

Here to help you at home



Blythe House
Hospicecare

Partnered with



Helen's Trust





How to reach us:

Please call the Hospice at Home team on: 01298 813007 (office hours 9am to 5pm, Monday to Friday) or 07512 852087 (on-call hours, 7-9am and 5-10pm weekdays; 7am to 10pm weekends). You can also email: blythehouse@nhs.net

For general hospice queries call: 01298 815388

Follow us on social media:

Facebook: Blythe House Hospicecare and Helen's Trust

Twitter: @BlytheHouseHosp

Instagram: blythehousehospice1

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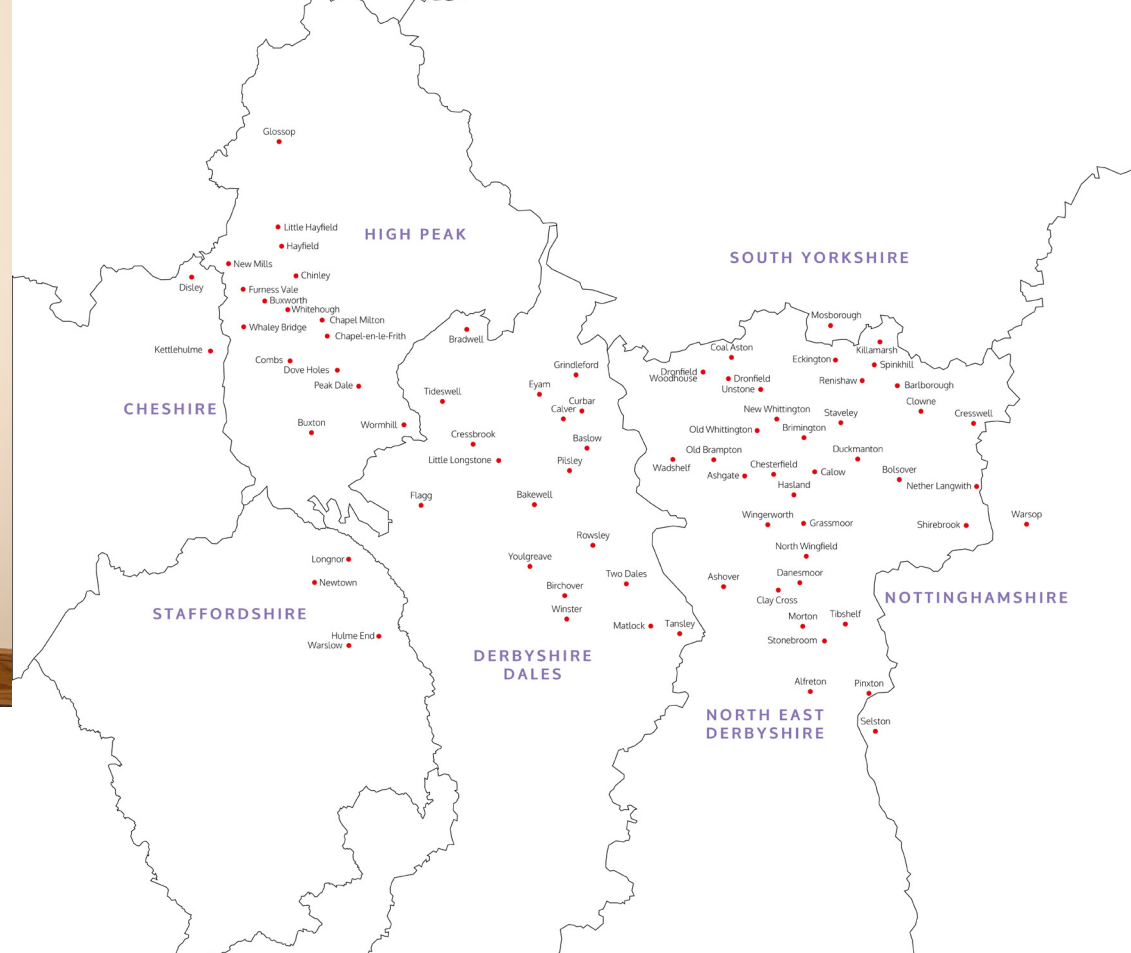
What is Blythe House Hospicecare and Helen's Trust?

Blythe House Hospicecare, in partnership with Helen's Trust, is a charity providing free Hospice at Home care and support to adults in our community who wish to spend the final stages of their lives in the comfort of their own home.

Both charities were set up in memory of local people who wished to stay and die in the comfortable and safe surroundings of home. Reverend Betty Packham founded Blythe House Hospicecare in 1989 after Stan Blythe, from Buxton, left her a £1,000 legacy in his will. Betty had nursed Stan in her own home in the final months of his life. Helen's Trust was formed in 2001, in memory of Helen Lyon from Froggatt, who died at home.

The charities have been working together since March 2020.

A dedicated board of trustees governs the charities, and we have a team of over 250 volunteers who support us in a range of roles, including hospice and community services, fundraising and our high street shops.



Who do we support?

Our Hospice at Home service supports patients who are assessed to be in the last 12 months of their lives, and who have life-limiting illnesses, including but not limited to: cancer, chronic obstructive pulmonary disease, respiratory and lung conditions, heart disease, dementia, kidney failure, motor neurone disease and Parkinson's.

We provide services within the areas covered by the NHS Derby and Derbyshire Integrated Care Board and even if you live just outside these areas, as long as you are registered with a medical practice within the areas on the map, and fit our criteria, we can help.

What help do we give?

We provide 24/7 day and night-time care to patients who wish to stay in the comfortable surroundings of their own home. Hospice at Home may be needed for a variety reasons, including:

- Preventing hospital admission
- Carer respite
- Comfort sits
- Supporting complex needs
- During the final phase, end of life care
- Supporting hospital discharge

How do we work?

We have a team of over 30 dedicated hospice trained healthcare assistants who travel to people's homes to provide care based on the patient's/families requirements. Our small office team is made up of qualified nurses with decades of experience in caring for patients at the end of their lives, and skilled coordinators. They work closely with colleagues at the hospice including our counselling and volunteer services; coordinating care and undertaking other tasks including taking referrals, managing healthcare assistants, liaising with local healthcare professionals including community matrons, district nurses and GPs, to ensure the highest level of support and continuity of care for our patients.

What are the benefits of hospice at home care?

- A sense of normality
- Alleviating risk of in-patient unit or hospital admissions
- Continuity of care and managed changeovers
- Couples remaining together
- Familiar surroundings
- Family participation
- Improved wellbeing
- Increased independence
- One-to-one personalised care
- Quicker recovery times in comfort of own home
- Reducing demand for medical professional at-home call outs

Do we charge for our services?

No – all of our care is free to the people who need us. We do not means test because we want to be able to provide our support quickly and without a lot of paperwork and delays.

What to expect from us

Our Hospice at Home office team organises and coordinates the care and support that you and your family require. They are committed to supporting you, with as little disruption as possible, and will regularly keep in touch to ensure that what we are providing is helping, appropriate for what you need, and that the quality of support is high.

If you have feedback

We work very hard and care enormously that you are happy with all your dealings with us, as well as the support we provide.

We welcome feedback and suggestions and hope that you will feel comfortable approaching the Hospice at Home team if you would like to discuss anything about our care and services.

If you are unhappy with any aspect of the support that we are providing, in the first instance please talk to the Hospice at Home office team. They will investigate your concerns and come back to you with their findings and any resulting learnings or actions.

If, after this, you feel your concerns have not been fully resolved, or you have concerns with any other aspect of your dealings with us, please contact our CEO by:

- Telephone: 01298 815 388
- In writing: Blythe House Hospicecare, Eccles Fold, Chapel-en-le-Frith, High Peak, Derbyshire, SK23 9TJ



Your personal information

In the course of us processing a referral, the Hospice at Home team will ask for information about you and your situation, to help them discuss with you the support we can offer.

As well as information such as the name of the patient, address and contact number, this will also include details of the next of kin or main carer, health conditions, any special equipment in the home and details of other professionals that may be in contact. We keep a digital record of this.

We may need to share some information with other health professionals, but only where they have a genuine need to know and only the minimum amount of information necessary.

We have processes and procedures in place to ensure the confidentiality of your information. Please ask the team if you would like a copy.



Caring for someone at home

We understand how upsetting, stressful, exhausting and confusing it can be caring for someone when they have been given the news that they have a life-limiting illness.

We want to support you to care for someone who wishes to stay at home at the end of their life. We know this can be a daunting prospect. We hope this section will offer some helpful information, to assist you in making informed decisions and to help you cope at this time.

We want to ensure that you feel comfortable talking to the Hospice at Home team about your illness, or the condition or circumstances of the person that you are caring for. No question is too big or too small, and the team will be able to talk you through most subjects or concerns. If it is something they cannot answer, they will do their best to find an answer or someone who can help you.

Professionals and terms

Each circumstance is very different and, depending on a number of factors, there are some professionals that you may have varying contact with:

- GP
- Consultant
- District nurse
- Community nurse
- Continuing healthcare
- Social worker
- Specialist palliative care team
- Occupational therapist

For easy reference please use the blank page at the back of this folder to record the names and contact numbers for any professionals who are involved in supporting you and/or your loved one.

Some terminology you may hear or see written down includes:

DS1500: This is a form, completed by a GP, consultant, hospital doctor or specialist nurse, which enables someone who is terminally ill to claim benefits under special rules.

EOL: End of life. 'End of life care' is the care given to someone when they are believed to be in the last year of life, including a person who might be in their last months, weeks or days of life.

Fast track: Some people who are close to the end of their lives may be referred for continuing healthcare on the 'fast track'. This is a streamlined process for people whose health is rapidly deteriorating and who need end of life care.

Advance care planning: If you have a life-limiting illness, or are approaching the end of your life, it may be a good idea to make plans for your future care. Planning ahead in this way is sometimes called 'advance care planning', and involves thinking and talking about your wishes for how you are cared for in the final months of your life. People usually carry out advance planning because they have a condition that is expected to get worse, which may mean they will not be able to make or communicate their decisions in the future. Anyone can plan for their future care, whether they are approaching the end of life or not. Advance care planning can let people know your wishes and feelings while you're still able to.

Community Volunteer programme

The Community Volunteer programme at Blythe House and Helen's Trust sees trained volunteers provide practical and emotional support to patients and their families at home, including respite breaks, companionship, light household chores and gardening. For more information or to make a referral, call: 01298 816 990.





Care and support when someone is believed to be in the last days of life

We hope the following information will be helpful. It explains the physical and emotional changes that may happen in the last few days of a dying person's life.

Sincere thanks to the Derbyshire Alliance for End of Life Care for allowing us to use the valuable information on pages 15 to 19.

Recognising dying

It can be difficult to recognise when a person is entering their final days and hours. When a team who know a patient as well as possible believe they are dying, with hours or days to live, professionals will explain why they believe this to be the case. They will be happy to answer your questions. Where possible, professionals will discuss changing physical health and decisions about care with the patient, but a person who is coming to the end of their life may be too unwell to communicate. The views of family and friends are therefore very valuable in planning and giving the best care to every individual.

Some people die very quickly with little warning and others become gradually less well over several days. Occasionally people believed to be dying improve and stabilise. Each day professionals will check to make sure the care being given is correct for the patient's current situation and condition. If there any significant changes they will talk to you about it.

Individual priorities for care

When it is believed a person is dying, it is of paramount importance that care is provided according to that person's individual needs and wishes. Patients may already have considered their individual priorities and shared their wishes with loved ones (advanced care planning). It is vital to discuss these with professionals. Below are suggestions about things that patients often described as important:

Place of care

Some people have a clear idea of where they want to spend their last days. These thoughts may change over time. Professionals will talk about what is practical for patients and carers and will do their best to accommodate individual wishes.

Religious and spiritual needs

Both charities are non- denominational, we respect the faith of all our users and those who do not have religious faith. We respect that there may be particular practices or prayers that are requested by some people. This may include asking a spiritual advisor to attend. We also have non-religious support workers.

Food and drink

It is normal for a dying patient to feel less like eating and drinking. A person can be helped to take food and fluids for as long as they are able and want to.

Changes to medication

When a person is believed to be dying, doctors will discuss whether medications remain helpful. If they are necessary, they can be given in a way that is easier for the patient, such as by an injection. A range of 'just in case' drugs will be prescribed that can be used if any troublesome symptoms occur. Sometimes a device called a syringe driver is used to help control distressing symptoms.

How a dying person might look

Every time a baby is born the process is unique. In the same way, when someone dies it is a unique experience. It is impossible to predict exactly how each person will look in their final hours but there are certain common physical changes that relatives may notice.

Often people become drowsy and begin to spend much of their time sleeping. Their skin may become pale and moist and their hands and feet feel cold. As they get more unwell, they will be awake less, and have very little interest in their surroundings. This is part of the natural process and may be accompanied by feelings of tranquillity. Eventually a person may become unconscious. For some, this period will be short but for others it may last several days. Though unconscious, they may still be aware of our presence, our voice and our touch.

For most people dying is a very peaceful process. There may be a gradual loss of consciousness followed by breathing changes, until breathing stops.

You may wish to be involved in a practical way and you are encouraged to feel able to take part in giving care, for example, by giving drinks or moistening the mouth.

Pain

People in the last days of life may not be able to tell us they are in pain. Professionals look out for common signs such as grimacing (screwing up face), patients moving as if they are distressed, and sweating. If you are worried your loved one may be in pain, inform the staff caring for them, so they can help.

Restlessness

Sometimes dying people become restless. This is usually caused by chemical changes in the body, which affect the brain. Medications may offer relief in these cases. Restlessness can also be caused by emotional distress. If this is the case, some people find it useful to talk to a trusted professional, close friend or spiritual/religious leader.

Incontinence

As someone gets closer to death, they may lose control of their bladder and bowels. Equipment such as pads or a catheter (a tube that goes into the bladder) can be helpful.

Breathing changes

When a person is getting closer to death, their breathing pattern may change. Sometimes there are long gaps between breaths, or breathing may become fast and shallow. Occasionally breathing may become noisy due to fluid collecting in the airways. Whilst this can be distressing to listen to, it does not usually cause the dying person distress (similar to the way that a person snoring is not disturbed as much as those around them are). In fact, this noisy breathing is a sign of how relaxed they are, so relaxed that they no longer feel the need to cough when moisture sits on their vocal chords. A change of position may help, or medication may be used.

The final moment

For most people the final moments are peaceful. Breathing becomes slower and more irregular with long gaps in between breaths. Finally, they stop breathing altogether. This might happen over a few minutes but can be a longer process. Often the person's body will relax completely and they may look very peaceful.

Afterwards

Following the death of a loved one, family and friends may feel very shocked, even if they were well prepared. In most cases, there is no need to do anything straight away and if you want to, you can just stay with your relative or friend for a while. Professionals will explain what to do next when you are ready.

What to do after someone dies

Overview

There are three things you will need to do in the first few days after someone dies:

- Get a medical certificate from a GP or doctor. You'll need this to register the death.
- Register the death within five days. Please note you will need to make an appointment. You'll then get the documents you will need for the funeral.
- Arrange the funeral. You can either use a funeral director or arrange it yourself.

Register the death

If the death has been reported to a coroner you can't register the death until the coroner gives permission.

Otherwise you may be able to register the death yourself. You may find a simple online tool useful to find out if you can register the death yourself and to see what you need to do. Your funeral director will be also able to give you guidance: www.gov.uk/register-a-death

When a death is reported to a coroner

The coroner may decide a post-mortem is needed to find out how the person died. This can be done either in a hospital or mortuary.

You cannot object to a coroner's post-mortem, but if you've asked, the coroner must tell you (and the person's GP) when and where the examination will take place. A doctor may report the death to a coroner if the:

- Cause of death is unknown
- Death was violent or unnatural
- Death was sudden and unexplained
- The person who died was not visited by a medical practitioner during their final illness
- A medical certificate isn't available
- The person who died wasn't seen by the doctor who signed the medical certificate within 14 days before death or after they died
- Death occurred during an operation or before the person came out of anaesthetic
- Medical certificate suggests the death may have been caused by an industrial disease or industrial poisoning

The coroner may decide that the cause of death is clear. In this case:

1. The doctor signs a medical certificate.
2. You take the medical certificate to the registrar
3. The coroner issues a certificate to the registrar stating a post-mortem isn't needed

After the post-mortem

The coroner will release the body for a funeral once they have completed the post-mortem examinations and no further examinations are needed.

If the body is released with no inquest, the coroner will send a form ('Pink Form - form 100B') to the registrar stating the cause of death.

The coroner will also send a 'Certificate of Coroner – form Cremation 6' if the body is to be cremated.

If the coroner decides to hold an inquest

A coroner must hold an inquest if the cause of death is still unknown or if the person:

- Possibly died a violent or unnatural death
- Died in prison or police custody
- Has not been seen by a doctor in the last 14 days

You can't register the death until after the inquest. The coroner is responsible for sending the relevant paperwork to the registrar.

The death can't be registered until after the inquest, but the coroner can give you an interim death certificate to prove the person is dead. You can use this to let organisations know of the death and apply for probate. When the inquest is over the coroner will tell the registrar what to put in the register.

Arrange the funeral

The funeral can only take place after the death is registered. Most people use a funeral director, though you can arrange a funeral yourself.

Do not feel rushed into organising a funeral. This will form a very important part of your grieving process and in months to come, memories of a good funeral can be really helpful.

Spend time choosing personal music and/or words. Involve family, friends and find nice photos to remember your loved ones. Funerals can and should be very personal, a time to grieve your loss but also celebrate a life.

Funeral directors

You can choose a funeral director who is a member of one of the following:

- National Association of Funeral Directors
- National Federation of Funeral Directors
- Society of Allied and Independent Funeral Directors

These organisations have codes of practice - they must give you a price list when asked.

Some local councils run their own funeral services, for example for non-religious burials. The British Humanist Association can also help with non-religious funerals.

Arranging the funeral yourself

Contact the cemeteries and crematorium department of your local council to arrange a funeral yourself.

Funeral costs

Funeral costs can include:

- Funeral director fees

- Things the funeral director pays for on your behalf (called 'disbursements' or 'third-party costs'), for example, the crematorium or cemetery fees, or a newspaper announcement about the death
- Local authority burial or cremation fees

Funeral directors may list all these costs in their quote.

Paying for a funeral

The funeral can be paid for:

- From a financial scheme the person had, for example a pre-paid funeral plan or insurance policy by you, or other family members or friends
- With money from the person's estate (savings, for example). Gaining access to this is called applying for a 'grant of representation' (sometimes called 'applying for probate')

You can apply for a funeral payment if you have difficulty paying for the funeral. For details on eligibility and to apply, visit: www.gov.uk/funeral-payments

Moving a body for a funeral abroad

You need permission from a coroner to move a body for a funeral abroad. Apply at least four days before you want the body to be moved.

Create a Tribute Page

A Blythe House Hospicecare and Helen's Trust Tribute Page is a free online page where family and friends can share memories and photos, leave a message of condolence, light a virtual candle to celebrate the life of someone special, and make a donation in their memory. Sharing stories, celebrating milestones and talking about loved ones who are sadly no longer here gives comfort, and connection to their memory. If you would like to create a page in memory of someone you love, visit: www.blythehousehospice.org.uk/create-a-tribute-page/

Tell us Once

Tell Us Once is a government service that lets you report a death to most government organisations in one go.

When you register the death, the registrar will:

- Let you know if the Tell us Once service is available in your area
- Give you the phone number
- Give you a unique reference number to use the Tell Us Once service online or by phone

You'll need the following details of the person who died:

- Date of birth
- National Insurance number
- Driving licence number
- Passport number

You'll also need:

- Details of any benefits or entitlements they were getting, for example state pension
- Details of any local council services they were getting, for example Blue Badge
- The name and address of their next of kin
- The name and address of any surviving spouse or civil partner
- The name, address and contact details of the person or company dealing with their estate (property, belongings and money), known as their 'executor' or 'administrator'
- Details of any public sector or armed forces pension schemes they were getting or paying in to
- You need permission from the next of kin, the executor, the administrator or anyone who was claiming joint benefits or entitlements with the person who died, before you give their details

Find out more:

www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once

Organisations Tell Us Once will contact

Tell Us Once will notify:

- HM Revenue and Customs (HMRC) - to deal with personal tax and to cancel benefits and credits, for example Child Benefit and tax credits (you need to contact HMRC separately for business taxes, like VAT)
- Department for Work and Pensions (DWP) - to cancel benefits and entitlements, for example Universal Credit or State Pension
- Passport Office - to cancel a British passport
- Driver and Vehicle Licensing Agency (DVLA) - to cancel a licence, remove the person as the keeper of up to five vehicles and end the vehicle tax (you must contact DVLA separately if you either sell the vehicle or keep it and tax it in your own name)
- The local council - to cancel Housing Benefit, Council Tax Reduction (sometimes called Council Tax Support), a Blue Badge, inform council housing services and remove the person from the electoral register
- Veterans UK - to cancel Armed Forces Compensation Scheme payments

Tell Us Once will also contact some public sector pension schemes so that they cancel future pension payments. They'll notify:

- My Civil Service Pension
- NHS Pension Scheme
- Armed Forces Pension Scheme
- Pension schemes for NHS staff, teachers, police and firefighters in Scotland
- Local authority pension schemes that participate in Tell Us Once

There's a different process to update property records if the person who died owns land or property. For details, please visit: www.gov.uk/update-property-records-someone-dies

If Tell Us Once isn't available

You'll have to let the relevant organisations know about the death yourself if:

- Your local register office doesn't offer the Tell Us Once service
- You choose not to use it
- The person died abroad in a country where Tell Us Once isn't available

Banks and other financial organisations

Contact the person's bank or mortgage, pension or insurance providers to close or change the details of their accounts.

Dealing with tax and benefits

If you used the Tell Us Once service, HM Revenue and Customs (HMRC) and the Department for Work and Pensions (DWP) should contact you about the tax, benefits and entitlements of the person who died.

Who to contact

Contact the following organisations if you did not use the Tell Us Once service:

- HM Revenue and Customs
- National Insurance (NI) Contributions Office
- Child Benefit Office
- Tax Credit Office
- Department for Work and Pensions (DWP)

HM Revenue and Customs (HMRC)

Contact HMRC, who will work out whether the right amount of tax has been paid by the person who died. They'll let you know:

- What tax they need to collect or repay
- Whether you need to fill in a Self-Assessment tax return on the person's behalf, for example when the estate continues to receive income

You can also use HMRC's bereavement tool to work out which forms to fill in and where to send them. Inheritance Tax may be due on the person's estate after they die.

Bereavement helpline: 0300 200 3300

Textphone: 0300 200 3319

Deceased estate helpline: 0300 123 1072

Get specialist advice on a deceased person's estate about:

- Income Tax
- Capital Gains Tax

More information: www.gov.uk/government/organisations/hm-revenue-customs/contact/bereavement-and-deceased-estate

Post

If you don't use the Tell Us Once service, you can also write to HMRC for help with tax after someone dies. You don't need to include a street name or PO box when writing to this address:

Pay As You Earn and Self-Assessment

HM Revenue and Customs

BX9 1AS

United Kingdom

National Insurance (NI) Contributions Office

Contact the NI Contributions Office to cancel the person's NI payments if they were self-employed or paying voluntary NI.

- Telephone: 0300 200 3500
- Textphone: 0300 200 3519

Call for help and information about:

- Class 1 National Insurance rates and thresholds
- Statutory Payments
- Married Women's Reduced Rate Election
- National Insurance statement requests
- Class 3 National Insurance
- Employment histories

If you have a National Insurance number, have it with you when you call. Phone the National Insurance numbers helpline (above) if you haven't received your National Insurance number or have lost or forgotten it. HMRC can't give you an estimate of your state pension, but you can get a state pension statement.

More information: www.gov.uk/government/organisations/hm-revenue-customs/contact/national-insurance-enquiries-for-employees-and-individuals

Tax Credit Office

Contact the Tax Credit Office if your partner or a child you're responsible for dies. You need to do this within 1 month of the death.

- Telephone: 0345 300 3900

More information: www.gov.uk/government/organisations/hm-revenue-customs/contact/tax-credits-enquiries

Department for Work and Pensions (DWP)

Contact the bereavement service to cancel the person's benefits and entitlements, including their State Pension. They'll also check if you're eligible for help with funeral costs or other benefits.

Telephone: 0800 731 0469

More information: www.gov.uk/death-spouse-benefits-tax-pension/benefits

Personal, workplace and armed forces pensions

- What you need to do to stop pension payments will depend on the type of pension.
- Use the Pension Tracing Service to find details of the person's personal or workplace pension. Telephone: 0345 6002 537, Textphone: 0345 3000 169.
- Contact Veterans UK on 0800 085 3600 if the person had an armed forces pension.

Grant of representation ('probate')

You may be able to apply for a grant of representation. This gives you the legal right to deal with the person's property, money and possessions (their 'estate') - known as 'probate'. For more details, visit: www.gov.uk/wills-probate-inheritance

Getting help

Contact HMRC for help and advice about dealing with tax after someone dies, or you can hire a professional. You may be able to get free tax advice if you're on a low income. You can find all this information, including helpful links, online at: www.gov.uk/after-a-death/overview



More about Blythe House Hospicecare and Helen's Trust

Who funds us?

We receive under a quarter of our funding from the Government via our local Integrated Care Board; the remainder we must raise ourselves through our own fundraising initiatives, events and the generosity of our local communities.

We are extremely grateful to everyone who donates, raises funds or gives their time and skills to help us. For more details visit our website:

www.blythehousehospice.org.uk/support-us/

Why is fundraising so vital?

Blythe House and Helen's Trust works to ensure that people's wishes are respected at the end of their lives. We deliver a bespoke service that is negotiated with the patient and their carers/loved ones. We are charities specialising in caring for adults with any life-limiting illness in their own home.

Our ethos and purpose is that everyone should have the opportunity and choice to spend their last months, days and hours in their own home, if that is their wish.

The support we provide is invaluable to over 800 patients, their carers and families each year. We play a vital role in enabling those people to fulfil their wish to remain in the familiar surroundings of home.

Alongside Hospice at Home care, Blythe House Hospicecare's Community Hub provides a range of day-care services including counselling and bereavement sessions, complementary and physical therapies, 1:1 and group support, out-patient clinics, advice and guidance.

Our team of over 250 amazing volunteers play an integral and vital role at Blythe House and Helen's Trust. Their support means that we can spend the maximum amount of money directly on support and care for our patients and their families.

Find out more about volunteering at Blythe House and Helen's Trust:

www.blythehousehospice.org.uk/volunteer-for-us

Could you help us?

Many of our current volunteers and supporters have had relatives or friends who have been supported by Blythe House and Helen's Trust. As a small charity, any help we receive is welcome and very much appreciated, to sustain and protect our services for the future. You could:

- **Make a donation:** Consider making a one off or regular donation to support our work
- **Host your own fundraising event:** Fundraise for us by hosting an event or taking on a personal challenge where you can be sponsored e.g. a run or skydive
- **Donate to our shops:** Donate good-quality, pre-loved items to our hospice shops in Bakewell, Buxton, Chapel-en-le-Frith, New Mills and Whaley Bridge
- **Get involved:** Attend one of our fundraising events
- **Nominate us:** Ask your employer, a local business, group or school to choose Blythe House and Helen's Trust as their nominated charities
- **Donate your time:** Volunteer for Blythe House and Helen's Trust
- **Online shopping and selling:** Sell items on eBay and choose Blythe House or Helen's Trust when you select 'donate to charity' in your listing.

Leave a gift in your will

You may also like to find out more about the opportunity to leave a gift in your will to Blythe House and Helen's Trust. When you consider writing a will, your loved ones will of course be your top priority, but many people also wish to leave a gift (also known as a legacy) to a cause or charity that means a lot to them.

One in ten of our patients are cared for as a direct result of money being left to the hospice in a will; providing vital income to ensure that we can continue to provide free care and services to those who need it.

The hospice was founded in 1989, thanks to a £1,000 legacy left by Stan Blythe to Reverend Betty Packham. Our 24/7 Hospice at Home service began in 2016 as a result of a generous legacy.

Not all gifts in wills are monetary; you may wish to leave much-loved items to the hospice. For example, a gentleman very kindly bequeathed many boxes of model railway artefacts and memorabilia, so that we could sell them via the hospice's eBay store to raise funds.

Ways to get in touch

If you would like to help us in any of these ways, or you have an idea of your own which is not listed then please get in touch: fundraising@blythehouse.co.uk.

To make a donation, host an event or fundraise in any other way, visit our website: www.blythehousehospice.org.uk/support-us

To volunteer or find out more about the different roles available, visit: www.blythehousehospice.org.uk/volunteer-for-us or email volunteering@blythehouse.co.uk

Share your story

One other really important way you could help us is to allow us to share your experience with other people on our website, social media and in the literature that we distribute. This helps us to raise awareness of our care and services, and in turn, to raise vital funds to help keep them running.

- To read previous patient and family stories, visit our website: www.blythehousehospice.org.uk/category/our-stories
- To find out more about sharing your story, email: communications@blythehouse.co.uk

Did you know? Blythe House was founded in 1989 thanks to a £1,000 legacy left by Stan Blythe to Reverend Betty Packham.

£50 will provide three hours of Hospice at Home care for someone in the last weeks of their life

Notes

£150 would pay for one of our healthcare assistants to provide 9 hours of overnight care in a patient's home, to enable their loved ones to get some much-needed rest

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