

Restoration of Cardiac Services

common pre-existing condition for Covid-19 fatalities ii, 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, vii. 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, and it is the key role of the Wales Cardiac Network, so as we restart our services and prioritise waiting lists, this needs to be focussed on as a matter of urgency.

Findings from a recent BHF survey have found that almost half of people with cardiovascular disease have found it harder to get medical treatment since the coronavirus pandemic began, and at the very least tens of thousands of procedures and tests have been delayed (across the UK).

Difficulties in accessing vital treatment and care may have a damaging impact on peoples health and may even result in an increase in deaths. It can also lead to increased pressure on NHS Wales as a result of cardiovascular patients becoming more unwell whilst awaiting hospital investigations and treatment.

The response to the coronavirus pandemic has had a major impact on all parts of the cardiovascular disease pathway – from a significant reduction in attendances for urgent and emergency care, deferral of diagnostic procedures and therapeutic interventions, reduced access to specialist care in the community and identification and management of risk factors for cardiovascular disease.

Hence there is a growing urgency to restore routine cardiac services.

In order for this to happen in many of our hospitals this will mean:

- 1 Cardiologists being released from COVID/GIM rotas to return to cardiology work
- 2 Cardiac specialist nurses being released from ITU and other high care areas to staff cath labs and resume specialist roles
- 3 Cath labs and day units returned to cardiology for use in diagnosis and treatment of cardiac patients
- 4 Cardiac Day units being designated as green (COVID free) and ring-fenced to facilitate safe patient throughput.

The cardiology teams will need to work with general/cardiology managers and planners to develop safe, effective and efficient pathways, for cardiac patients. These plans need to be made with the knowledge that should there be a second wave in the coronavirus pandemic then work can once again be shut down.

Scope

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

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 Cardiovascular Atlas of Variation – Public Health Wales, NHS Wales Health Collaborative March 2019