

Ref. No: 2505
Date: 13/04/26
Subject: Cardiac MRI (CMR) scans

REQUEST and RESPONSE

Many thanks for your recent response to FOI2487 (appreciated, truly)

Further and understanding the financial limitation(s) of specific, broad/large scale requests, I would like to submit another FOI Request, drilling into the received and acknowledged data a little more, hence:

I am writing to request information under the Freedom of Information Act 2000.

Based upon the response within FOI2487.

1. With specific regard ONLY for May 2021, where there were 15 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 15 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

2. With specific regard ONLY for June 2021, where there were 14 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 14 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

3. With specific regard ONLY for July 2021, where there were 17 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 17 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

4. With specific regard ONLY for August 2021, where there were 12 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 12 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

5. With specific regard ONLY for September 2021, where there were 19 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 19 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

6. With specific regard ONLY for October 2021, where there were 15 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 15 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

7. With specific regard ONLY for November 2021, where there were 27 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 27 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

8. With specific regard ONLY for December 2021, where there were 11 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 11 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

9. With specific regard ONLY for January 2022, where there were 13 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 13 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

10. With specific regard ONLY for February 2022, where there were 11 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 11 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

11. With specific regard ONLY for March 2022, where there were 17 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 17 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

12. With specific regard ONLY for April 2022, where there were 21 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 21 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

13. With specific regard ONLY for May 2022, where there were 18 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 18 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

14. With specific regard ONLY for June 2022, where there were 19 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 19 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

15. With specific regard ONLY for July 2022, where there were 29 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 29 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

16. With specific regard ONLY for August 2022, where there were 23 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 23 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

17. With specific regard ONLY for September 2022, where there were 29 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 29 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

18. With specific regard ONLY for October 2022, where there were 28 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 28 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

19. With specific regard ONLY for November 2022, where there were 23 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 23 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

20. With specific regard ONLY for December 2022, where there were 14 Cardiac MRI referrals from MWL to external providers

Please specify how many of the aforementioned/documented 14 referrals were made with a primary clinical indication of Suspected Myocarditis (ICD-10 code I40).

Following a thorough assessment, we regret to inform you that Mersey and West Lancashire Teaching Hospitals NHS Trust is unable to comply with your request, as doing so would exceed the cost limit set out under Section 12 of the Freedom of Information Act 2000.

Section 12 states that a public authority is not obliged to comply with a request for information if it estimates that the cost of doing so would exceed the appropriate limit, which is currently set at £450 for NHS organisations. This equates to 18 hours of staff time, calculated at a standard rate of £25 per hour, as defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004.

In this case, fulfilling your request would require checking individual patients records and the Trust has estimated this time to be in excess of 505 hours This involves locating, retrieving, and extracting the relevant information. This exceeds the 18-hour threshold, even with reasonable efforts to narrow the scope.

We are therefore applying Section 12 of the Act and will not be proceeding with the request in its current form.