NHS England
6th Floor
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31st March 2020

Re: Evaluation of Symptomatic Heart Failure patients as HIGH RISK for COVID-19

Despite improvements in management, heart failure remains as malignant a condition as the most common cancers[1]. Heart failure affects around 920,000 people in the UK, with almost 200,000 new cases diagnosed (increasing year on year). These patients are high frequency service users often with a significant length of stay costing the NHS £2.3 billion per year which equates to approximately 2% of the NHS total budget, accounting for 1 million bed days per year and 5% of all emergency admissions to hospital[2]. Yet we know that providing heart failure services can reduce re-admissions (untenable in our current circumstances), save money and improve efficiencies.

Patients with heart failure are often frail and have multiple health conditions which puts them in the high-risk category on exposure to corona virus. It is therefore vital, wherever possible, that we manage their care outside of the hospital setting.

There is clear evidence to show that community heart failure specialist nursing services to support facilitated discharge from hospital and assist in rapid turnaround in Emergency Departments to prevent unnecessary admission as well as support in the community. This service is vital to reduce COVID-19 risk to patients who are extremely vulnerable as well as easing resource and bed pressures during this pandemic.

It is crucial that heart failure services remain functioning so that this high-risk patient group seen in acute and primary care settings continue to be rapidly referred to heart failure teams. Without support at home they are highly likely to continue to attend hospital and utilise emergency services unnecessarily increasing their risk of contracting COVID-19. Whilst redeployment is inevitable and justified during the pandemic, there is still a responsibility to prevent admissions, particularly for those who we know will have prolonged stays and are at higher risk of complications from the virus.

We appreciate the difficulties in prioritising multiple health conditions during this pandemic, however, we think that **shielding symptomatic heart failure patients as vulnerable for 12 weeks in their own homes will lessen the burden on already stretched staff and services and provide clarity for all patients**.

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The Covid-19 communications plan to support people affected by heart conditions does not adequately address the needs of heart failure patients and the lack of clarity is creating considerable challenges for health care professionals supporting these patients.

We are concerned that the erosion of heart failure services and redeployment of specialist staff will lead to patients decompensating and being taken to hospital as an emergency putting them at further risk of, otherwise avoidable, infection. Shielding those most vulnerable for 12 weeks in their own homes will lessen the burden on already stretched staff and services.

The British Society for Heart Failure (BSH) would like to formally request that symptomatic heart failure patients be recognised by the government as an extremely vulnerable group who should be shielded alongside those people most at risk of severe illness requiring hospitalisation if they catch coronavirus, as set out in the NHS letter.

The published clinical guide for the management of cardiology patients during the coronavirus pandemic is inadequate for heart failure:

Heart failure: Patients identified in the community with NT-pBNP >2000 should be considered for rapid access outpatient review as early intervention can prevent the need for admission and reduce risk of death.

The BSH recommend that the published guideline for the management of cardiology patients during the pandemic should be amended to include:

- Consider shielding for those symptomatic patients at highest risk, including those with an NT-proBNP of >2000pg/ml
- Maintain access to specialised community heart failure services for existing high risk patients including palliative care
- Maintain rapid access heart failure assessment clinics for admission avoidance in newly diagnosed patients with NT-proBNP >2000pg/ml
- Maintain the ability of community teams to obtain heart failure consultant advice as required.

Many thanks for your consideration.

Best Wishes,

Simon Williams

Chair British Society for Heart Failure

Carys Barton

Chair BSH Nurse Forum

1. Mamas.A. (2017) Do Patients Have Worse Outcomes in Heart Failure Than Cancer, European Journal of Heart Failure 19 1095-1104
2. National Heart Failure Audit 2017/2018 NICOR and the British Society of Heart Failure, Nov 2018. Available at: http://www.ucl.ac.uk/nicor/audits/heartfailure/reports

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