



## A 3-POINT PATIENT PLAN TO TREAT: HEART VALVE DISEASE PATIENTS PLEA FOR LIFE-SAVING TREATMENT

- A group of untreated patients have joined together to encourage the NHS to treat heart valve patients during COVID-19 with the **#JustTreatUs** campaign
- It has been reported that **100,000** fewer heart operations were carried out in 2020 compared to 2019<sup>1</sup>
- **1.5** million people are currently living with heart valve disease in the UK<sup>2</sup> and heart disease kills **4 times as many people as COVID-19** each year

Today, untreated heart valve disease patients have come together as part of the **#JustTreatUs** campaign to launch a 3-Point Plan for healthcare professionals to treat patients whose treatments have been suspended or postponed during the pandemic.

Heart valve disease affects approximately 1.5 million people in the UK.<sup>2</sup> Patients experience fatigue, shortness of breath, loss of consciousness<sup>3</sup> and if left untreated, severe aortic stenosis, the most common form of heart valve disease, is fatal within two years of diagnosis<sup>4</sup>. However, once treated patients can return to a good quality life, largely free of symptoms.

In an attempt to protect the NHS, healthcare delivery in the UK focused on the short-term impact of the pandemic.<sup>5</sup> With the NHS under immense strain, non-urgent elective operations such as heart procedures have been postponed.<sup>6,7</sup> For example, it has been reported that cardiac procedures have observed a significant decline during the pandemic, with an excess of 45,000 cancelled procedures.<sup>8</sup>

Now, untreated patients representing the charity Heart Valve Voice have proposed a 3-Point Plan, designed to help empower healthcare professionals to continue providing treatment during COVID-19. The 3-Point Plan states:

1. Patients must go to the doctor if they experience symptoms of breathlessness, dizziness or fatigue
2. Primary Care must have the confidence to refer more patients
3. NHS Care Centres must maximise treatment

Heart valve disease patients have poor overall survival without treatment and longer waiting times lead to worse outcomes as delays past their optimal treatment window negate the benefit of timely treatment.<sup>9,10</sup>

Father of 3, Phill Read, was diagnosed with heart valve disease 14 months ago following 2 collapses, he said: "I collapsed a couple of times at home and ended up in an ambulance and going to hospital. Since then, my treatment has been put on hold, but my symptoms continue to get worse. Now, if i'm talking on the phone I get out of breath, I can't take



the dog for a walk because I just don't have the energy. The normal waiting list would be about 3 months, now I'm looking at a minimum of 6, but with no fixed date. That uncertainty is an additional challenge.”

The delays and postponements in heart procedures and treatments have resulted in an ever-growing backlog of patients with heart valve disease needing care.<sup>57</sup> This means patients' conditions will deteriorate and they will ultimately be a bigger burden on the already overstretched NHS.<sup>5</sup> This highlights the need for a balance to be struck between providing covid and non-covid care to help protect the NHS in the long-term.

Heart Valve Voice CEO, Wil Woan said, "Simply put, we need to be treating more heart valve disease patients, not fewer. We cannot afford to see a reduction in heart valve disease treatments to anywhere near the level of April to August 2020. The 1,635 patients who did not receive their treatment through April to August are now in their optimal treatment window, but by April this year, they may be beyond that window. Delaying treatment now will lead to worse outcomes.”

With a higher death rate than COVID-19, heart valve disease treatment should remain a high priority during the pandemic. A group of untreated heart valve disease patients have united in a statement saying,

“We don't want to be a burden on our NHS but without treatment we:

...will be sicker

...will face more complicated surgeries

...will take longer to recover

...will be more of a burden on the NHS

We want to empower our clinicians to treat us. So, treat us now and treat more of us, because we trust in local measures to treat us safely. Once we are treated, we can get back to our normal lives and continue supporting our families, our communities and the economy.”

-END-

To find out more information or to join the campaign, please visit: [https://  
heartvalvevoice.com/](https://heartvalvevoice.com/)

**Notes to editor**

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**Heart Valve Voice** is a collection of people with real experiences of heart valve disease, including a multi-disciplinary group of experts in the field (cardiologists, cardiac surgeons, GPs), cardiac patient societies and patients.

**Heart Valve Voice** is the UK's dedicated heart valve disease charity. We work with patients and clinicians to help increase the awareness of [heart valve disease](#) in the UK and improve diagnosis and treatment.

<sup>1</sup> <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2021/february/100000-fewer-heart-operations-procedures-2020>

<sup>2</sup> [https://heartvalvevoice.com/application/files/3515/8436/3890/Heart\\_Healthy\\_Future\\_Report.pdf](https://heartvalvevoice.com/application/files/3515/8436/3890/Heart_Healthy_Future_Report.pdf)

<sup>3</sup> <https://www.nhs.uk/conditions/aortic-valve-replacement/whyitsdone/>

<sup>4</sup> <https://www.bmj.com/content/354/bmj.i5085>

<sup>5</sup> <https://reform.uk/research/whats-next-nhs-building-resilience-health-and-care-system>

<sup>6</sup> <https://www.health.org.uk/publications/long-reads/elective-care-in-england-assessing-the-impact-of-covid-19-and-where-next>

<sup>7</sup> <https://www.health.org.uk/publications/long-reads/elective-care-in-england-assessing-the-impact-of-covid-19-and-where-next>

<sup>8</sup> <https://academic.oup.com/ehjqcco/advance-article/doi/10.1093/ehjqcco/qcaa079/5932442>

<sup>9</sup> [https://www.annalsthoracicsurgery.org/article/S0003-4975\(14\)01324-1/pdf](https://www.annalsthoracicsurgery.org/article/S0003-4975(14)01324-1/pdf)

<sup>10</sup> <https://www.ahajournals.org/doi/10.1161/JAHA.118.010407>