

From: @qub.ac.uk> _____

Sent: 04 July 2025 13:59

To: +Comm Health Public Email <Committee.Health@niassembly.gov.uk>

Cc: _____

Subject: Re: Committee Inquiry: Access to Palliative Care Services _____

Dear Keith, Philip,

We had been in touch before to make you aware of a mapping service of HSCT palliative and heart failure services in Northern Ireland.

I am getting in touch again as I am aware that the evidence gathering phase of the Health Committee Inquiry into access to palliative care is coming to a close.

I would specifically like to share important recommendations for the NI Health Care system from an NIHR funded study looking at the international literature on how to integrate palliative care into heart failure management. The learning from this study is likely to be the same for other long-term conditions / progressive illness such as dementia, stroke, Parkinson's - **please see Recommendations below and our Policy Brief at this link** [PallHeartSynthesis_Policy_Brief.pdf](#) **and attached to this email**

During the evidence gathering I note that the need to *improve integration between health services and a whole system approach to palliative care* has been touched upon. This is very important that these areas are raised as part of the Inquiry- in this email I wanted to elaborate on these in the context of **the need for integration of palliative care into care pathways for all chronic and long-term conditions such as Heart Failure, Parkinson, Stroke, Alzheimer's**. At a NI population level, the number of people living with multiple and chronic conditions is growing rapidly as we live longer.

As the Inquiry has found, palliative care is often narrowly equated with end of life care- when in fact people can benefit from a palliative approach for years and as soon as a terminal diagnosis is given.

Recommendations from our Integrating Palliative Care and Heart Failure work include:

- **Palliative care education:** education and training for health and social care staff must include palliative care for heart failure and other chronic life-limiting illnesses.
- **Campaign for increased public awareness:** A public health approach is needed to help dispel myths and misunderstanding around palliative care.
- **Winning hearts and Minds:** Champion the value and benefits of integrating palliative care into heart failure management with service providers, service users and commissioners.
- **Integrate palliative care and heart failure teams:** services should be sufficiently reconfigured to provide integrated palliative care and heart failure management, heart failure health and social care professionals are more likely to have time to assess and address their patients' palliative care needs if services are provided in this way.
- **Palliative care for heart failure guidelines :** existing guidelines must be visible and in an accessible format for health and social care professionals, so they become embedded in routine clinical practice.

Reference to this work: *McConnell T, Blair C, Burden J, Duddy C, Hill L, Howie C, Jones B, Ruane B, Wong G, Reid J. Integrating palliative care and heart failure: a systematic realist synthesis (PalliatHeartSynthesis). BMJ Open Heart. 2023 Dec 14;10(2):e002438. doi: 10.1136/openhrt-2023-002438.*

We hope that the findings from this work are helpful in informing the inquiry report and please feel free to get in touch if you would like to discuss further.

You may also be interested to know about our follow on, current NIHR-funded grant on a realist evaluation of palliative and heart failure services:

<https://fundingawards.nihr.ac.uk/award/NIHR161150>

We are working closely with Palliative Care and Cardiology services at the SEHSCT who are one of our study sites for this UK wide project. The site leads are Dr Rachel Campbell [Consultant in Palliative Medicine] and Dr Andrew Kerr [Specialty Doctor in Cardiology] who are pioneering an integrated palliative care and heart failure service in their trust area.

Kind Regards

Tracey
