

British Heart Foundation Cymru response to the Health, Social Care and Sport Committee of the Welsh Parliament's Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales.

The British Heart Foundation (BHF) is the largest independent funder of medical research into heart and circulatory diseases in the UK. Our research has helped halve the number of people dying from these conditions since the 1960s. Our ambition is to beat heartbreak forever, and we work to transform the detection, treatment, and support for people with heart and circulatory diseases. We welcome the opportunity to share our insight about the impact of the Covid-19 outbreak on care for people with heart and circulatory disease in Wales.

Around 340,000 people live with heart and circulatory diseases in Wales. Prior to the Covid-19 pandemic, these conditions caused more than a quarter (28%) of all deaths and cost the NHS in Wales £469million a year.

Covid-19 has a significant impact on people with heart and circulatory disease, including an increased risk of complications when infected with Covid-19. A recent study of severe Covid-19 cases across the UK revealed the most common comorbidities are chronic cardiac disease (29%) and uncomplicated diabetes (19%)ⁱ. Heart and circulatory disease is the most common pre-existing condition for Covid-19 fatalitiesⁱⁱ, with 14% of patients dying from the disease also having coronary heart disease mentioned on their death certificate.

The impact of Covid-19 is felt disproportionately by people from Black, Asian or Minority Ethnic (BAME) backgrounds^{iii, iv, v} and by people living in more socioeconomically deprived areas^{vi}. While the reasons for this are complex, it is in part driven by an increased burden of heart and circulatory diseases among these groups. Addressing inequalities is a crucial part of achieving *A Healthier Wales*, so we believe that in any discussion on the impact of Covid-19 this must be addressed as a matter of urgency.

To understand the impact of Covid-19 on services for people with heart and circulatory diseases in Wales during the Covid-19 pandemic, we have utilised the latest research, our analysis of health and care datasets, and insight gathered from the BHF¹. In addition, the BHF Cymru Health Service Engagement Team have also collated insights from their working relationships across the seven health boards in Wales. This insight aligns with what is being reported across the health sector and shows the impact of Covid-19 on services that are not well represented by available datasets.

We believe that due to the significant impact of Covid-19 on people with heart and circulatory disease, and the services supporting them, the committee should hold an oral evidence session to explore these issues in more detail.

The impact of Covid-19 on services for people with heart and circulatory disease

1. Covid-19 has had, and will continue to have, a severe impact on services for people with heart and circulatory disease. Despite this, it should be acknowledged that significant innovation has occurred as a result of adapting to adversity, including movement towards ambulatory care models and technology supported clinics, and self-management, across a variety of services. In some instances, strong relationships and new ways of working have been developed across primary, secondary and community care boundaries. All of this has been vital for maintaining care during the crisis and offers an opportunity to better deliver person-centred care, closer to home, in the future.
2. To ensure that positive changes are retained, it is important to assess the impacts of innovation on patients' outcomes and experience. It will be particularly important to evaluate their effect on health inequalities, which are likely to increase through movement to online services. This will support the continuation and spread of positive changes in the longer term, while ensuring that patient safety and choice are not compromised.
3. **Access to urgent and emergency care** – During the Covid-19 pandemic attendance at A&E with symptoms of heart attacks and strokes has dropped significantly across the UK. There was a 31% decrease in the number of attendances to NHS Wales A&E departments in March 2020 compared to the five-year average for the same

¹ Our helpline received 6307 calls and 2414 emails between the 16th March and 3rd May, from across the UK.

month^{vii}. While we don't have specific data to confirm a decrease in attendances with symptoms of a heart attack in Wales, we do know that in NHS England the number of people attending A&E departments with symptoms of a possible heart attack halved throughout March 2020^{viii}. Insight from a BHF survey showed that cardiologists believe there has been a drop of at least 20% in the number of people seen in hospitals across Wales with a suspected heart attack since the UK-wide lockdown^{ix}. Our insight suggests that people with other heart and circulatory diseases, including heart failure, have also been avoiding A&E.

4. This may partly explain the increase in deaths in England and Wales that are not all currently attributable to Covid-19^x. Beyond mortality, it is also likely to impact peoples' long-term outcomes and increase the likelihood they will develop further issues requiring continued support. In the same BHF survey, cardiologists from across the UK largely attributed this decrease to people avoiding hospital due to fear of infection with Covid-19 or out of a desire not to burden the NHS^{xi}. More urgently needs to be done to understand this trend and the impact it is having on the immediate and longer-term health of people with heart and circulatory diseases.
5. BHF Cymru will continue to work with the Welsh Government and the NHS to inform patients that they should continue to access emergency and urgent care appropriately. However, people need reassurance that systems are in place to reduce their risk of infection with Covid-19. The NHS and Welsh Government must do more to ensure this message is clear.
6. **Deferral of diagnostic procedures and therapeutic interventions** – some procedures for heart and circulatory disease patients have been deferred to reduce the risk of infection and free up capacity in intensive treatment units (ITU) for Covid-19 patients. As lockdown continues and services remain unavailable, the urgency of these procedures for individual patients is increasing, creating a significant cohort of patients who will need treatment urgently. A large and increasing backlog of patients requiring treatment and support will continue to stretch the capacity of the NHS.
7. Insight from other parts of the UK has highlighted that vital cardiac screening investigations for adults and children with congenital heart disease have also been deferred. These patients often require significant interventions before symptoms appear, based on routine screening that cannot be delivered virtually. Most of the guidance released during Covid-19 has prioritised patients based on whether they are symptomatic. This is not suited for this patient population and puts them at significant risk of being overlooked for current and future prioritisation of care. It will be important to understand this situation in Wales.
8. **Reduced access to specialist care in the community** – social distancing and redeployment of staff to the Covid-19 response, particularly specialist nurses, has reduced access to specialist care for people with heart and circulatory disease in the community. Such services play a vital role in supporting people to live well with their condition and avoiding hospital admissions, which is particularly of concern during Covid-19.
9. More than 34,000 people in Wales have been diagnosed with heart failure by their GP and estimates which include diagnoses at hospital show there are thousands more people living with the condition across the country. Without access to support in the community, people with heart failure are at risk of exacerbations that require hospitalisation. In Wales there are 4500 admissions each year where heart failure is the primary diagnosis^{xii}. When admitted, most heart failure patients experience a length of stay twice as long as the average (10 vs 5 days)^{xiii}. Cardiac rehabilitation is an important intervention in avoiding hospital admission for people with heart failure, but it is not a service widely available to this cohort of patients across Wales.
10. There are examples of great innovation in response to Covid-19 such as utilisation of technology to help support patients, and implementation of new models of care. For example, the HF specialist team in Swansea Bay university health board have relocated into a community-based heart failure hub, distant to acute hospital sites. This enables patients to be screened for Covid-19 before attending clinics, rapid diagnostic access, and virtual or face to face appointments for those that require support. Evidence of the benefits have highlighted to the potential for these innovations to continue following the crisis, with further modifications.
11. Unfortunately, the scale of change and the impact this has had on patients has been largely invisible to the system due to a lack of community-based data. The lack of data has made it challenging to provide the necessary guidance to enable local teams to risk-stratify their patients and prioritise work in a consistent way during the pandemic^{xiv}. It is vital that data on services provided in the community is improved.

12. Health boards should be encouraged to increase capacity as soon as possible in the recovery phase to support people with chronic conditions such as heart failure, whether through returning support in the community, outreach from secondary care or increasing support for primary care services. It is important to promote a multidisciplinary team approach in this response.
13. Where possible these services should be delivered remotely, but where face to face interaction is needed, systems should be in place to separate patients needing Covid-19 care from those that do not, to decrease the risk of Covid-19 transmission and increase patients' confidence in safely accessing care.
14. **Impact on recovery and support services** – cardiac rehabilitation services have been severely impacted by Covid-19. More than half of our insight collected from cardiac rehab teams described a decrease in services, with some implementing virtual-only options and others losing services entirely. This is likely to have implications for readmission and death rates as cardiac rehabilitation decreases hospital admissions rates by 18%, while reducing the risk of death from a cardiovascular disease by 26%^{xv}.
15. The BHF is working alongside partners such as the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) and have developed an online solution for patients and clinicians to enable people to access support². These resources will continue to develop in the future.
16. Digital options should be used, particularly by areas experiencing high levels of staff redeployment, to ensure patients are still able to access support. Moving forward, clinical services should work with BACPR to define when group-based sessions can safely resume, and these should be returned as early as possible. Long-term it will be important to maintain digital offerings alongside face to face forms of rehabilitation to improve choice for patients and help increase the uptake of services, particularly among poorly represented groups. There is also an opportunity to explore the possibility of delivering rehabilitation across a wider range of conditions, including heart failure.
17. Many people with heart and circulatory disease have complex needs requiring significant social care support. Those people are at increased risk of hospital admission if those needs are not met, which will exacerbate the pressure on the NHS. Welsh Government must ensure that local systems are not using legislation in the Coronavirus bill to relax aspects of the Social Services and Well-being (Wales) Act unless it is absolutely necessary for dealing with demand related to Covid-19.
18. Heart and circulatory disease have a significant impact on psychological health^{xvi, xvii}. Despite this, psychological support remains a significant unmet need. Further, there has been a significant increase in anxiety amongst the general population during this pandemic^{xviii}. We must make sure that services ensure that people with heart and circulatory disease are able to access the resources they need to support both their physical and psychological health.
19. **Detection and management of risk factors for heart and circulatory diseases** – Around 700,000 adults in Wales have high blood pressure, which is associated with 50% of heart attacks and strokes. An estimated 180,000 of those people remain undiagnosed. Around 76,000 people in Wales have been diagnosed with atrial fibrillation, an irregular heart rhythm which increases a person's risk of stroke by five times. It is estimated that there are thousands more living with undiagnosed AF across Wales.
20. Usually, these conditions would be detected by opportunistic interactions with health professionals. These opportunities have been lost as a result of social distancing and redeployment of staff from services. As people are become more able to access care, opportunities to check patients for these risk factors should be maximised.
21. People with these conditions continue to need support in order to manage their condition, including optimisation of medications. This can be challenging under social distancing rules so innovative models for identifying and managing risk factors for heart and circulatory disease should be explored. For example, through exploring technological solutions such as supporting home monitoring of blood pressure. Those with

² <https://www.bhf.org.uk/informationsupport/support/cardiac-rehabilitation-at-home>

hypertension and atrial fibrillation at greatest risk of complications should be able to receive the support they need in a setting segregated from Covid-19 treatment.

22. The NHS Wales Informatics Service (NWIS) has developed a software module to enable the identification of patients with Atrial Fibrillation and their current anticoagulation medication. This software could be expanded to include blood pressure and cholesterol, enabling Wales Cardiac Network to support GP clusters with understanding the impact of changes in the management of these conditions, and supporting a response to improving management as we move through the pandemic.

Supporting people with heart and circulatory disease during the Covid-19 pandemic and beyond

23. BHF has prioritised supporting patients during this crisis. We have developed a new Covid-19 information hub³ for patients and professionals, which has been accessed over a million times. We have also increased the capacity on our Heart Helpline to make sure we have enough cardiac nurses to answer people's questions at this unsettling time – anyone can call our helpline to speak to a specialist nurse on 0300 330 3311.
24. Current demand on health and care systems will remain high in some areas due to Covid-19. Equally, the health and care system must be appropriately resourced to address a potential second surge of Covid-19 infections as the country emerges out of lockdown. There will be a continuous tension between the continued direct response to the Covid-19 pandemic and ensuring that new heart and circulatory patients, and the backlog of deferred patients, are addressed in time to avoid suboptimal outcomes. This will include planning for a significant volume of heart and circulatory disease patients who were unable to access care due to resource restrictions at the peak of the pandemic, and an increase in demand from those who need support with managing long term conditions.
25. As we move through the pandemic response, developing clear standards supported by strong clinical leadership will allow local teams to build services around the needs of their patients, while ensuring consistent standards of care across the country. Several organisations have already done this for heart and circulatory diseases, and BHF has worked with The British Society for Heart Failure to define and disseminate these standards for healthcare professionals and heart failure patients^{xix}. These standards are now being used by services across the UK to ensure vital heart failure services.
26. Such standards should consider a range of scenarios based on current and future levels of service capacity (including during a potential second wave of Covid-19). They should also outline plans to provide care to the significant increase in the number of people with heart and circulatory conditions, which will have built up during the pandemic, and to consider routine care as well as the reintroduction of elective procedures based on local capacity and need. It is also important that standards consider how to prioritise patients based on more than symptom burden, ensuring asymptomatic patients with complex needs, such as those with congenital heart disease are also able to access care. Finally, standards must consider how best to provide care to shielded populations and those adhering to stringent social distancing due to their increased risk.
27. There must be a clear plan for supporting people with heart and circulatory disease beyond the Covid-19 pandemic. We believe that this necessitates a renewed commitment to implementation of the Heart Conditions Delivery Plan beyond the next parliamentary election, and a refreshing of the priorities contained within this plan to ensure that it addresses the issues raised by Covid-19.

For further information please contact Adam Fletcher, Head of BHF Cymru, British Heart Foundation (fletcher@bhf.org.uk).

ⁱ Docherty et al (2019) Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol (pre-print)

³ <https://www.bhf.org.uk/for-professionals/healthcare-professionals/coronavirus-covid-19/cardiac-rehabilitation-at-home-guide-for-professionals>

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- ii Office for National Statistics - Deaths involving COVID-19, England and Wales: March 2020
- iii Percentages based on ONS 2016 population estimates
- iv Office for National Statistics - Coronavirus-related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020
- v Institute of Health Equity (2020) [Marmot review 10 years on](#)
- vi Office for National Statistics - Deaths involving Covid-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020
- vii StatsWales, Welsh Government, Number of attendances in NHS Wales accident and emergency departments, 2015-2020, <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency/accidentemergencyattendances-by-age-sex-site>
- viii Public Health England (2020) [Emergency Department Syndromic Surveillance data to 29th March 2020](#)
- ix BHF Heart Matters Magazine - [Why are thousands fewer people being treated for a heart attack? April 2020](#)
- x Ibid
- xi BHF Heart Matters Magazine - [Why are thousands fewer people being treated for a heart attack? April 2020](#)
- xii UK hospital admission statistics, 2018-19; NHS Digital/ISD Scotland/NHS Wales/DH Northern Ireland
- xiii Hospital admission statistics, England 2019-19; NHS Digital
- xiv NHSE/I Guidance (2020) [COVID-19 prioritisation within community health services](#)
- xv Anderson L, Thompson DR, Oldridge N, Zwisler A, Rees K, Martin N, Taylor RS. Exercise-based cardiac rehabilitation for coronary heart disease. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD001800
- xvi Arthritis Research UK et al (2012) [Twice as likely: Putting long term conditions and depression on the agenda](#)
- xvii The King's Fund (2012) [Long-term conditions and mental health](#)
- xviii Office for National Statistics - Coronavirus and the social impacts on Great Britain: 16 April 2020
- xix British Society for Heart Failure (2020) [Retention of Essential Heart Failure Services during COVID-19 Pandemic](#)