

Cardiac Rehabilitation for People with Heart Failure

1 Do you routinely offer Phase III cardiac rehabilitation to people with heart failure? Yes Go to Q2
No Go to Q14

2 Please tick which Phases you provide for HF I II III IV

3 Which of these best describes the HF pathway into CR in your area? Yes No

Usually only if they have been referred for Acute MI or revascularisation

Offered to people with other conditions e.g. cardiomyopathy and/or valve disease

We offer CR to all people with HF regardless of the cause

We don't usually take people with diastolic HF

4 Do you provide a separate programme for the HF patients? Yes Go to Q4
No Go to Q5

5 If yes, are spouses/partners invited to participate in CR? Yes
No

6 Do you provide a home based CR programme for HF? Yes Go to Q6
No Go to Q7

7 If yes, which programme do you offer? The Heart Manual
The BHF Heart Failure Plan
Other (please specify) _____

8 Do you provide a hospital/centre (group) based programme for HF patients? Yes
No

9 Do you offer HF patients a choice of home or centre based CR? Yes
No

10 Do you have inclusion or exclusion criteria for HF? Yes Go to Q10
No Go to Q14

11 If yes to Q9, are these based on the NYHA Classification? Yes Go to Q11
No Go to Q12

12 Please answer the following questions on inclusion/exclusion criteria (tick all that apply)

Which NYHA Class do you include? I II III IV

Which NYHA Class do you exclude?

13 Is inclusion based on LV ejection fraction? Yes
No
If yes, please give %: _____

14 Do you have any other exclusion criteria? Yes
No
If yes, please describe: _____
: _____

15 Do any of the following factors influence you in offering / not offering CR to people with HF? Yes No

HF patients go to another CR programme in our area

Not enough resources (e.g. time, number of staff, accommodation, transport, equipment) to open programme to this group

HF patients are not included in our contract with the commissioners

We are not confident we have right skill mix / knowledge to manage these patients

CR was not included in the locally agreed clinical guideline/pathway for people with HF

Lack of interest / referrals from local HF service clinician(s)

The Specialist Heart Failure Nurse services already meets the patients rehab needs

Lack of evidence / guidance on safety

Lack of evidence of clinical benefit

other reasons _____
(continue on reverse if needed) _____

16 If you would like to provide more information or comments about CR for HF, either in your area or in general, please add below and continue on reverse if needed.

17 We may wish to contact you again for more information. If you are willing to help with a further short survey please give us your contact email and/or telephone numbers.

Thank you. Your information will be anonymised and combined in a UK wide report and BHF campaign to help gain improved CR services for people with Heart Failure