

The impact of COVID-19 on the heart valve disease care pathway

Heart Valve Voice is the UK's dedicated heart valve disease charity.

Heart valve disease is a condition that affects around 1.5 million people over the age of 65 across the UK; if left untreated, the damage to the heart can lead to heart failure and ultimately, death.²

We know that the COVID-19 pandemic affected the care of patients nationwide, but also that the NHS made great strides to pivot its practices and continue to facilitate optimum outcomes for patients. In times of change, it is often the case that pockets of best practice spring up across the country, which can ensure better care for patients, both now and in the future.

Heart Valve Voice worked with clinicians from across the patient pathway to develop a survey that both identified the impact of COVID-19, and the regional action taken to overcome this.

For patients with heart valve disease, early diagnosis and treatment is vital. Our survey findings were therefore stark and show the significant impact the pandemic had on the heart valve disease patient pathway, and risk to patient safety.

Only **31%** of clinicians are continuing to treat heart valve disease patients in line with **standard practices**

All clinicians surveyed reported **a drop** in the number of life-saving heart valve surgeries carried out; some, **by more than 40%**¹



96% of clinicians saw a drop in number of patients referred for echocardiography.

Only **11%** of clinicians are performing the same number of **essential diagnostic tests** as pre-COVID¹



The COVID-19 Impact

Referrals

73% of responding clinicians reported a reduction in primary care referrals for heart valve disease.

The most common cause of this was reported to be patients not presenting (93%).

Diagnostics

An echocardiogram is the gold standard of diagnosis.

In many centres, anything other than very urgent cases have been put on hold, while staff are deployed to other areas. Therefore, two thirds of respondents reported increased waiting times for an echo, while 9 out of 10 responding clinicians have seen a reduction in the number of echocardiograms conducted per month.

This is significant, because some types of undiagnosed and untreated symptomatic heart valve disease has a two-year survival of only 50%.ⁱⁱⁱ

Treatment

For those with severe heart valve disease, surgery to repair or replace the heart valve is crucial.

More than 2/3 of responding clinicians have recommended a patient delays treatment until after the pandemic

Only 31% have continued to treat patients in line with standard practices.

“My advice to people is you’ve got to put your life in the hands of the people who know what they’re doing. I did, and now I feel I can breathe again. The team were amazing, they deserve the world.”

Lewis Benn, treated for severe aortic stenosis at the very height of the COVID-19 outbreak.

NHS pivoting and best practice

Primary care

Clinicians highlighted the importance of community cardiology services that see and assess new patients away from the main hospital.

They also noted the need for improved communication to patients, to highlight the importance of swift care and safety measures taken at the hospital.

Secondary care

Urgent cases are being prioritised in some areas and COVID-clean pathways and sites are being introduced: this needs to be replicated across the UK to ensure adequate care for those who urgently require it.

Treatment

Traditional open heart surgery requires the patient to stay in hospital (length of stay - LOS) for up to a week. But more innovative surgery, such as transcatheter aortic valve replacement (TAVI) offers an LOS of as little as one day.²

81% of clinicians have considered a treatment option, such as TAVI, that results in a shorter hospital stay, while 54% have seen an increase in TAVI procedures.

Time Saving and Treatment Capacity

81% of clinicians surveyed said they considered opting for innovative solutions that reduced hospital stays and increased treatment capacity. By maximising use of innovative therapies where appropriate, hospitals can increase capacity of all types of heart valve disease treatments.

With a second wave now occurring, it is crucial that a national heart valve disease pathway is created to allow for the continued treatment of patients during the pandemic. Without this, those with severe heart valve disease risk a minimum six-month wait for urgent, life-saving care



Recommendations

- Go to the doctor**
Patients should not let their fear of COVID-19 prevent them seeking treatment for the life-threatening symptoms of heart valve disease
- Refer patients**
GPs should refer patients with symptoms of heart valve disease as heart clinics are ready to treat patients and timely referrals will reduce risk of patients dying unnecessarily.
- Reassess treatment options**
Multidisciplinary Heart Teams are expert in determining whether a less-invasive procedure, which can significantly decrease the number of days patients need to remain in a hospital, is appropriate under the current circumstances. Deviation from standard treatment pathways will only be suggested by Heart Teams when a treatment option carries a better overall outcome because of restrictions to usual pathways or when a balance of risk favours a less invasive option.

Heart Valve Voice survey of clinicians, May 2020

National Heart, Lung and Blood Institute, 'Heart valve disease'. Available: <https://www.nhlbi.nih.gov/health-topics/heart-valve-disease>

NHS University Hospital Southampton NHS Foundation Trust, 'The TAVI procedure'. Available: <https://www.uhs.nhs.uk/OurServices/Bloodandcirculation/Transcatheter-aortic-valve-implantation/Diagnosis-and-treatment-TAVI/The-TAVI-procedure.aspx#:~:text=The%20estimated%20length%20of%20hospital, days%20following%20a%20TAVI.>

British Heart Foundation, 'Heart valve surgery' Available: <https://www.bhf.org.uk/informationsupport/treatments/valve-heart-surgery>