

The Engagement of Heart Failure Specialist Nurses with Palliative Care Services: a Comparison of Surveys across the United Kingdom in 2005 & 2010

MJ Johnson*, A Rogers[†], E Sam**, A Fuller**, J Butler[‡], A MacCallum[†], JM Beattie[#] on behalf of the Heart Failure Policy Group, **The National Council for Palliative Care (NCPC).

*Hull York Medical School; [†]University of Cambridge; [‡]Barts and the London NHS Foundation Trust; [†]Gloucestershire NHS Foundation Trust; [#]Heart of England NHS Foundation Trust, Birmingham.

Background:

Patients with heart failure (HF) have less access to supportive and palliative care than those with cancer. In the United Kingdom (UK) heart failure nurse specialists (HFNS) are well placed to address this issue if given adequate education and access to specialist palliative care (SPC) services.

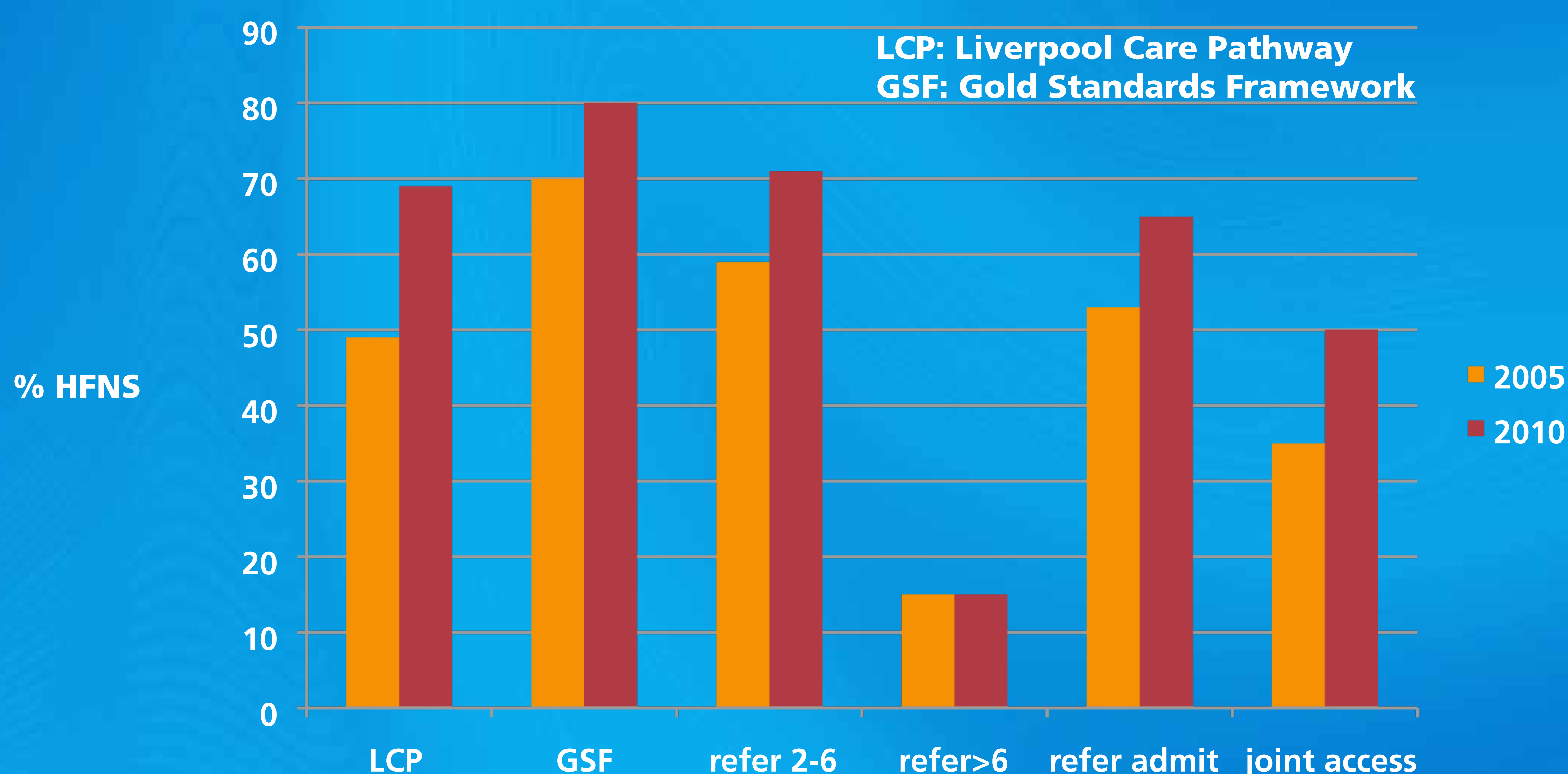
Method:

We compared sequential surveys of HFNS involvement with palliative care across the UK between the years 2005 and 2010 during which time efforts have been made to increase HFNS' awareness of SPC in HF. Electronic and paper surveys were distributed through the cardiac networks, the British Heart Foundation (BHF) and local contacts. Results were collated by the NCPC.

Results:

155 HFNS responded in 2005 and 200 in 2010.

- From the 2010 survey, 83% of HFNS felt they provide general palliative care.
- HFNS referring 2 to 6 patients / year to SPC increased, referral of 6 or more remained static.
- Symptom control remains the commonest reason for referral (87% vs. 83%)
- Admission to SPC beds and joint assessment has increased.
- Implementation of end of life care tools increased.
- HFNS report access to SPC professionals and clear pathways of care may facilitate SPC service delivery.



Conclusions:

HFNS recognise palliative care as a priority for their advanced HF patients, provide general palliative care and increasingly link with SPC. Developing multidisciplinary working with SPC professionals and formalising local care pathways may foster further collaboration and improve patient care without overloading SPC services.