Dr Charles Daniels

Medical Director, St Luke’s Hospice Harrow

Macmillan Lead Consultant in Palliative Medicine, London Northwest Healthcare NHS Trust

Medical Director, St Luke’s Kenton Grange Hospice,

Macmillan Consultant in Palliative Medicine, London Northwest University

Healthcare Trust

Clinical Director, Harrow Integrated Care Development Programme

Lecturer on Palliative Care and Public Policy MSc course (Kings College, London)

Member of The Lancet Commission on the Value of Death

Member of Hospice UK Quality Improvement Advisory Group

Lectured and published widely nationally and in Denmark, Israel and Lithuania

Initially trained in General practice then subsequently retrained in Palliative Medicine.

Consultant since 1996.

Generation Q Fellowship 2014‐6 (Health Foundation)

MSc in Health Improvement Sciences (Distinction) (2016)

Special interests in:

* + - * Practical application of Quality Improvement Science to everyday service
* development
* Improving patient care by empowering colleagues through developing
* integrated services. This includes, changing the “system”, “walking in each
* others shoes”, and formal education
* Quality Services for Frail Elderly.
* Palliative Care in Advanced Heart Failure.
* Advanced communication skills training.

Specialty Committees

* Board member of Pan London Clinical Leadership Group 2016‐18.
* Member of RCP Management of Patients with Prolonged Disorders of Consciousness Guideline development Group 2010‐2013

I am married to Miriam (a Teacher) with 3 sons who make me laugh and proud in equal measures.

Abstract

This presentation will share the experiences over the last 11 years of developing

integrated Advanced Heart Failure and Palliative care services in Northwest London.

It will show a model which

* Coordinates across organisational and specialties to improve patient care.
* Supports and directs primary care.
* Has evidence that it contributes to:
	+ Increased identification of patients approaching EOLC
	+ Improved community case management by use of trigger tools
	+ Increased deaths in Preferred place of care
	+ Prevention of hospital admission
	+ Reduced No. of deaths in hospital and length of hospital stay
	+ Improved patient care
	+ Improved Heart failure staff experience
* At the end we will also share a really important and painful lesson which we are learning from the hard way!