

Survey of Heart Failure Nurses and Use of Specialist Palliative Care Services

*Deadline for responses: **Friday 5th March 2010** (extended from original 12th February deadline)*

For any of the questions below, please continue on a separate sheet if necessary.

1) Are you employed by:

<input type="checkbox"/> Primary Care Trust	<input type="checkbox"/> Acute Trust	<input type="checkbox"/> Joint posting
<input type="checkbox"/> Other (please specify) :		

2) What settings do you work in? (Tick as many as apply)

<input type="checkbox"/> Primary care	<input type="checkbox"/> Secondary care	<input type="checkbox"/> Tertiary care
<input type="checkbox"/> Hospice	<input type="checkbox"/> Care Homes (Personal Care)	<input type="checkbox"/> Care Homes (Nursing)
<input type="checkbox"/> Home visits	<input type="checkbox"/> GP Surgeries	
<input type="checkbox"/> Other (please specify):		

3) Which region of the UK are you based in?

<input type="checkbox"/> England	<input type="checkbox"/> Scotland
<input type="checkbox"/> Northern Ireland	<input type="checkbox"/> Wales

4) Are you working on your own or as part of a heart failure team?

<input type="checkbox"/> On my own	<input type="checkbox"/> Part of a team
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5) How long have you spent specialising in heart failure?

<input type="checkbox"/> Less than a year	<input type="checkbox"/> 1-3 years
<input type="checkbox"/> 5+ years	<input type="checkbox"/> Over 10 years

6) Do you/ your team currently provide general palliative care?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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7) Do you currently provide general palliative care support/ advice to others? E.g. GPs, District Nurses

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8) Do you think that specialist palliative care services have a role in providing care for patients with severe end stage heart failure?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please explain why you think this:	

10) Have you had any contact with specialist palliative care services in the last 12 months?

<input type="checkbox"/> YES	<input type="checkbox"/> NO (<i>go to Question 12</i>)
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11) What was the nature of your contact with specialist palliative care services (tick as many as apply):

<input type="checkbox"/> Educational session(s) e.g. symptom control, end of life issues, conveying bad news	<input type="checkbox"/> Referring patients to either community or hospital care services
<input type="checkbox"/> Joint clinics in primary care	<input type="checkbox"/> Joint clinics in acute care
<input type="checkbox"/> Joint home visits	<input type="checkbox"/> Breathlessness management courses
<input type="checkbox"/> Advice on a particular patient	<input type="checkbox"/> Regular policy or service development meetings
<input type="checkbox"/> Other (please specify):	

12) How many referrals to specialist palliative care services have you personally made in the last 12 months?

<input type="checkbox"/> None (go to Question 14)	<input type="checkbox"/> 1
<input type="checkbox"/> 2-5	<input type="checkbox"/> 6 or more

13) What was the referral(s) to specialist palliative care services for? (Tick as many as apply)

<input type="checkbox"/> Symptom control	<input type="checkbox"/> Communicating difficult news
<input type="checkbox"/> Hospice or palliative care unit admission	<input type="checkbox"/> Ethical decision making (e.g. withdrawing or withholding of treatment, issues related to Do Not Attempt Resuscitation etc.)
<input type="checkbox"/> Other (please specify):	

Please go to Question 15

14) What were the reasons you didn't make a referral to specialist palliative care services?

<input type="checkbox"/> No heart failure patients needed specialist palliative care	<input type="checkbox"/> No, or limited, palliative care services available
<input type="checkbox"/> Insufficient knowledge of the role of specialist palliative care services	
<input type="checkbox"/> Other (please specify):	

15) Do you have locally developed referral criteria for specialist palliative care?

<input type="checkbox"/> YES (please attach a copy)	<input type="checkbox"/> NO (go to Question 17)
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16) Are these referral criteria for specialist palliative care:

<input type="checkbox"/> Same for all patients with specialist palliative care needs irrespective of condition	<input type="checkbox"/> Specific to patients with heart failure
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17) In your area, which of the following options help you to direct heart failure patients to specialist palliative care? (Tick as many as apply)

<input type="checkbox"/> HF nurses having ready access to specialist palliative care advice	<input type="checkbox"/> GPs having ready access to specialist palliative care advice
<input type="checkbox"/> Access to other HF specialists	<input type="checkbox"/> The existence of local pathways incorporating heart failure and palliative care
<input type="checkbox"/> Formalised partnerships between HF and primary care providers	<input type="checkbox"/> Other (please specify):

18) What would improve access to specialist palliative care in your area? (Tick all that apply)

<input type="checkbox"/> HF nurses having ready access to specialist palliative care advice	<input type="checkbox"/> GPs having ready access to specialist palliative care advice
<input type="checkbox"/> Access to other HF specialists	<input type="checkbox"/> The existence of local pathways incorporating heart failure and palliative care
<input type="checkbox"/> Formalised partnerships between HF and primary care providers	<input type="checkbox"/> Other (please specify):

19) How confident do you feel communicating and making decisions on end of life care? (Please circle one of the numbers on the scale below)

10 – Very confident	9	8	7	6	5	4	3	2	1 – Not at all confident
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20) Have you received palliative care training in your current post?

<input type="checkbox"/> YES (please specify):
<input type="checkbox"/> NO

21) Do you have palliative care training needs?

<input type="checkbox"/> NO
<input type="checkbox"/> YES (please specify):

22) Are you aware of the Mental Capacity Act (MCA)?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES - Have you received training on the MCA?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

23) Have you received Advanced Communication training (e.g. a course of interactive training)?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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24) Are you aware of the following end of life care tools?

(a) Liverpool Care for the Dying Pathway	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES		
i) is it being implemented locally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
ii) is it being used for patients with heart failure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
(b) Gold Standards Framework	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES		
i) is it being implemented locally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
ii) is it being used for patients with heart failure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
(c) Preferred Priorities for Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES		
i) is it being implemented locally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
ii) is it being used for patients with heart failure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW

Many thanks for completing the questionnaire.

NB: If you answered Yes to Q15 please remember to attach a copy of your referral criteria for specialist palliative care or email to policy@ncpc.org.uk

Please see page 7 for contact and details.

It would help us to know who has returned this questionnaire, so please provide contact details below. We will send the results of the survey to all respondents.

Name:

Position:

Cardiac
Network:

Address:

Phone Number:

Email address:

Would you like to sign-up for NCPC's free 'e-news' update on Palliative Care?

Yes

No

***The last date to return the questionnaire is
Friday 5th March 2010
(extended from original 12th February deadline)***

Please return to:

Alice Fuller, Policy Support Officer
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