



## Keeping specialist heart failure teams in place during COVID surge plans

### Position Statement from the British Society for Heart Failure

In the event of further surge plans due to the continuing COVID crisis, as the professional association for heart failure care in the UK, the British Society for Heart Failure (BSH) strongly recommends keeping heart failure specialist services intact (in hospital and the community).

The pandemic has already taught us that we need to maintain service provision for this highly vulnerable cohort of patients, to reduce the present and clear risk of increased morbidity and death. Ensuring continuity of heart failure services also ameliorates the considerable resource pressures in supporting primary care and frontline services by keeping people home and well and preventing lengthy, costly hospital admissions at a time when acute services require supportive measures due to bed pressures. Those that were admitted to hospital with heart failure and COVID-19 infection had a significantly increased in-hospital mortality of 50%<sup>i</sup>.

Nearly 1 million people live with heart failure in the UK. During the pandemic significant numbers of heart failure specialists were redeployed leaving many patients without any support. Life expectancy with a diagnosis of heart failure is worse than for some cancers<sup>ii</sup>, we know that specialist care and treatment allow people living with heart failure to live well for longer. Redeployment of specialists will result in treatment delays which will inevitably lead to poorer outcomes including shorter life expectancy.

The fact that poor patient outcomes and increased deaths at home with heart failure have already been demonstrated during the pandemic shows maintaining specialist heart failure services has never been more important.<sup>iii</sup>

#### The impact on services:

- Heart failure is a common cause of unplanned hospital admissions in the UK - there are more than 100,000 hospital admissions each year where heart failure is the primary diagnosis, and admissions have risen by nearly a third in the past five years.<sup>iv</sup>
- When admitted, patients have a length of stay that is twice that of the average (10 days, compared to the 5 day average) and up to a quarter of patients are readmitted within 30 days of discharge.<sup>v</sup>





- More people will be developing heart failure as they wait for heart tests and treatments - the latest NHSE statistics show that, at the end of September 2021, there were over 275,000 people waiting.
- Moving nurses puts pressure on already overstretched primary care services. Heart failure teams feel the impact of primary care pressure as it can impact their support of people with long term conditions.

### The impact on patient safety:

- People with heart failure are at considerable risk of adverse outcomes if the quality of their ongoing care suffers.<sup>vi</sup>
- The reduction in heart failure admissions during the COVID-19 pandemic was accompanied by an increase in heart failure deaths in the community and 30-day after discharge.<sup>vii</sup>
- 23,000 missed diagnoses of heart failure in England in the first year of the pandemic.<sup>viii</sup>
- A BHF survey showed 66% of people with heart conditions avoided accessing care throughout the first wave of the pandemic.<sup>ix x</sup>
- As a result, patients have been returning, many with more severe symptoms of existing conditions as well as new diagnoses of heart and circulatory diseases.
- Cancellation or postponement of scheduled clinic appointments, investigations, procedures, prescription, and monitoring services has caused significant anxiety for patients.<sup>xi</sup>

In the event of further surge plans, it is imperative that we keep heart failure specialists in place and services intact to mitigate the significant risk to those living with heart failure and prevent unnecessary pressure on other healthcare providers.

### Further reading

In the event of surge - consider previous recommendations in:

- [Retention of Essential Heart Failure Services during COVID-19 Pandemic A Position Statement from the British Society for Heart Failure](#) which is designed to help easily identify and prioritise patients that should be considered for review and strongly recommends that a **lead heart failure clinician** should be identified in every locality across the UK, to provide support and advice to clinicians in both primary and secondary care, ensuring high quality and geographically equitable care.
  - This is supported by the [GIRFT Cardiology report](#).





- [Planned recovery phase of essential heart failure services during COVID-19 pandemic A position statement from the British Society for Heart Failure](#) gives practical advice and guidance to help identify and prioritise groups of patients to review.

## References:

- <sup>i</sup> Chatrath N, Kaza N, Pabari PA, Fox K, Mayet J, Barton C, Cole GD, Plymen CM. The effect of concomitant COVID-19 infection on outcomes in patients hospitalized with heart failure. *ESC Heart Fail*. 2020 Oct 11;7(6):4443–7. doi: 10.1002/ehf2.13059. Epub ahead of print. PMID: 33040480; PMCID: PMC7675415.
- <sup>ii</sup> Mamas A. Mamas, Matthew Sperrin, Margaret C. Watson, Alasdair Coutts, Katie Wilde, Christopher Burton, Umesh T. Kadam, Chun Shing Kwok, Allan B. Clark, Peter Murchie, Iain Buchan, Philip C. Hannaford, Phyo K. Myint. **Do patients have worse outcomes in heart failure than in cancer? A primary care-based cohort study with 10-year follow-up in Scotland.** *European Journal of Heart Failure*, 2017; DOI: [10.1002/ejhf.822](#) 1
- <sup>iii</sup> Shoaib et al (2021) [Substantial decline in hospital admissions for heart failure accompanied by increased community mortality during COVID-19 pandemic](#), *European Heart Journal - Quality of Care and Clinical Outcomes*, 2021
- <sup>iv</sup> BHF analysis of latest UK hospital data - NHS Digital, Public Health Scotland, NHS Wales Informatics Service & Northern Ireland Hospital Information Branch
- <sup>v</sup> National Institute for Cardiovascular Outcomes Research (2019). Heart Failure Audit 2019 summary report (2017/18 data.)
- <sup>vi</sup> Zarman et al (2017) [The mortality risk of deferring optimal medical therapy in heart failure: a systematic comparison against norms for surgical consent and patient information leaflets](#), *Eur J Heart Fail* 2017
- <sup>vii</sup> Shoaib et al (2021) [Substantial decline in hospital admissions for heart failure accompanied by increased community mortality during COVID-19 pandemic](#), *European Heart Journal - Quality of Care and Clinical Outcomes*, 2021
- <sup>viii</sup> IPPR, State of health and care: the NHS Long Term Plan after COVID-19, 2021
- <sup>ix</sup> NHSE statistics, Consultant-led Referral to Treatment Waiting Times
- <sup>x</sup> [Untold Heartbreak](#) (2021) British Heart Foundation
- <sup>xi</sup> Sankaranarayanan et al (2021) [The impact of COVID-19 on the management of heart failure: a United Kingdom patient questionnaire study](#), *ESC Heart Failure*, 2021

