

MICHAEL SOBELL HOUSE SITE VISIT

2pm Monday 9 September 2024

ATTENDEES: Councillors Nick Denys, Philip Corthorne, June Nelson and Sital Punja, and Nikki O'Halloran

- Harlington Hospice - provides clinics and daycare
- Michael Sobell House (MSH) – provides inpatient care

POSITIVE EXPERIENCES OF HOSPICE

- Patients and their families have been able to build up relationships with the staff and their consultant and have been able to text/WhatsApp the consultant with their concerns as they arise.
- MSH has given patients an extra lease of life before they pass away.
- Palliative staff offer a human factor that answers the patient's questions.
- The night nurses / sitters are the most valuable part of the service.
- It's not just about physical support, it's also about the emotional support that is provided.
- Pain relief / management is better understood in a hospice (than in a hospital).
- Staff in the hospice make time (where they can) to sit with patients to talk to them.
- Patients value the opportunity to speak to other patients who have the same / similar experiences.
- Quieter and calmer at MSH than the hospital so able to get some much needed rest. Families are also able to stay over with patients.
- Communication with patients and families has been really good – they are not treated as numbers.
- There are no restrictions on visiting times.
- It's like a family.
- Palliative care team at the hospital liaised with the patient.

AREAS FOR IMPROVEMENT

- Food – although the head chef is always trying to accommodate everyone's preferences and tastes.
- Need to be given a point of contact for referral to hospice services if the offer is initially refused. And the different points of contact through a patient's journey should continually offer hospice services as an option. It was like staff in the hospital were reading from a manual but never really offered anything. It felt disconnected and there was no collaboration between the different medical professionals (e.g., GP and consultant).
- MSH is rundown in comparison to places like the Marie Curie facility.
- More family space is needed at MSH.
- Palliative care nurse only started after the paperwork had come over from Charing Cross – this should have been earlier.
- Need more funding for MSH – they should not have to rely on fundraising to provide the services that they do.
- It would be good to have some continuity in hospital.
- When in hospital, it feels like you are on your own – it's very lonely.