

Re: Your request made under the Freedom of Information Act 2000

We are conducting a project which involves mapping heart failure services across the NHS and this request for information regarding the services provided by your organisation is an important part of this.

I would be grateful if you could please answer the following questions.

1. What is the name of your Heart Failure Service? **No name**
2. Population served by the Heart Failure Service? **450 000**
3. What is the service setting? **acute hospital**
 - a) Acute hospital
 - b) Community hospital
 - c) Integrated care
 - d) Primary care
4. Approximate case load of Heart Failure patients seen per week? **Follow ups Not seen separately but as part of general clinics. There are 2 clinics for new referrals of high bnp but of course not all these have heart failure**
5. Number of follow ups in 2021/22?
6. Which populations do you provide the following services for and are you commissioned for these services? **Commissioned for cardiology care not specifically heart failure**
 - a) Heart Failure with preserved ejection fraction (HF_rEF)
 - b) Heart Failure with reduced ejection fraction (HF_pEF)
7. Staff dedicated to Heart Failure: **none only do heart failure**
 - a) Number of Heart Failure consultants (pa's)
 - b) Number of Heart Failure nurses (WTE)
 - c) Number of Heart Failure Pharmacists (WTE)
8. Which of these (a to g) does your NHS organisation have?
 - a) Access to open access ECHO **yes**
 - b) Access to Cardiac rehab? **yes**
 - c) HF Multi Disciplinary Team (MDT) **yes**
 - d) Cardiologist Non HF specialist **yes**
 - e) Cardiologist HF specialist **yes**
 - f) Cardiology Pharmacist **no**
 - g) GPwER (previously called GPwSI) **no**
9. Which of the following (h to n) service models do you provide?
 - h) Acute inpatient **yes**
 - i) HF outpatient **yes**
 - j) Hospital based ambulatory heart failure unit **no**
 - k) Community based ambulatory heart failure unit **provided by separate provider**
 - l) Home based service / care **provided by separate provider**

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m) Community based clinic **provided by separate provider**

n) Heart Failure virtual ward **no**

10. Do you believe that the current service specification adequately reflects the range and volume of activity your service provides? (Yes / No) **not commissioned specifically**