

## British Heart Foundation Briefing

### Westminster Hall Debate: Impact of the Covid-19 pandemic on people with heart and circulatory diseases

#### Key messages

##### Waiting lists

With over 319,000 people on an NHS waiting list for cardiac care, waiting times are at record highs and have been increasing for 22 consecutive months. In April 2022, 170 times more people in England were waiting over a year for heart procedures than in February 2020. During this time, many patients likely became sicker, and tragically some died, before they could receive the care they so desperately needed.

**Suggested question:** Should targets set out in the elective recovery plan not be met, will Government look again at whether there the NHS has sufficient resource to bring down waiting lists?

##### Accessing Primary Care

The pandemic has created a backlog in primary care, which has resulted in fewer diagnoses and less routine management of cardiovascular disease (CVD) and its risk factors, such as high blood pressure. Restoring primary care management of high-risk conditions for cardiovascular disease, like hypertension, must be a priority to defuse this ticking time bomb. With fewer GP appointments, the amount of people living with undiagnosed high blood pressure, high cholesterol and atrial fibrillation will continue to rise, which could lead to increased cardiovascular diseases as well as a higher incidence of heart attacks and strokes.

**Suggested question:** Heart and circulatory diseases cause a quarter of all deaths in the UK, on average one death every 3 minutes, and cannot be addressed without action across the whole patient pathway. Will the Minister bring forward a specific cardiovascular care plan to reflect the scale of the problem, similar to the 10-year cancer and dementia plans?

##### Urgent and Emergency Care (UEC)

The Urgent and Emergency Care system is in crisis. In England as a whole, the average ambulance response time for a category two emergency, which includes heart attacks or stroke, was almost 40 minutes in May - more than twice as long as the 18-minute target. Ambulance delays are a symptom of a health service under immense pressure at every level. NHS staff are doing all they can, but on the scale of disruption we are seeing, tragically we will see more avoidable disability and deaths.

**Suggested question:** What action are Government taking to ensure people suffering heart attacks and strokes get the care they need as soon as possible?

##### Workforce

The pandemic highlighted how the NHS workforce could not cope with rising demand. Even prior to the pandemic, retention was a significant issue in the NHS, whilst there was widespread capacity issues across a variety of cardiac roles. The Government must urgently address the persistent staff shortages faced by the NHS - a key stumbling block as the NHS looks to clear the growing backlog of heart care. Whilst increasing the health and care workforce is vital, without more information and long-term independent projections about the health and care workforce, we be unable to predict future need.

**Suggested question:** Will the Minister commit to supporting long-term, independent projections of workforce numbers needed to meet NHS demand?

**The British Heart Foundation believes that the NHS cannot begin to address the crisis in CVD prevention, care, and management across the system without significant help from Government, including a cardiovascular care strategy that addresses the cardiac workforce crisis and provides sufficient funding for delivery of CVD services to meet patient demand.**

# 1 Waiting lists

Waiting lists are at record levels as the health and care sector is recovering from the Covid-19 pandemic. This month, figures from NHS England show that 6.5 million patients are waiting for NHS care, the highest number on record, and the number of patients waiting more than a year has increased to 323,000.

## The impact of rising waiting lists on cardiac care

While the impact the pandemic is having on cardiac waiting lists is stark, many long-term issues in the health and care sector predate it. At the start of 2020 around 30,000 people were waiting more than 18 weeks for cardiac care, leaving patients already underserved as we entered the pandemic.

In April 2022 170 times more people in England were waiting more than a year for heart procedures than in February 2020. Waiting lists for cardiac care are also at record highs, rising to 319,000 people.

It's not just lifesaving surgery that has been affected. Waiting times for echocardiograms (heart ultrasounds used to diagnose a range of conditions) also stand out. At the end of April 2022, 171,051 patients were left waiting for an echocardiogram – an increase of 32% on the year before – and 44.6% were waiting more than 6 weeks.

Delayed tests and operations result in increased anxiety for patients, risk a rise in avoidable deaths and disability, and risks the health of the nation.

## **The BHF believes:**

Cardiac care can't wait. Without timely treatment, heart patients may be living on borrowed time.

Additional funding for the NHS and the announcement that 95% of patients needing a diagnostic test will [receive it within 6 weeks by March 2025](#) are welcome, but this must be accompanied by Government strategy for cardiovascular disease that will take us beyond recovery and address the problems that existed before the pandemic. The NHS is doing all it can to deliver cardiovascular services, but without a properly funded CVD strategy including a workforce plan it cannot meet targets and deliver adequate care.

People with heart conditions need to hear that cardiovascular care will be specifically prioritised, with a clear recovery plan to train a larger workforce and build sustainable heart disease services. Getting this right is vital to preventing a higher toll of death and disability from treatable heart conditions and ensuring the ambitions for cardiovascular disease set out in the NHS Long Term Plan are achieved. CVD deaths average at one every three minutes – this is one of the nation's biggest killers and needs to be treated as such.

# 2 Accessing Primary Care

## Lost opportunities to prevent heart attacks and strokes

A 2021 survey of 3,000 heart patients conducted by YouGov found that 12% of surveyed heart patients and those with risk factors for CVD had a routine medication or condition review cancelled or rescheduled in the first year of the pandemic. **Approximately 40% of these patients had their appointments cancelled or rescheduled more than once.**

[Analysis by the Health Foundation](#) shows that 31 million fewer primary care appointments were booked between April 2020 and March 2021 in England compared to the previous 12 months – a fall from 310 million to 279 million. Importantly, this number includes nearly 5 million fewer face-to-face appointment in 2020 and 2021 when compared to 2019.

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Covid-19 has impacted how patients with or at risk of CVD interact with primary care. There were 5 million fewer face-to-face GP appointments in 2020 and 2021 compared to 2019. While many patients welcome the flexibility and safety that remote consultations can provide, it does mean that some opportunities for healthcare professionals to collect information usually gained through physical clinical examination (such as blood pressure measurement) have been lost. This may result in missed or delayed diagnosis of high risk conditions for CVD, like hypertension.

We know that the NHS issued **470,000 fewer prescriptions for preventative cardiovascular drugs** (such as statins) between March and October 2020 compared to the previous year (as per [the Institute for Public Policy Research](#)). If these 'missing' patients with a high-risk cardiovascular condition do not commence treatment, the IPPR forecasts that an additional 12,000 heart attacks and strokes will occur in the next five years. This is a severe blow to NHS Long Term Plan aspirations to prevent 150,000 heart attacks, strokes, and dementia cases by 2028/29 – and represents something of a ticking time bomb for the future.

### The impact of delayed diagnoses

There are potentially a large number of people who may not yet know they are at risk of becoming more unwell without any treatment, or who have existing conditions or symptoms but who have not yet come forward for diagnosis or treatment, or are unable to access treatment.

**Finding people early and supporting them to manage cardiovascular risk factors such as atrial fibrillation, high blood pressure and raised cholesterol is vital for preventing the onset of disease and can help people live longer, healthier lives.**

Too many people are living with undiagnosed 'high risk conditions' that significantly increase their risk of developing heart disease.

- Around 15 million adults in the UK have high blood pressure and **at least half of them are either undiagnosed** or are not receiving effective treatment.
- It is estimated that nearly half of all adults in the UK are living with total cholesterol levels above national guidelines.
- It is estimated that at least **270,000 people over 65 have undiagnosed AF** in the UK.

## 3 The crisis facing urgent and emergency care

Heart attacks and strokes are medical emergencies, and a fast response that gets the right person to the right hospital department at the right time in an ambulance could be the difference between life and death.

### The crisis in UEC today

In England as a whole, the average response for a category two emergency, such as a heart attack or stroke, was almost **40 minutes in May** – more than twice as long as the 18-minute target.

It is important to recognise that ambulance delays are a symptom of a health service under immense pressure at every level. The NHS can't begin to address the crisis without significant help from Government, including a cardiovascular care strategy covering the whole patient pathway that addresses the cardiac workforce crisis, and provides enough funding.

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Due to the scale of current ambulance and A&E delays, we will tragically see more disability and deaths from heart and circulatory disease that could have otherwise been avoided, despite NHS workers and paramedics going above and beyond the call of duty to help those in need.

Reports that some people calling 999 with symptoms of a heart attack or stroke have been advised to take a taxi or get a lift with family or friends to A&E, rather than wait for understaffed ambulances which may take up to two hours to arrive, are deeply concerning. It is essential that people still call 999 if they have symptoms that could be a heart attack. Those that delay are more likely to suffer serious heart damage, and to need intensive care and spend longer in hospital.

#### **The BHF believes:**

It is very serious that we continue to see dangerously high average ambulance waiting times and ever-growing waiting lists for time-critical cardiac care, despite NHS staff doing all they can.

Heart disease is still one of the country's biggest killers – the NHS needs significant help from Government now, with a strategy for cardiovascular care that ensures there are enough heart doctors, nurses and cardiac physiologists, and enough funding now and in future.

## **4 Workforce**

Workforce shortages are the key limiting factor in addressing issues in primary care, in urgent and emergency care, and with waiting lists. People at risk of or living with CVD are supported by a diverse range of health professionals, from paramedics through to cardiac physiologists. Without a health and care workforce capable of meeting demand, CVD patients are at risk right across the patient pathway, from the moment they may dial 999 to the moment they are waiting for specialist treatment.

#### **Cardiovascular workforce**

Health Education England (HEE) analysis from 2021 shows widespread capacity issues across a variety of cardiac roles and significant shortages in certain areas, like cardiac physiology. The Getting It Right First Time (GIRFT) national cardiology report estimates that the NHS is short almost 100 consultant cardiologist posts, needs 760 new cardiac physiologists to meet demand over the next decade, and has greatly underestimated the number of heart failure specialist nurses that are required to deliver the NHS Long Term Plan.

#### **The BHF believes:**

The NHS is publishing its long-term workforce plan in the autumn, and it is necessary that the plan includes speciality level data so that specific gaps in the cardiovascular health and care workforce can be addressed. The NHS Long Term Plan identified CVD as the single biggest area where the NHS can save lives over the next ten years. It is vital that we have a CVD specific strategy that addresses the cardiac workforce crisis and provides sufficient funding for the delivery of CVD services.