

# Improving End of Life Care for People with Cardiovascular Disease & Heart Failure

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Thursday 6th February 2025

Virtual Conference



## Speakers Include:

**Dr Charles Daniels**  
*Medical Director*  
St Lukes Hospice

**Dr Rebecca Lane**  
*Consultant Cardiologist &  
Clinical Lead for Heart Failure*  
Royal Brompton and Harefield  
NHS Foundation Trust

**Yvonne Millerick**  
*Heart Failure Palliative  
Care Nurse Consultant*  
*Senior Lecturer, Glasgow*  
Caledonian University

**Stephen Kirkham**  
*Heart Failure Patient*

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## Supporting Organisations:



# Improving End of Life Care for People with Cardiovascular Disease & Heart Failure

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This conference will focus on improving end of life care for people with Cardiovascular Disease and Heart Failure through a person centred, needs led approach.

***“Cardiovascular disease remains a leading cause of death in England. Once adjusted for age, the cardiovascular disease mortality rate for people aged under 75 dropped significantly between 2001 and 2010. But improvements have stalled since then, and the mortality rate started rising again during the Covid-19 pandemic.”***

*Independent Investigation of the National Health Service in England, September 2024*

***“The number of people dying before the age of 75 in England from CVD has risen to the highest level in 14 years”***

*British Heart Foundation submission to Independent Investigation of the National Health Service in England, September 2024*

***“Heart failure is a progressive and life limiting condition affecting almost a million people in the UK at any one time. Early identification and honest communication enable parallel planning and support for the individual and those important to them. Active treatment for heart failure alongside symptom management allows optimisation of their quality of life. Inequity must be addressed. There remains wide variation in access to palliative and end of life care in people with heart failure compared to those with cancer. Even within the heart failure community, those with heart failure with preserved ejection fraction are less likely to access palliative and end of life care than those with reduced ejection fraction. There is unwarranted variation in access to palliative care for people living with heart failure. This is often due to a lack of timely identification of need and holistic assessment, leaving many with unmet needs.”***

*NHS England*

***“There remains wide variation in access to palliative and end of life care in people with heart failure compared to those with cancer... Lack of an integrated personalised care and support plan developed at an early stage may lead to uncoordinated care delivery, particularly at times of crisis... people with advanced heart failure who receive palliative care have better outcomes including better symptom control, improved quality of life and fewer hospital admissions”***

*NHS England*

The conference will reflect on how we can improve care for people at the end of life, embed high quality supportive care pathways at an early stage, improve communication about end of life care, and understand progression of Heart Failure: predicting and recognising last days of life and managing uncertainty. The conference will also discuss best practice in symptom control. The conference will allow you to assess your service against the national guidance ‘Addressing palliative and end of life care needs for people living with heart failure: a revised framework for integrated care systems’. This framework aims to raise awareness of the supportive, palliative and end of life care needs of people living or dying with progressive heart failure, to help in commissioning services to meet their needs.

***“People with advanced heart failure who receive palliative care have better outcomes including better symptom control, improved quality of life and fewer hospital admissions. Providing people with heart failure with the right care, at the right time, in the right setting will improve patient and carer experience, reduce harm and increase efficiency the UK.”***

*NHS England*

***“Heart Failure is a misunderstood and misdiagnosed condition, as malignant as some of the most common cancers, it should be treated with the same urgency.”***

*British Society for Heart Failure*

This conference will enable you to:

- Network with colleagues who are working to improve end of life care for people with cardiovascular disease and heart failure
- Learn from the experience of someone living with heart failure
- Reflect on national developments and learning
- Understand what excellence in end of life care for heart failure looks like in practice
- Gain clarity on the requirements of the framework for integrated care systems for palliative care for people living with heart failure
- Improve the approach to talking to people with heart failure about end of life care & advance care planning
- Learn firsthand from services developing pioneering models of palliative care for patients and their carers living with advancing HF
- Ensure effective psychological support
- Reflect on progression of Heart Failure: Predicting and recognising last days of life and managing uncertainty
- Understand how you can improve symptom control, hydration & prescribing
- Improve medications management including deprescribing preventative medicines and prescribing for symptom control and comfort
- Ensuring consistency in nursing practice
- Best Practice Core Components in Cardiac Palliative Care
- Self assess and reflect on your own practice
- Support CPD professional development and act as revalidation evidence. This course provides 5 Hrs training for CPD subject to peer group approval for revalidation purposes

## 10.00 Chair's Welcome and Introduction

**Dr Charles Daniels** *Medical Director, St Lukes Hospice*

## 10.10 Life with deteriorating heart failure

**Stephen Kirkham**  
*Heart Failure Patient*

- what is experience of care? My patient journey
- palliative care and end of life care planning for cardiovascular disease and heart failure: a personal journey
- the little things that make a big difference
- improving information about what to expect at the end of life
- meaningfully engaging and involving people, and developing peer support

## 10.40 Case study: The vital role that system change has to play in improving heart failure management at EOLC - Seeing this from multiple perspectives

**Dr Charles Daniels**  
*Medical Director*  
St Lukes Hospice

- tangible benefits to patients of integration of Heart Failure and Palliative care services
- identifying the key dependencies

## 11.20 Comfort break and virtual networking

## 11.50 EXTENDED SESSION: Symptom control, hydration & anticipatory prescribing at the end of life

**Dr Rebecca Lane**  
*Consultant Cardiologist & Clinical Lead for Heart Failure*  
Royal Brompton and Harefield NHS Foundation Trust

- clinical management and symptom control in the last day of life
- ensuring adults in the last days of life have their hydration status assessed daily, and a discussion about the risks and benefits of clinically assisted hydration
- effective anticipatory prescribing: anticipating new symptoms that may arise and prescribing medicines in advance to manage them
- issues around deactivation of ICDs
- non-medical prescribing
- delivering effective medication review at the end of life and issues with controlled drugs

## 12.20 Small breakout groups

## 12.50 Lunch break and virtual networking

## 13.15 EXTENDED SESSION: Best practice end of life care for heart failure

**Dr Sharon Chadwick**  
*Medical Director*  
The Hospice of St Francis

- supporting and caring for people with end stage disease with a focus on
- what does best practice look like for people with Heart Failure at the end of life
- developing and monitoring care plans for every patient and communicating with family and carers
- ensuring a palliative care needs assessment starts at diagnosis
- ethical dilemmas and decision making
- supporting carers and professionals to deliver excellence
- working in partnership across organisations and services
- delivering effective psychological support

## 14.00 EXTENDED SESSION: Addressing palliative and end of life care needs for people living with heart failure: a revised framework for integrated care systems

**Dr Sarah Zaidi**  
*GP and Clinical Lead*  
Essex Partnership University NHS Foundation Trust

- what does good palliative and end of life care look like for people with heart failure? A needs-based approach
- addressing palliative and end of life care needs for people living with heart failure: a revised framework for integrated care systems
- training and educating frontline staff
- improving end of life care for heart failure patients

## 14.30 Meaningful conversations in preparation for end of life

**Yvonne Millerick**  
*Heart Failure Palliative Care Nurse Consultant Senior Lecturer*  
Glasgow Caledonian University

- partnering patients and families with person centred "What Matters" conversations
- living well with an uncertain illness trajectory
- future care planning: preparing for inevitable change

## 15.00 Small breakout groups

## 15.15 Comfort break and virtual networking

## 15.30 Working in an integrated care way: How can we move from ad-hoc integration of palliative care and heart failure to routine needs based practice?

**Dr Tracey McConnell**  
*Senior Research Fellow*  
Marie Curie Hospice Belfast

- how can we change culture?
- how can we create buy-in?
- what resources do we need?

## 16.00 Case Study: St Christopher's Hospice heart failure service

**Ms Fiona Hodson**  
*Palliative Care Nurse Specialist*  
St Christopher's Hospice

- supporting and caring for people with end stage disease with a focus on heart failure
- working in partnership across organisations and services
- delivering effective psychological support
- predicting and recognising last days of life and managing uncertainty
- our service in St Christopher's
- moving forward; interactive discussion on proposed improvements to your service

## 16.40 Chair's Closing Remarks

*There will be time after each speaker session for Questions and Answers*

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#### Venue

This conference is virtual on Zoom with interactive breakout sessions and resources available on a dedicated, secure landing page for three months after the event date.

#### Date

Thursday 6th February 2025

#### Conference Fee

- £295 + VAT (£354.00) for NHS, Social care, private healthcare organisations and universities.
- £250 + VAT (£300.00) for voluntary sector / charities.
- £495 + VAT (£594.00) for commercial organisations.

#### \* Card Discount

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