

## **HEART FAILURE SUPPORT SERVICE REFERRAL INFORMATION**

### **Aim**

The aim of the Heart Failure Support Service is to support patients and carers with the social impact of heart failure who are living in the community.

### **Objectives**

The main objectives of the service are to

- provide friendship, support and contact to patient and carers
- meet social, recreational and leisure needs of patients
- provide information on local services and resources
- develop a volunteer service, including recruitment, induction, training and support of volunteers
- reduce the effects of social isolation and enhancing the quality of life for people affected by heart failure

### **Service Description**

The Heart Failure Support Service Coordinator, assisted by volunteers, will offer friendship, information and support to enable patients to be socially active. The service is currently accessible to individuals in; Lothian, South Glasgow and Inverclyde, Lanarkshire and the Western Isles. It is linked with local cardiac support groups and voluntary agencies.

Examples of some of the reasons for a referral to the service include:

- Diagnosis of Chronic Heart Failure or COPD (essential criteria)
- Lives alone
- Family out working Mon – Fri
- Partner with illness / mobility problems
- Mobility Problems
- Low Mood
- Feeling Lonely
- Lack of Social Network

In essence the service aims to support clients whose life can be enhanced by the volunteer visit.

### **Information for Referrers**

- Referral to this service does not automatically guarantee that a volunteer will be found for this patient. Those referred will be assessed by the local Heart Failure Support Service coordinator for suitability.
- There may be a waiting list and it could take some time for the client to be matched to a volunteer. If this is the case you will be informed.
- Please share as much information as you can. If, at a later date, there is significant change in the circumstances of the client or you feel they have become ineligible for the service please contact your local coordinator.

## Heart Failure Support Service

### Referral to HFSS

Name of Referrer: \_\_\_\_\_

Date: \_\_\_\_\_

|                 |  |
|-----------------|--|
| Client Name     |  |
| Address         |  |
|                 |  |
| Telephone       |  |
| Post Code       |  |
| DOB             |  |
| NYHA (if known) |  |
| Comments        |  |

Please send completed referral to

Joanne Robison  
HFSS co-ordinator Glasgow  
[joanne.robison@chss.org.uk](mailto:joanne.robison@chss.org.uk)  
tel 07760 765319