

# WITHOUT SKIPPING A BEAT

## THE CASE FOR BETTER CARDIOVASCULAR CARE AFTER CORONAVIRUS

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March 2021

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## **About the authors**

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## **Charitable purpose**

This research fulfils IPPR's charitable purpose of advancing health and public services

## **Acknowledgements**

IPPR would like to acknowledge Bristol Myers Squibb's support in making this work possible.

The authors would also like to thank CF for their support and data analytics, without which this work would not be possible, and David Wastell and Robin Harvey at IPPR for their contributions.

## INTRODUCTION

Over 120,000 people have now died in the past year from Covid-19. The UK has one of the highest death tolls in the world. It is this country's greatest loss of life since the second world war.

However, the toll of the pandemic on our health far exceeds deaths caused directly by Covid-19. There have been widespread disruptions to routine and urgent health and care services. For example, almost 200,000 people have been waiting over a year for operations and treatments they need. A year ago, fewer than 2,000 had been.

But longer waiting times are only part of this story. Over the past six months, IPPR have been examining the pandemic's impacts on the NHS Long Term Plan (LTP), a 10-year vision to improve healthcare outcomes and reduce inequalities. We find that without bold action, the LTP is at risk of complete derailment, and the NHS will fall further behind healthcare systems in comparable countries (Papanicolas *et al.*, 2019). The consequences of this will be felt by generations to come.

As such, the health and care system needs not just to recover from Covid-19, but to 'build back better'. Ahead of a major report on what this would look like, this briefing considers the challenge in relation to cardiovascular disease (CVD) – the UK's leading cause of death (Vos *et al.*, 2020).

## CORONAVIRUS'S IMPACT ON CARDIOVASCULAR CARE

Improving cardiovascular outcomes is central to the LTP. It states CVDs, such as heart attacks and strokes, are the "single biggest area where the NHS can save lives over the next 10 years". This is because CVDs are largely preventable – people living in Blackburn are twice as likely to die from CVDs than those who live in Chelsea (Bhatnagar *et al.*, 2015). Worryingly, mortality figures from 2019 showed an increase in CVD deaths among people under 75 years – the first such rise in half a century (British Heart Foundation, 2019). Given the scale of CVDs, these reversed trends will accelerate life expectancy falls occurring in deprived parts of the UK – including in so-called 'red-wall' seats. The Conservative party has pledged to increase healthy life expectancy<sup>1</sup> by five years by 2035.

The pandemic has caused disruption across the CVD pathway and widened regional inequalities. There has been disruption to prevention, diagnosis and treatment (Figure 1). Primary care is the bedrock of CVD prevention, but almost 80 million fewer in-person GP appointments took place between March and December 2020, compared to the year before (NHS Digital, 2020). The incredible rise in telephone GP appointments mitigated the reduced access to care this would otherwise have caused, but rushing the remote shift comes with a warning about quality of care. For example, information usually gained through

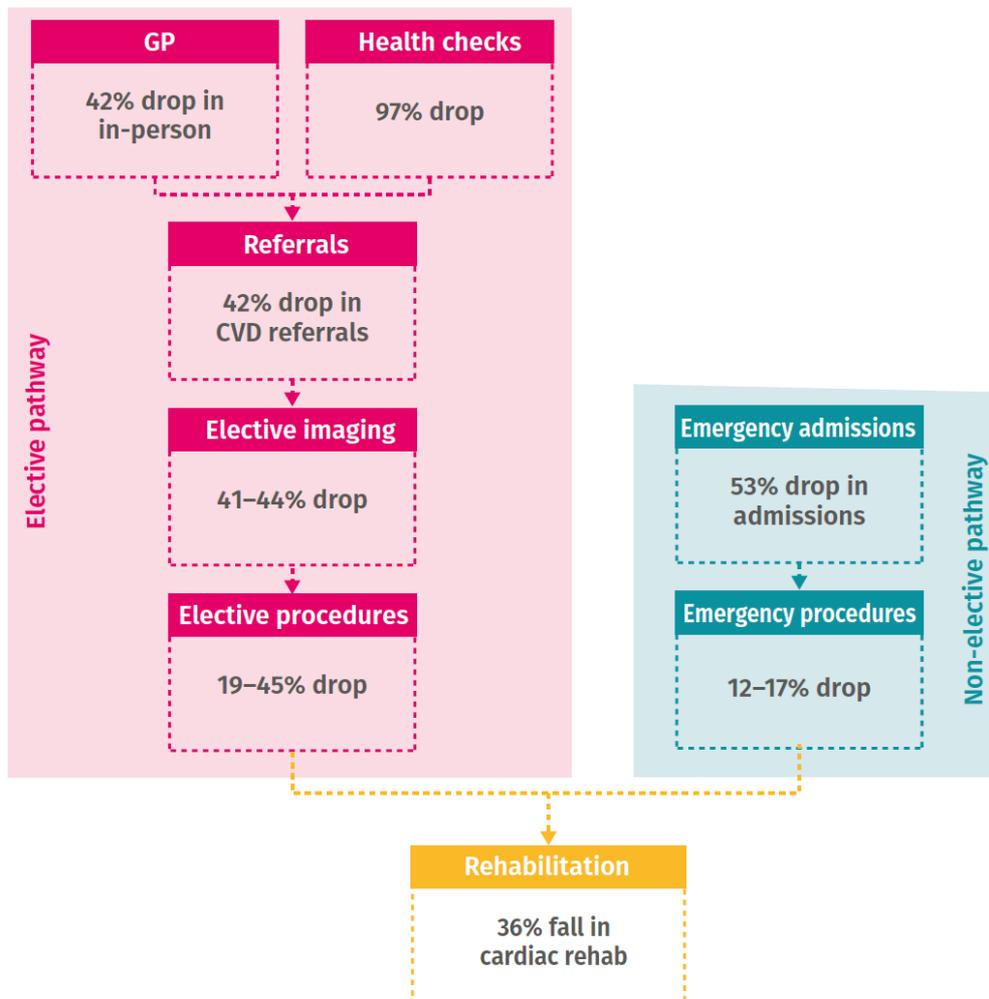
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<sup>1</sup> Healthy life expectancy is defined as the number of years lived in self-assessed good health

face-to-face clinical examination, which is especially important to identify CVD risk factors such as high blood pressure and abnormal heart rhythms, is lost.

**FIGURE 1**

**Disruptions to cardiovascular care services due to the Covid-19 pandemic**

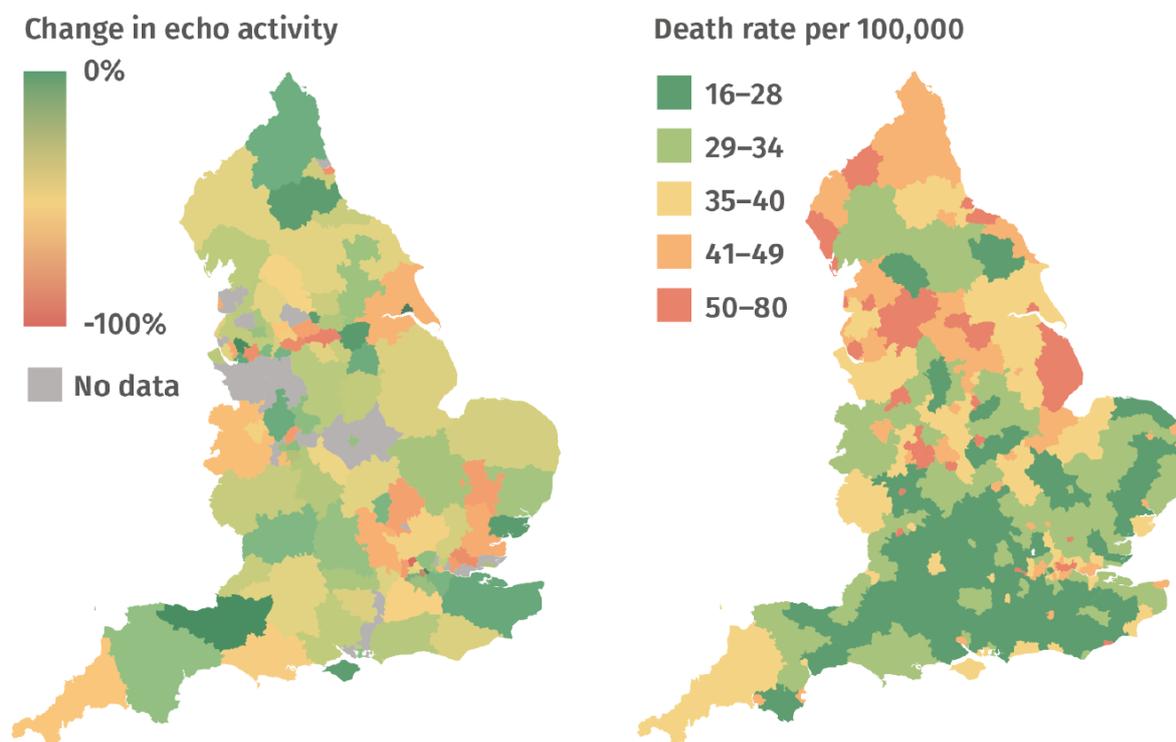


Source: CF analysis of data from NHS Digital, Hospital Episode Statistics, Public Health England and British Heart Foundation

Subsequent falls in referrals to specialist services and diagnostic imaging have been enormous and unequal. Referrals to cardiovascular disease and diabetes specialists fell dramatically in the first wave of coronavirus to 16 and 22 per cent of expected levels respectively – and though these referrals have been more resilient during the second wave, they remain a quarter below expected volumes. Compared to the year before, 280,000 fewer outpatient echocardiograms (key to diagnosing long-term heart conditions) were performed between March and November 2020. Many regions with high levels of coronary heart disease mortality have experienced some of the steepest falls in echocardiograms performed (Figure 2).

## FIGURE 2

### Reduction in echocardiograms have entrenched regional inequalities in heart disease



Source: CF analysis of Hospital Episode Statistics 2020 and Public Health England 2021

This has led to missed prevention and missed treatment. Our analysis with CF healthcare finds 470,000 fewer new prescriptions (people commenced on a medication for the first time) of preventative cardiovascular drugs such as antihypertensives, statins, anticoagulants and oral antidiabetics last year.<sup>2</sup> Additionally, we estimate the fall in echocardiograms performed (Figure 2) means at least 23,000 missed heart failure diagnoses last year – a major setback to the LTP’s goals to improve heart failure diagnosis and outcomes. Less than half of all people diagnosed with heart failure are alive five years later – a worse survival rate than most cancers – and early diagnosis is crucial to allow timely initiation of treatment (Taylor *et al.*, 2019). Cancelled elective CVD operations and procedures (eg heart bypass operations) are a further setback,

<sup>2</sup> CF healthcare analysis of data from LPD IQVIA Ltd (incorporating data derived from THIN, A Cegedim Database, Oct 2020). There has been a reduction in new initiations of statins, antihypertensives, other cardiac drugs, anticoagulants and diabetes drugs totalling 470,000 prescriptions. As some patients may have been commenced one multiple medications at the same time, the total number of patients missed may be lower than this.

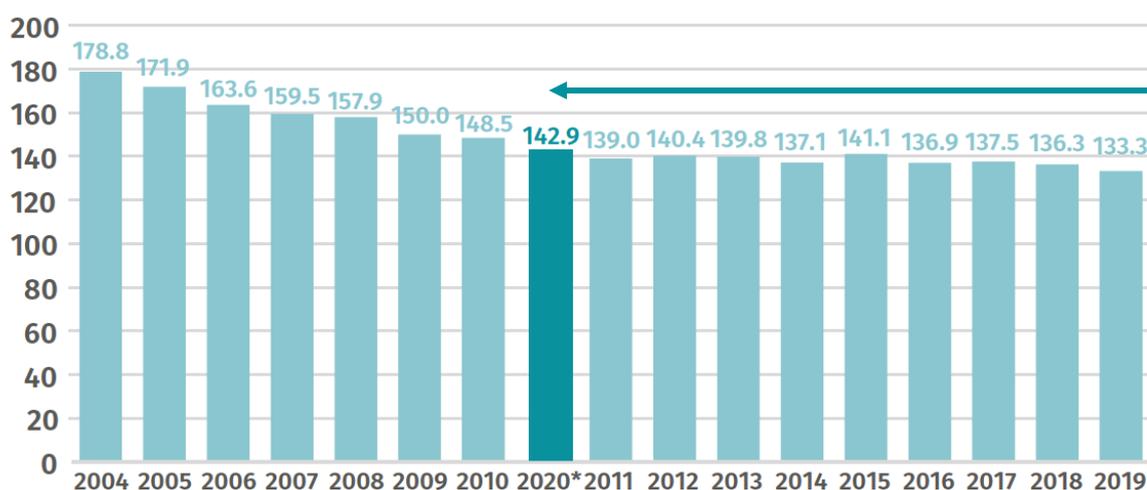
and the list of patients at high risk of heart attacks and strokes while they wait continues to grow.

## IMPROVING CARDIOVASCULAR OUTCOMES REQUIRES 'BUILDING BACK BETTER'

There were over 5,600 more CVD deaths than expected last year (Public Health England, 2021). Only half of these are related to Covid-19, implying the rest are attributable to disruptions to normal healthcare services. It means that deaths from CVDs are now at the highest level seen in a decade (Figure 3).

**FIGURE 3**

**Deaths from cardiovascular disease in England per year (in thousands)**



**Source: CF analysis of data from Public Health England and British Heart Foundation**

**Note: 2020 levels are calculated as a five-year rolling average that includes excess CVD deaths observed during the pandemic**

Without bold steps to recover, this will be the thin end of the wedge. CVDs are long term conditions, and most of the disturbance during pandemic has been to early detection and secondary prevention. That means the biggest impacts are yet to unfold. We estimate the missed prescriptions alone – if these people are not found, diagnosed and commenced on treatment – will lead to an additional 12,000 heart attacks and strokes in the next five years. Delayed and cancelled elective procedures will further increase this projection.

This is not just damaging to the ambitions laid out in the LTP, but to the Conservative party manifesto. The government made a number of pledges on health, including:

- Raising healthy life expectancy by five years by 2035

- Preventing more instances of heart disease
- Delivering health outcomes that rival the best in the world

An electoral term defined by substandard treatment and higher incidence of heart attack and stroke will put each of these commitments at risk.

To avoid lasting damage to the health of future generations, we will need to 'build back better'. The risk of death after a heart attack is higher in the UK compared to the average for OECD countries, and this mortality gap has been growing for a decade (OECD, 2020). Our ambition must be bigger than recovering the NHS to this pre-pandemic state. This means avoiding a trade-off between Covid-19 recovery and better cardiovascular care.

Doing so will require building on beneficial changes that have occurred during the pandemic. Digital consultations are without doubt one of the pandemic's success stories. But a more holistic digital strategy is required. High quality digital health relies on the infrastructure to deliver it. Most patients do not have the medical training or self-monitoring equipment to clinically examine themselves. They will need to be provided with this. Most importantly, however, patients and clinicians should retain choice over the mode of consultation (in-person, video, telephone, etc).

It will also require bold policy to restart progress in health. This should include a radical rethink of our approach to health inequalities and prevention. A legacy of the pandemic should be a national public health council cabinet committee, to improve the sequencing and co-ordination of policy functions across Whitehall to 'level up' health.

**In a major report next week, IPPR will recommend a package of six changes to 'build back better' health and care.**

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Registered charity no: 800065 (England and Wales), SC046557 (Scotland)

This paper was first published in March 2021. © IPPR 2021

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