

Foreword



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Despite the great strides that have been made over the past several decades, cardiovascular disease (CVD) remains a major cause of morbidity and mortality in the UK, accounting for 1 in 4 deaths. 7.6 million people in the UK are currently living with CVD. We know CVD causes an enormous socioeconomic burden and personal suffering and continues to be a significant driver of inequality and the growing life expectancy gap between different parts of the UK.

Since March 2020 when the pandemic hit, this reality has only worsened. Millions of people have not been able to access the care they need to stay well. Cancelled procedures, missed appointments and growing waiting lists have all undoubtedly contributed to the more than 6,000 excess cardiovascular deaths in the first year of the pandemic in the UK. Despite the heroic efforts of everyone across the health and care system to respond to the needs of all patients, the enormous pressures of the pandemic on a system that was already under strain resulted in the findings that are captured in this report.

Fast on the heels of the pandemic, the health service is already grappling with its next challenge: clearing the backlog in care that has been accumulating while it has been focusing on saving lives from Covid-19. BHF modelling suggests that between 350,000-400,000 people could be waiting for a heart procedure or operation in England by March 2022. These procedures are not a luxury. In many

cases, clinicians are placed in the unenviable position of making decisions about delaying treatment and ultimately, people living with heart disease stand to suffer. Additionally, our modelling suggests that it will take between 2.5 to 5 years to return to pre-pandemic waiting times in England (which by no means should be our aspiration – they were arguably too long already).

While this report paints a challenging picture, there are green shoots of recovery and there is incredible will within the NHS to address current problems with speed. By acting now, we can make sure the modelling scenarios do not turn into long-term reality.

This will require strong Government support and leadership with targeted interventions at key points in the health system. We urgently need a workforce strategy that grows our current health and care workforce where it is most needed. For CVD, this means more cardiologists, specialist cardiac nurses and cardiac physiologists. We need a long-term cardiovascular plan that prioritises diagnostics services both in the community and in secondary care. We must build on the innovation that has emerged in the pandemic to empower patients to self-manage where they can and get the help they need when they need it. And all of this must be met with sustained, long-term investment that allows the health service to adequately increase capacity and plan for the future.

CVD did not stop for the pandemic. On behalf of the millions of people who live with these conditions in the UK, we at BHF believe that by acting now, we can build a stronger, better, and more resilient health system, giving doctors and nurses the tools they need while empowering patients with the support that they seek to turn the tide on CVD.



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Staff right across the NHS have worked incredibly hard to care for patients during the Covid-19 pandemic. Healthcare professionals have demonstrated an admirable willingness to work flexibly and innovate, and many have worked longer hours than usual to maintain essential clinical services. Tragically, despite the best efforts of staff, the Covid-19 pandemic has had a dramatic impact on cardiovascular care.

Cardiovascular services were already under immense pressure before the pandemic and there were substantial staff vacancies in some areas and specialities. There was also significant unwarranted variation in the provision of cardiovascular care across the patient pathway, from primary care to cardiac rehabilitation. The Covid-19 pandemic has exacerbated pre-existing issues in the health system and undermined the progress services were making on national ambitions for CVD, such as those captured in the NHS Long Term Plan. It is vital that services now have the time and space to take stock of what has happened over the course of the pandemic, so they can truly understand the impact of Covid-19 on cardiovascular care and what will be needed to drive future improvements.

The planned changes to NHS structures and legislation offer a unique opportunity for healthcare services to build back better than before. In England, for example, the upcoming Health and Care Bill will give Integrated Care Systems (ICSs) statutory footing and greater autonomy over budgets. NHS England and

Improvement (NHSE/I) is also investing in the development of cardiac networks across the nation, with a vision to improve outcomes and reduce variations in care. These changes have the potential to support collaboration across the NHS and improve how services manage resources and care for people with heart and circulatory diseases. To make this vision a reality, we must ensure that health systems across the UK are appropriately resourced, and that healthcare professionals and other NHS staff are supported in both the immediate and long term.

Before the Covid-19 pandemic struck, CVD was the major cause of avoidable premature illness and death in men, and the second most common cause in women. Even in the context of the pandemic, CVD continues to be a significant driver of ill health and inequality in the UK. But if we act now, we can make a difference. CVD is largely preventable, and most conditions can be treated successfully. If we act now to address the backlog of cardiovascular care, we can avoid preventable deaths and improve the quality of life of the millions of people living with CVD in the UK.