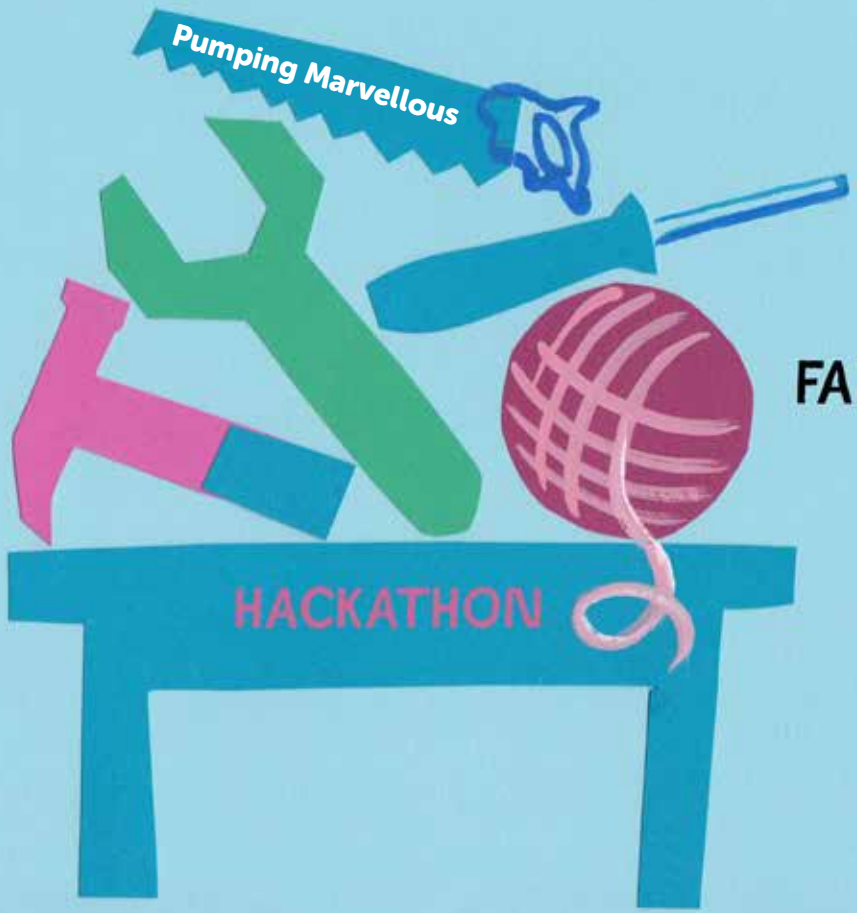
GRAND
HEART FAILURE
SUMMIT 2017



GRAND HEART FAILURE SUMMIT 2017
STORIES TOLD

WE'RE MAKING
HEART FAILURE
CLEARER FOR
EVERYONE


Pumping
Marvellous
for heart failure patients

FOREWORD

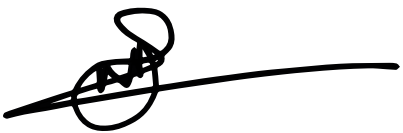
The heart failure patients' time has come. The next 10 years are going to be heart failure's time, when heart failure crawls away from being a second-class citizen and puts itself firmly on the health agenda. You would hope this would be the case, considering there is a tsunami of heart failure coming our way. The patients need solutions. We have enough challenges, in fact we are overloaded with things to fix, so it's important our language is positive and solution driven.

Being diagnosed with a condition like heart failure not only presents problems clinically for the individual, but also has a significant impact on their mental well-being and the socio-economic factors of having to manage a condition that sets you up for failure.

A movement is afoot, patients and carers are starting to energise conversations. It is not the sole responsibility of the healthcare professionals to drive change. It is not the sole responsibility of academics to drive robust trials. What I am saying is that we must band together, understand our different points of view and drive solutions through to policymakers to ensure that people managing their heart failure get the best deal they can from the health system. This means the best treatments, the best care and the best non-medical support for patients and their families. It means investing time and money, innovation and change, so that we know patients and their families have the best quality of life they can, living and managing their heart failure better.

To do this, we need to work together to create a powerful movement of stakeholders who represent the patients and families, who capture the challenges and deliver solutions.

For me, I've been on a personal journey with my health since my diagnosis of heart failure in 2010. A lot of what I have learnt has been through personal experience but more importantly, through interactions with the many thousands of patients, carers and families who connect with the Pumping Marvellous Foundation on a day to day, month to month basis. The Pumping Marvellous Foundation has had to grind out a position where it can energise and invigorate the patients' and their families' opinions, whilst feeding these insights into the whole heart failure conversation, where these can be used collaboratively with other stakeholders to create the correct conversation that instigates change.



Nick Hartshorne-Evans
Founder and CEO
Pumping Marvellous Foundation

WHY WE ORGANISED THE SUMMIT

September 2016 was a marvellous month, in particular 13th September 2016. The British Heart Foundation had done a great job of bringing evidence from all quarters of the heart failure map to produce a document focusing on the state of heart failure across England. As the Secretariat to the All-Party Parliamentary Group for Heart Disease, the British Heart Foundation helped the APPG engage with a broad range of stakeholders so that an inquiry could be made into heart failure.

ADVISORY PANEL

Jennifer Bayly
Kent Surrey Sussex Academic Health Science Network

Prof Andrew Clark
British Society for Heart Failure (Co-Chair)

Richard Corder
Heart failure patient, Cardiovascular Care Partnership

Angela Graves
Pumping Marvellous Foundation (Co-Chair)

Jacqui Hunt
British Association for Nursing in Cardiovascular Care

Dr Mike Knapton
British Heart Foundation

Dr Jim Moore
GP with a special interest in heart failure

Joel Rose
Cardiomyopathy UK

Dr Rick Steeds
British Society of Echocardiography

Prof Martin Cowie
Cardiologist, Imperial College London

The resulting publication, 'Focus on Heart Failure' highlighted 10 recommendations to improve and transform lives. This was a huge step forward for all concerned, especially the patients. It was a publication giving the permission to patients and their families to continue the creation of a movement and confirming that their assumptions and insights were correct. Although the recommendations were "technical," they spelt out most of the areas for development which patients highlight themselves. You can see the 10 recommendations on page 11.

The question I posed to Professor Martin Cowie, Head of our Clinical Board, after the publication was announced was, "How are we going to translate these into activities?"

So, the task of bringing the heart failure community together was underway. On the surface, the 10 recommendations were a mountain too high for any tangible delivery, even for the whole community. However, if we could prioritise three recommendations we would stand a chance of demonstrating momentum and gaining traction with the relevant bodies. Three recommendations would also be more digestible to the target audience of the Department of Health, NHS England, Strategic Transformation Plans (STPs), Clinical Commissioning Groups and Acute Trusts.

"Meeting heart failure professionals from across the country; hearing patients' stories. Experiencing everyone's passion and commitment."

PULLED QUOTE FROM SUMMIT FEEDBACK

“

EGOS WERE LEFT AT THE DOOR. I CAN'T REMEMBER A SIMILAR SITUATION WHERE EVERYONE WAS SO HAPPY TO SHARE THEIR UNIQUE AND VALUABLE EXPERTISE OR VIEWPOINT TOWARDS A COMMON GOAL. IT FELT LIKE SOMETHING ENTIRELY NEW TO IMPROVE HF CARE. A LEVEL PLAYING FIELD. A DELIGHT.

”

PULLED QUOTE FROM SUMMIT FEEDBACK

“

WATCHING THE PUMPING MARVELLOUS MEMBERS HAVING MORE THAN A PERIPHERAL ROLE AND DELIVERING THEIR MESSAGE AND MAKING AN IMPACT.

”

PULLED QUOTE FROM SUMMIT FEEDBACK

HOW WE ORGANISED THE SUMMIT

It was important to ensure we had broad stakeholder attendance and the patient opinion was represented at every conversation. Having broad organisational attendance was key to demonstrating stakeholder solidarity.

To take the outputs of the Summit forward we needed to demonstrate key stakeholder agreement to achieve a wide and comprehensive conclusion.

ATTENDEES AT THE SUMMIT

Dr Abdallah Al-Mohammad
Dr Lisa Anerson
Julie Bartlett
Carys Barton
Dr Resham Baruah
Professor Alison Blenkinsopp
Lynda Blue
Emma Braithwaite
Dr Liz Breen
Andrew Brown
Professor Andrew Clark
Dr Sarah Clarke
Pierre Dale
Julia deCourcey
Nigel Freeman
Lucy Girdler-Heald
Angela Graves
Janine Hogan
Nick Ibrahim
Dr Sadia Khan
Dr Rani Khatib
Stephen Kirkham
Catrin Kissick
Annie MacCallum
Gretchen Marchesani
Jayne Masters
Dr Jim Moore
Professor John Morgan
Priya Narayan
Jill Nichols
Sue Payne
Professor Mark Petrie
Graham Plant
Sam Redmond-Lyon
Janet Reid
Sarah-Jayne Renshall
Joel Rose
Dr Dargoi Satchi
Sarah Shelton
Daniel Smith
Jeremy Squires
Mark Squirrel
Dr Rick Steeds
Michelle Sullivan
Dr Clare Taylor
Annette Tremlin
Dr Jenny Welstand
Nick Hartshorne-Evans
Professor Martin Cowie

This evening wouldn't have been possible without the support from the following organisations:

WHAT WE AIMED TO ACHIEVE

DESIRED OUTCOME 1

To identify 3 of the 10 points from the APPG inquiry into heart failure that may guide stakeholders' focus throughout 2017 and 2018

DESIRED OUTCOME 2

To produce "after event" resources that will help stakeholders to create conversations to generate traction through media-based initiatives

DESIRED OUTCOME 3

To deliver a concise summary of activities and outputs from the Summit to develop conversations with CCGs, Acute Trusts, STPs, NICE, NHS England and the Department of Health along with politicians and the Government to help stimulate change in systems

“

MEETING A GROUP OF LIKE-MINDED PEOPLE AND BEING CHALLENGED TO BE BETTER.

”

PULLED QUOTE FROM SUMMIT FEEDBACK

WE NEED TO CREATE A HF WELL-BEING ADVISORY PROGRAMME THAT'S DESIGNED TO HELP PATIENTS LIVE A BETTER LIFE THAT WORKS FOR THEM

10 APPG RECOMMENDATIONS

1. Health Education England should support heart failure specialist teams to improve awareness, knowledge and understanding of the condition in general medical colleagues, including GPs. This should cover the need to consider the history of heart disease in the patient and their family.
2. All Clinical Commissioning Groups (CCGs) should commission cost-effective NTproBNP testing to support the diagnosis of heart failure. NHS England should consider how CCGs can be incentivised to do this.
3. NHS England and Health Education England should take urgent action to implement the recommendations in the Strategic Review of Cardiac Physiology Services on meeting workforce challenges, to ensure that demand for echocardiography can be met.
4. Clinicians should ensure that when patients are diagnosed they are provided with information about heart failure, how it may impact on their lives and how they can help manage this, in a form that is suitable for them. Patients should also be provided with a single point of contact for any questions and concerns.
5. All patients admitted to hospital for heart failure should receive early specialist input into their care. NHS England and NHS Improvement should seek improvements in the percentage of patients receiving specialist input through the Best Practice Tariff for heart failure and expand it to include other measures such as follow up from the multidisciplinary team (MDT).
6. Health Education England should work with the Royal College of Nursing, Nursing and Midwifery Council and others to build a picture of the number, location and qualifications of heart failure specialist nurses (HFSNs) and other cardiac nurses treating people with heart failure and urgently develop plans to ensure that the workforce is sufficient to meet demand.
7. All CCGs should commission heart failure services centred on MDTs including HFSNs to provide an integrated approach to care. NHS England should consider how CCGs can be incentivised to do this.
8. All CCGs should commission exercise-based cardiac rehabilitation programmes suitable for heart failure patients and increase referrals to them. NHS England and NHS Improvement should expand their proposal for a Best Practice Tariff for cardiac rehabilitation to include appropriate patients with heart failure.
9. As part of the Government's commitment to offer honest discussions to people approaching the end of life, Health Education England should work with professional bodies to ensure all those caring for heart failure patients receive training in advanced communication skills.
10. As part of the Government's commitment to offer this opportunity to everyone approaching the end of life, CCGs and providers should ensure that all heart failure patients can make informed personalised decisions about their care using advanced care planning.

WHAT HAPPENED

EXECUTIVE SUMMARY

- In 2016, the All-Party Parliamentary Group (APPG) on Heart Disease made 10 recommendations for improving care for patients and families in the UK affected by the large and growing burden of heart failure.
- At the Grand Heart Failure Summit in May 2017, the Pumping Marvellous Foundation, the UK's patient-led heart failure charity, brought together key stakeholders – patient, clinical, government and industry – to set the strategic direction and priorities for achieving the APPG's goals.
- Presentations supporting prioritisation of each of the recommendations were made by the Summit participants to a panel of expert judges.
- The judges concluded that priority should be given to:
    - Improving the diagnostic pathway to include cost-effective NTproBNP testing and sufficient availability of echocardiography
    - Achieving access to early specialist care for all patients with heart failure
    - Ensuring that there are enough heart failure specialist nurses and other cardiac nurses to meet patient need

BACKGROUND

In September 2016, the All-Party Parliamentary Group (APPG) on Heart Disease published the results of an inquiry into the reasons for inconsistencies in provision of good care for people with heart failure [1]. The Group made 10 recommendations for improving care and transforming lives.

To set the strategic direction and priorities for achieving these goals, the Pumping Marvellous Foundation, the UK's patient-led heart failure charity, brought together the broadest possible range of stakeholders – patient, clinical, government and industry – from across the UK.

At the Grand Heart Failure Summit 2017, held at the Royal College of General Practitioners, London, five groups of 10 stakeholders were each asked to develop an 'Elevator Pitch' to support prioritisation of two of the APPG on Heart Disease's recommendations.

A judging panel representing all the stakeholder groups participating at the Summit judged these pitches against six criteria (see page 25).

On this basis, three recommendations were chosen for prioritisation.

MY SISTER LIVES 5 MILES AWAY FROM ME BUT HER HEART FAILURE CARE IS A MILLION MILES AWAY FROM MINE. IT'S DIFFERENT; IT'S UNFAIR


WE PLEDGE

IF A PATIENT GETS TO SEE A SPECIALIST THEY HAVE AN INCREASED CHANCE OF SURVIVAL.

SEE A SPECIALIST AND YOU REDUCE MORTALITY, REDUCE ADMISSIONS AND CAN REDUCE COSTS.

WHAT HAPPENED

PRIORITIES FOR ACTION

Key priorities for improving heart failure care were identified as:

1. **Improving the diagnostic pathway to include cost-effective NTproBNP testing and sufficient availability of echocardiography (APPG recommendations 2 and 3)**

On the basis that stakeholders at the Summit made equally strong cases for greater availability of NTproBNP testing and echocardiography for patients with suspected heart failure, the judges unanimously agreed that priority should be given to both recommendations within improvements to the diagnostic pathway.

REASONS WHY

Twenty six percent of patients with heart failure are misdiagnosed [6] and may be treated for considerable periods for conditions such as respiratory infection, asthma or anxiety before the correct diagnosis is made.

To aid diagnosis, the National Institute for Health and Care Excellence (NICE) guidelines recommend that all patients with suspected new diagnosis of acute heart failure should have a simple blood test for NTproBNP, levels of which increase in heart failure [7]. However, it is estimated that up to a third of GPs do not have open access to testing services [1].

The NICE guidelines also recommend that all patients admitted to hospital with suspected new diagnosis of heart failure and raised NTproBNP should have echocardiography within 48 hours of hospital admission [7]. However, up to 22% of patients who are not treated on a cardiology ward or receive no specialist care do not get an echocardiogram [3]. Many more wait anxiously in hospital for more than 48 hours before their investigation, resulting in expensive bed-blocking by patients who could otherwise be discharged home. Other patients are discharged without an echocardiogram which is then done as an outpatient test with a waiting time up of up to six weeks.

The failure to achieve NICE recommended targets for echocardiography is largely due to a shortage of trained operators. The annual number of clinical scientists receiving training in the UK to work as echocardiographers who stay in the speciality falls far short of the posts needed [8]. As demand for echocardiography increases and current operators reach retirement, the shortfall in services can only increase. Stakeholders at the Summit therefore recommended that consideration should be given urgently to recruitment of graduates other than clinical scientists for training in echocardiography. Apprenticeships could be established at regional specialist training centres outside the existing clinical system to significantly expand the echocardiography workforce to meet the needs of heart failure patients.

2. Achieving access to early specialist care for all patients with heart failure (APPG recommendation 5)

By a significant margin, the judges agreed that stakeholders made the strongest case for early specialist care being the most important priority for improving heart failure outcomes in the UK.

REASONS WHY

Sixty three percent of patients with heart failure in the UK receive their diagnosis following an emergency visit to hospital [2]. At this time, less than half are treated on a cardiology ward and one in five receive no specialist input into their care while in hospital [3].

Yet, UK research has consistently shown that patients treated on cardiology wards are more likely to have appropriate diagnostic tests (eg. echocardiography) and to be discharged on essential heart failure medication than those treated on general wards, without specialist input [3].

Lack of specialist care at an early stage of heart failure management is reflected in higher mortality rates [3]. Patients who are not treated on a cardiology ward and/or fail to receive specialist heart failure care are more likely to die while they are in hospital and in the 12 months after they are discharged [3].

Specialist care is also more cost effective as hospital readmission rates are lower [3].

Specialist

WE NEED TO GIVE ACCESS TO A SPECIALIST FOR
EVERY HEART FAILURE PATIENT

HEART FAILURE NURSES KEEP PATIENTS SANE AND MOTIVATED.
THEY ARE A VITAL HUMAN LINK IN THE CHAIN OF CARE
I REALLY BELIEVE THEY CAN HELP PROLONG A PATIENT'S LIFE.

3. Ensuring that there are enough heart failure specialist nurses and other cardiac nurses to meet patient need (APPG recommendation 6)

The Summit judges felt that stakeholders made a compelling case for expansion of specialist nursing services for patients with heart failure in both hospital and primary care.

REASONS WHY

Specialist nursing care for patients with heart failure in the UK – in hospital and following discharge back into the community – has been clearly demonstrated to save lives and reduce the need for repeat hospitalisation [4]. It has also been shown to be cost-effective [5].

Specialist nurses educate patients about their heart failure and its treatment and as more patients have additional long-term conditions such as diabetes, they are required to provide increasingly complex care. They also support patients in adhering to their medication guidelines and help to improve their quality of life and ability to get back to work and normal activities. Working in hospitals and the community, nurses help to coordinate care and ensure that interventions started in hospital are continued when patients get home.

While many Trusts and Health Boards across the UK fund heart failure specialist nurses, a lack of funding and resources means that service provision is patchy.

The Pumping Marvellous Foundation is carrying out a UK-wide audit to locate heart failure nurses and help identify where resources are needed to increase numbers and enhance services. This mapping exercise will be an important contribution to the initiative outlined in APPG recommendation 6.

On this basis, three recommendations were chosen for prioritisation.

CONCLUSIONS

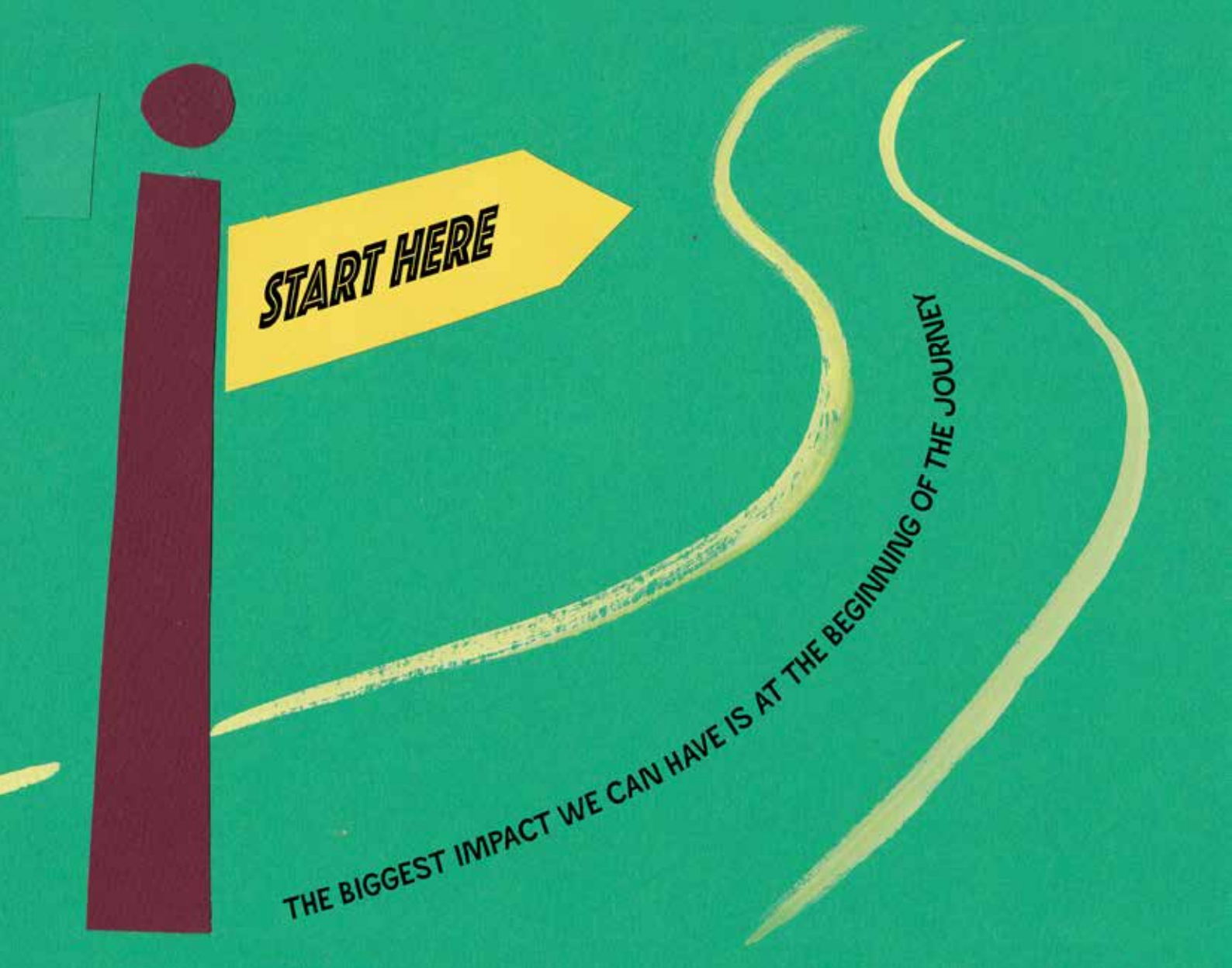
Approximately 900,000 people in the UK have heart failure [3], and the prevalence is likely to increase as a result of our ageing population and the growing number of patients who survive a heart attack. Nearly 10% of patients admitted to hospital for heart failure die in hospital and nearly 30% die within a year of being discharged [3].

To address this large and growing challenge to the NHS, action is urgently needed. In the face of ever-increasing demands on limited budgets, it is essential to prioritise expansion of heart failure services in areas of greatest need.

The first step should be to ensure that patients have early access to specialist heart failure care, rapid and accurate diagnosis through NTproBNP testing and echocardiography and ongoing support from specialist heart failure and cardiac nurses.

These are evidence-based interventions with demonstrable benefits for patients and their families, clinicians, Trusts and Health Boards and ultimately, the Exchequer.

WE NEED TO CREATE A HF WELL-BEING ADVISORY PROGRAMME THAT'S DESIGNED TO HELP PATIENTS LIVE A BETTER LIFE THAT WORKS FOR THEM


START HERE
THE BIGGEST IMPACT WE CAN HAVE IS AT THE BEGINNING OF THE JOURNEY

METHOD

An 'Elevator Pitch' is an opportunity for an individual to 'sell' an idea to someone during the time they share an elevator. This is typically 20-60 seconds but, at the Grand Heart Failure Summit, was extended to five minutes.

JUDGING CRITERIA

- Did the team demonstrate the problems or opportunities about the recommendation?
- How will their solution solve or tackle the problem?
- Will the NHS buy the solution?
- Did the team demonstrate whether their idea was cost-effective?
- Could the idea gain traction by the end of 2018?
- Is the idea patient focused?

REFERENCES

1. All-Party Parliamentary Group on Heart Disease. Focus on Heart Failure. British Heart Foundation, 2016.

2. Cowie MR, Fox KF, Wood DA, et al. Hospitalisation of patients with heart failure, a population-based study. European Heart Journal 2002;23:877–885.

3. British Society for Heart Failure. National Heart Failure Audit 2014-2015. Available at http://www.bsh.org.uk/resources/national-heart-failure-audit/

4. Blue L, Lang E, McMurray et al. Randomised controlled trial of specialist nurse intervention in heart failure. BMJ. 2001 Sep 29:323(7315):715-718

5. Stewart S, Blue L, Walker A, Morrison C, McMurray JJ. An economic analysis of specialist heart failure nurse management in the UK; can we afford not to implement it? Eur Heart J. 2002 Sep;23(17):1369-1378

6. McCullough PA, Nowak RM, McCord J, et al. B-type natriuretic peptide and clinical judgment in 25 emergency diagnosis of heart failure: analysis from Breathing Not Properly (BNP) Multinational 26 Study. Circulation 2002;106(4):416-422.

7. National Institute for Health and Care Excellence. Acute heart failure diagnosis and management. CG187, October 2014

8. Strategic review of Cardiac Physiology Services in England: Final Report 12/05/2015, by the British Cardiovascular Society and the Society for Cardiological Science and Technology.

THE FIRST DECISION

"We are prioritising and combining APPG recommendations two and three."

RECOMMENDATION 2
All Clinical Commissioning Groups (CCGs) should commission cost-effective NTproBNP testing to support the diagnosis of heart failure. NHS England should consider how CCGs can be incentivised to do this.

RECOMMENDATION 3
NHS England and Health Education England should take urgent action to implement the recommendations in the Strategic Review of Cardiac Physiology Services on meeting workforce challenges, to ensure that demand for echocardiography can be met.

COMPELLING STATEMENT
"Everybody with suspected heart failure must have access to a simple blood test. If the test indicates an echocardiogram is necessary to confirm a diagnosis of heart failure, this must be completed within the recommended timescales of the latest NICE/SIGN guidelines."

PATIENT COMMENT
"This relies on wide awareness and GPs using the blood test in Primary Care along with commissioners ensuring that echo services are capable of delivering the guideline standards."

WE NEED TO COMMISSION COST-EFFECTIVE NT-proBNP TESTING AND ALSO ENSURE ECHO DEMAND CAN BE MET

THERE'S A LOT OF DATA THAT SHOW EARLY SPECIALIST INPUT MAKES REAL SENSE

THE SECOND DECISION

"We are prioritising APPG recommendation five."

RECOMMENDATION 5
All patients admitted to hospital for heart failure should receive early specialist input into their care. NHS England and NHS Improvement should seek improvements in the percentage of patients receiving specialist input through the Best Practice Tariff for heart failure and expand it to include other measures such as follow up from the multidisciplinary team (MDT).

COMPELLING STATEMENT
"Everybody admitted to hospital with a diagnosis of heart failure must have access to specialist care. We know this is so important as the evidence points to better care, reduced re-hospitalisation and a reduction in mortality as highlighted in the Heart Failure Audit 2016. This must include the correct discharging of patients on optimal treatment and care back to their homes with a cohesive connection to a mobilised MDT."

PATIENT COMMENT
"Coming away from the numbers and statistics, patients and their families don't want to be in hospital more than they have to. Patients want to be treated by heart failure specialists ensuring they get the best deal in terms of treatments and care. Patients tell us they want to be discharged with support at home where a multi-disciplinary team helps them live their life better with their diagnosis. Heart failure is a scary diagnosis and the more support that is available the more likely patients and their families have a better quality of life."

THE THIRD DECISION

"We are prioritising APPG recommendation six."

RECOMMENDATION 6

Health Education England should work with the Royal College of Nursing, Nursing and Midwifery Council and others to build a picture of the number, location and qualifications of heart failure specialist nurses (HFSNs) and other cardiac nurses treating people with heart failure and urgently develop plans to ensure that the workforce is sufficient to meet demand.

COMPELLING STATEMENT

"It is important that we invest in heart failure to move it away from being a "Cinderella Syndrome." A key driver of this is accurate provisioning of services. If we don't know where it is how do you go about investing in it? The patients have known this for a long time but heart failure specialist nurses are the hub of their care, not only in the acute setting but more importantly, to the patient in the community where heart failure lives. They have irrefutable value within the MDT, they are the eyes and ears of all other specialists that reside in the patient's team and yet we don't know how many exist, where they are and what level they operate at."

PATIENT COMMENT

"Heart failure nurses are crucial to helping the patient to live their life as best as they can. How do we know this? Patients tell us time and time again. I am not sure my outcomes would have been the same if I didn't have a heart failure nurse. They positively affect hospital re-admissions, they connect you to local services and support your psychological and social needs. Yet their job description says they are clinical in nature but they provide so much more."

WE NEED TO BUILD A BETTER PICTURE OF THE NUMBER, LOCATION AND QUALIFICATIONS OF HF NURSES


WE NEED
BUY IN FROM EVERYONE
WHERE THEY ARE?
WHO THEY ARE?
SKILLS & TRAINING
WORK FORCE PLANNING
YOU !

TURNING CONVERSATIONS INTO ACTIVITIES, LEADING INTO ACTION

So we've come to the interesting page.

I bet you've been to a conference or meeting where there's been great relatable content, but where does it go from there? I would suggest the seasoned campaigners would run out of fingers and toes to count how many times this has happened. You trudge or briskly walk away from the conference or meeting enthused with world-changing ideas and reams of notes. I am sure this has happened many times, then you wake up the following day and your thoughts are, "What do I need to do today?"

We thought we'd make this meeting a little different by including all the people on page 7 in the story. We wanted to involve some of the "movers and shakers" of the UK heart failure conversation and get these marvellous folk to tell the Pumping Marvellous Foundation what the priorities should be. You may not have seen a lot of Pumping Marvellous branding at the Summit. This was by design as we didn't want to hijack the conversations because we needed the attendees to tell us what the priorities should be. Not one single stakeholder has the answers, our solutions must be collegiate.

We don't claim to be experts other than trying to be the best patient group we can be. The Summit not only informed us, it informed everybody else what the priorities should be or perhaps reinforced educated opinions.

We can guarantee you that we will try our very best to influence progression in the three priorities which were chosen at the Summit. They are all inclusive and beneficial to all people with a diagnosis of heart failure.

There is a but... we can't do this by ourselves, so every time you wake up in the morning, think heart failure.

THINK - Better diagnosis
THINK - Better care
THINK - Better outcomes

THINK - I was there

Utilise the resources on your commemorative USB stick and every time you stick it in ***THINK - Positive***.

ATTENDEES AND ORGANISATIONS

Both Professor Martin Cowie and myself would like to thank you for attending this most important event in the heart failure calendar. We know how busy you all are and we thank you again for scheduling us in. We are pleased you are part of this story and we wish you all positive thoughts in your endeavours to improve the quality of life for all heart failure patients and their families and carers.

ATTENDEES

Dr Abdallah Al-Mohammad
Dr Lisa Anerson
Julie Bartlett
Carys Barton
Dr Resham Baruah
Professor Alison Blenkinsopp
Lynda Blue
Emma Braithwaite
Dr Liz Breen
Andrew Brown
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Dr Sarah Clarke
Pierre Dale
Julia deCourcey
Nigel Freeman
Lucy Girdler-Heald
Angela Graves
Janine Hogan
Nick Ibrahim
Dr Sadia Khan
Dr Rani Khatib
Stephen Kirkham
Catrin Kissick
Annie MacCallum
Gretchen Marchesani
Jayne Masters
Dr Jim Moore
Professor John Morgan
Priya Narayan
Jill Nichols
Sue Payne
Professor Mark Petrie
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Sarah-Jayne Renshall
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Daniel Smith
Jeremy Squires
Mark Squirrel
Dr Rick Steeds
Michelle Sullivan
Dr Clare Taylor
Annette Tremlin
Dr Jenny Welstand
Nick Hartshorne-Evans
Professor Martin Cowie

ORGANISATIONS REPRESENTED

Alliance for Heart Failure
Bayer UK
British Cardiovascular Society
British Society for Echocardiography
British Society for Heart Failure
Boston Scientific UK
Cardiomyopathy UK
Heart Failure Hub – Scotland
NICE
Scottish Government
St Jude Medical
The British Heart Foundation
The Pumping Marvellous Foundation
Vifor Pharma UK

THANK YOUs AND ONLINE RESOURCES

To drive and complement your activities we would ask you to download our resources by visiting **pumpingmarvellous.org – What We Do – Heart Failure Summit.**

WATCH PMTVLive ON YOUTUBE youtube.com/PMTVLiveHF

VISIT OUR YOUTUBE CHANNEL **PMTVLive** FOR VIDEOS FROM THE HEART FAILURE SUMMIT

Pumping Marvellous
for heart failure patients

LET'S GET THE CONVERSATION AT ONE PLACE AND AT ONE TIME

0800 9 788133

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hearts@pumpingmarvellous.org

@pumpinghearts

heart failure aware (open)

help for hearts (closed support group)

PMTVLive