so our patients and their visitors can relax.

Myth – Hospice palliative care is only for people with religious beliefs

Fact – Historically, many hospices were founded by people with strong religious beliefs. This is no longer the case. Severn Hospice works hard to reach all corners of its communities and its care is for everyone regardless of faith, culture, preferences or beliefs.

Myth – Hospice care is clinical care

Fact – We care for the whole person - a patient's physical and emotional wellbeing. As well as clinical care, our services range from physiotherapy, complementary therapy and creative therapy to spiritual and emotional care, practical support from our social worker team, and religious support if requested. We also offer music, walking, horticulture and reader groups. And we don't just care for patients, we care for their families and those closest to them, including bereavement support.

Myth – You have to be on a hospice ward to receive hospice care

Fact – We care for around 3,000 patients each year, with four out of five receiving our care in their home. Our community services are overseen by palliative care consultants and provided by specialist nurses and health care assistants through a combination of home visits and clinics, hands-on care and telephone consultations. Our community nursing services include clinics and therapy sessions for patients who are able to come to us. We have pioneered a Virtual Hospice – providing consultant-led hospice-level care at home for patients with complex needs who want to stay at home, avoiding the need for admission to the hospice or hospital.

Myth – Hospice and palliative care is only for people with cancer

Fact – Anyone diagnosed with an incurable life-limiting illness, such as heart failure, a neurological disease, kidney failure, chronic respiratory diseases such as COPD, can be referred to Severn Hospice.

Myth – Severn Hospice provides respite care

Fact – Our wards are not a long-term care facility like a nursing home and don't offer respite care. Severn Hospice is a provider of specialist palliative and end-of-life care and it is important that our services are safeguarded for those in greatest need. Our wards are for the most poorly patients and those who need complex symptoms to be managed. Patients leave once ward care is no longer needed.

Myth – The hospice is part of the NHS

Fact – No, the hospice is not part of the NHS. It is an independent charity.



Myth – You have to pay for hospice care

Fact – All care provided by Severn Hospice is completely free of charge to patients and their families. Care is funded through charitable donations, fundraising, gifts in wills, legacies, our portfolio of shops, and a contribution from the local NHS. The hospice is a wholly independent charity and has to raise from the community £2 for every £3 it spends - last year we had to raise more than £10 million in total.

Myth – Accepting hospice care means ‘giving up’

Fact – Most patients referred to the hospice will have gone through a period of treatment within a hospital and by their GP. They are referred to us when those professionals have diagnosed them as being in the palliative phase of their illness. The hospice focuses on helping patients to live as well and as independently as they can within the constraints of their illness. We care for the whole person and focus on improving symptoms to enhance their quality of life. People who are in this palliative phase can live for some time. They won't always need hospice support but we are there when symptoms become complex.

Myth – A syringe driver hastens death

Fact – Hospices do not hasten or prevent death. A syringe driver is a simple device that is often used to deliver medication, such as pain relief or anti-sickness drugs, at a continuous, controlled rate. Such medications are controlled very carefully to manage symptoms effectively while still allowing patients to remain mobile, go about their daily activities, and even leave home or spend time outside.

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