

## Retention of Essential Heart Failure Services during COVID-19 Pandemic A Position Statement from the British Society for Heart Failure

These are unprecedented times for the NHS. Services are reduced with limited resources and HCPs are being asked to be responsible for heart failure patients outside their area of expertise. We understand the immediate focus on emergency measures to tackle covid-19 however we also need to ensure that any measures minimise long term harm. Heart failure teams are in demand due to their transferable skills, but there are significant risks with the redeployment of staff and reduction of services designed to monitor and maintain patients with life threatening conditions. Such patients cannot be left without vital support.

Admission should be avoided but not at all costs. Clear reductions in emergency attendances, particularly for cardiac conditions have been observed. The heart failure patient community has disclosed a fear of hospital and being fatally affected by covid-19 and even with available services, they are not confident to access care. BSH are advocating for key specialist staff to be retained to support local services and clinicians.

This document is designed to help easily identify and prioritise patients that should be considered for review. It will also support local teams to identify a lead clinician that they can contact for advice.

### **We recommend that these patients are considered for review:**

- New referrals of symptomatic patients with NTproBNP >2,000 pg/ml from primary care or recent A&E attendance
- Known HF patient with symptoms of decompensation
- Recently discharged patients following admission with acute heart failure
- Patients with advanced care plans and receiving palliative care in the community

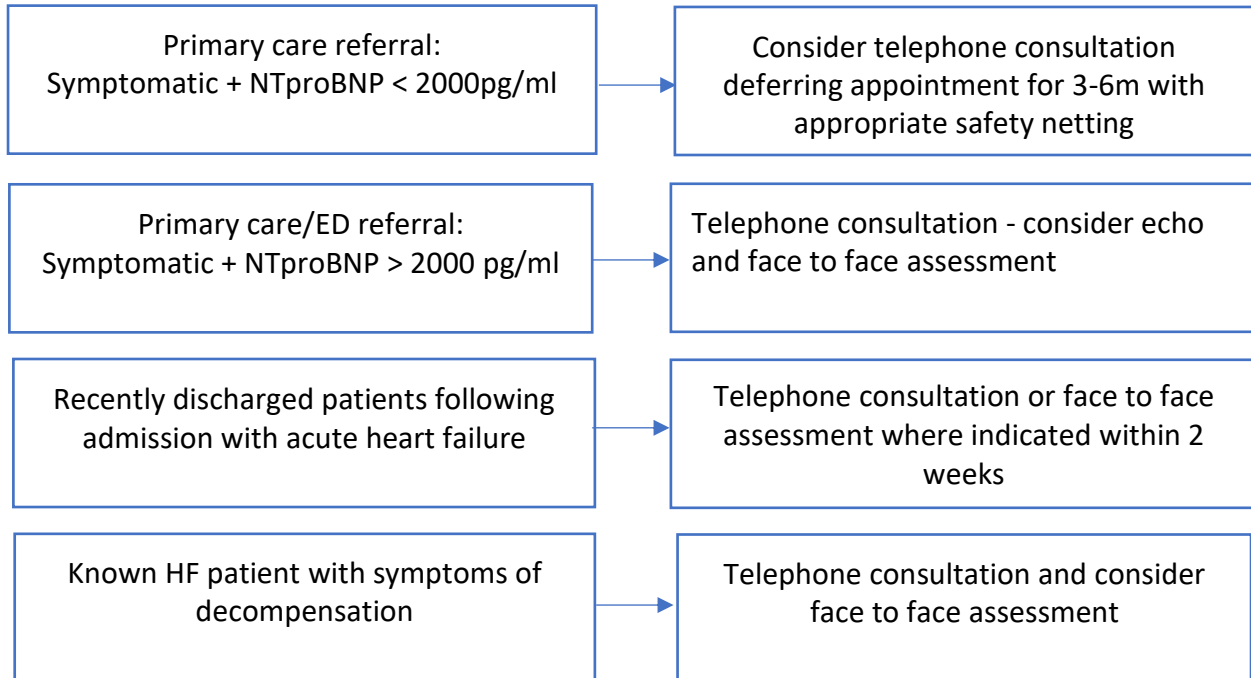
Continue where possible to triage patients under routine follow-up and 6week wait referrals

Local review of services and resources is required to facilitate implementation. Rational use of heart failure service provision can significantly ease frontline pressures and reduce unintended consequences to heart failure patients. It is proposed that such provision should include as a minimum:

- Access to essential phlebotomy services
- NTproBNP/BNP for those with possible new diagnosis of HF
- Advice lines for patients and health care professionals
- Provide timely face to face review in appropriate environment
- Advanced care planning in conjunction with palliative care



### Heart Failure Services Flowchart



#### Suggested criteria for face-to-face assessment:

Designated cold non COVID-19 site or home visit  
ECG and blood testing availability

Consider portable echocardiogram if formal transthoracic echocardiogram (TTE) not available

45-minute appointments to separate attendances

Covid-19 checklist – to avoid review of suspected or positive cases

Appropriate personal protective equipment (PPE)

#### Local Service Proforma

We would encourage health care organisations to establish clear pathways for the diagnosis, assessment and management of the most vulnerable patients with heart failure during this initial phase of the COVID crisis.

Ideally a designated local lead clinician should be identified to oversee and coordinate delivery of heart failure services at this early stage of the COVID crisis. Please ensure both patients and health care providers have the necessary contact details for local support.

