

## Provision of Essential Heart Failure Services in Scotland During COVID-19

A position statement from the Scottish Heart Failure Hub  
10<sup>th</sup> April 2020

The NHS is facing an extremely challenging period. Services have been restructured and people with heart failure may have their care delivered by healthcare professionals working outwith their own area of expertise. Whilst it is imperative that the emergency situation of COVID19 is managed well in Scotland, it is also crucial that people with non-COVID19 related health issues do not come to harm, either now or in the months to come, as a result of unintended consequences. Heart failure services and heart failure nurse services in particular, have been proven to be able to support people at home and reduce hospitalisation. They are also highly skilled at appropriately recognising when hospital admission is required and facilitating safe, early discharge planning for this patient group.

Emerging evidence in Scotland and the UK demonstrates a clear reduction in non-COVID19 related emergency attendances, particularly for cardiac conditions. The heart failure patient community and 3<sup>rd</sup> sector charities are highlighting that people living with heart failure are fearful of coming to hospitals or of adding additional pressure to NHS services at this time. NHS Scotland must ensure that these patients do not come to harm by being left without the support infrastructure they depend on.

The Scottish Heart Failure Hub therefore advises that all NHS Scotland Boards retain key specialist heart failure staff and continue to deliver heart failure services across Scotland during the COVID19 crisis.

The following groups of patients should be considered for review:

1. People being referred with new heart failure symptoms from A&E or Primary Care
2. People known to have heart failure who have unstable or deteriorating symptoms
3. People who have recently been discharged from hospital following an admission due to acute heart failure (review within 2 weeks of discharge)
4. People living with heart failure who have advanced care plans in place and require supportive/palliative heart failure care in the community

Timelines for assessment of people with suspected 'new' heart failure should align with SIGN147 guidance:  
Within 2 weeks if NTproBNP > 2000pg/ml (BNP > 400pg/ml)  
Within 6 weeks if NTproBNP 400 - 2000pg/ml (BNP 100 - 400pg/ml)

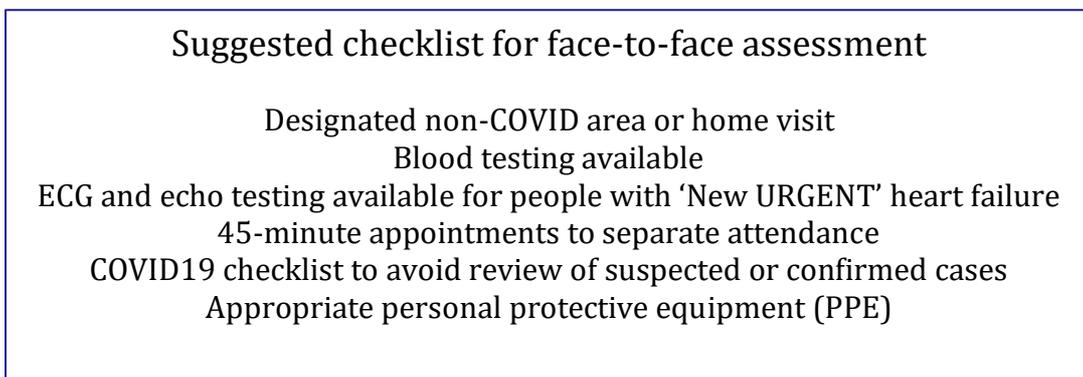
Local review of services and resources will be required to facilitate implementation. Appropriate Heart failure service provision will reduce the pressure on NHS Scotland Boards and reduce unintended consequences for people living with heart failure, at this time and in the months to come.

The following service provisions are recommended as a minimum:

1. Access to essential phlebotomy services
2. Access to NTproBNP/BNP for people, in primary and secondary care, with suspected 'new' heart failure

3. Provision of urgent face-to-face heart failure specialist review (outpatient clinic and/or home visits)
4. Provision of non-urgent heart failure specialist TC/VC review (Attend Anywhere/Near Me etc)
5. Advanced care planning, in conjunction with palliative care where required
6. Advice lines to enable patients and healthcare professionals to contact heart failure specialists

- ❖ NHS Scotland Boards are recommended to ensure that clear pathways exist for the diagnosis, management and follow-up of this vulnerable group of patients during the COVID19 crisis
- ❖ Ideally, a designated local lead clinician should be identified to co-ordinate delivery of heart failure services during this initial phase of the COVID19 crisis
- ❖ Contact details for local support should be disseminated to healthcare providers and patients



### Flowchart for the delivery of Heart Failure Services during COVID19

