HEART FAILURE AND PALLIATIVE CARE: AN INTEGRATED SERVICE FOR PATIENTS ACROSS HOSPITAL AND COMMUNITY SETTINGS

JR Ross, F Hodson, S Karwatowski, M Albarjas, R Nash, J Smith, R George. St Christopher’s Hospice, King’s College Hospital, Princess Royal University Hospital

Background: An integrated clinical service for patients with end-stage heart failure (HF) was funded by Bromley Clinical Commissioning Group; Bromley has no community HF nurse specialists.

Method: Six GP practices participated and referral criteria were agreed. Patients were assessed and followed up by an Advanced Nurse Practitioner, with experience in HF and palliative care (PC), who worked closely with cardiology consultants and HF/PC hospital teams, the Community PC Team (St Christopher’s Hospice) and primary care colleagues. Following initial assessment, patients were discussed at joint MDMs to assess both cardiac and palliative needs. We report data from the service evaluation of this clinical pilot.

Results: 102 patients, mean age 84.2±10.2 years, were referred over 1 year. 89 were accepted. 55 (61.8%) had LVSD, 14 (15.7%) patients had HF with preserved ejection fraction, 13 (14.6%) had predominantly valvular dysfunction, 5 (5.6%) had right sided HF. Patients had multiple comorbidities, significant renal impairment and mental health diagnoses (depression and dementia). Two thirds required considerable assistance or were immobile >50% of the time, with 18% predominately bed-bound, 29 (33%) lived alone, 49 (55%) with family, and 12% in care homes. The majority of carers were female (86%), 25% of carers frequently/nearly always ‘did not have time for themselves’ with 40% reporting a significant impact of caring on their own health. Meta-Analysis Global Group in Chronic Heart Failure (MAGGIC) scores were not accurate in predicting outcome. 44% of patients died during the pilot. Of these, 69% died at home/hospice (41%/28%) versus 31% in hospital. Further PROMs including integrated palliative care outcome scale (iPOS) will be presented.

Conclusion: This pilot was positive and demonstrates benefits and challenges of joint working between integrated teams. We will discuss how ongoing integrated practice can be developed locally with dissemination of good practice and joint working to other groups.