

ANNUAL REPORT AT A GLANCE

Data from the period April 2020 to March 2021

The report covers the 12 months from 1st April 2020 to 31st March 2021, the first year of the coronavirus disease (COVID-19) pandemic, including the first wave of hospital admissions in March/April 2020 and the second wave from the end of 2020 to early 2021.

Impact on admissions and procedures



Substantial drops in acute cardiovascular admissions during the first wave of COVID-19 hospitalisations

- Approximately **40%** fewer patients admitted with non-ST-elevation myocardial infarction (NSTEMI); admissions for ST-elevation myocardial infarction (STEMI) down **25%**
- Fall of nearly **30%** in patients admitted with heart failure (HF)
- **80%** fall in adult cardiac surgery and **50%** fall in surgery for congenital heart disease
- **50%** drop in all cardiac rhythm management (CRM – device and ablation) procedures with a virtual cessation of ablation procedures
- **70%** fall in elective percutaneous coronary intervention (PCI), **35%** fall in PCI for NSTEMI and **14%** fall in Primary PCI (PPCI)
- **20%** fall in transcatheter aortic valve implantation (TAVI)

Significant but smaller reductions in the second COVID-19 wave

- Smaller falls in the second wave for all procedures except for PPCI

The year 2020/21 as a whole saw substantial reductions in activity

- There was a **9%** reduction in STEMI patients
- Admissions for patients with NSTEMI fell by **18%**
- Adult cardiac surgical activity and cardiac rhythm management (CRM) procedures both fell by over **30%**
- **40%** fall in aortic valve surgical procedures but this was compensated by an overall increase of **11%** in TAVI procedures
- **17%** reduction in interventions for patients of all ages with congenital heart disease; **44%** fall in surgery for adults with congenital heart disease
- **10%** fall in both elective and urgent PCI procedures, but **2%** overall increase in PPCI procedures

Impact on clinical pathways

Where things got worse/causes for concern

- **22%** increase in waiting times for coronary artery bypass grafting (CABG), with range of **21%-94%** across different countries
- Only **37%** of patients with STEMI received PPCI within 2 hours of calling for help
- Fall in use of echocardiography for heart failure patients – only **48%** of hospitals achieved the target
- Referrals to cardiac rehabilitation for heart failure patients fell (only **12%**) as did specialist follow-up (to **35%**)

Things that stayed the same

- Mortality rates for acute admissions unchanged (STEMI **7%**, NSTEMI **3.3%**, HF **9%**)
- Mortality for most cardiac interventions unchanged (e.g., all PCI **2%**, PPCI **5.5%**, NSTEMI PCI **0.75%**)
- Crude mortality for adult cardiac surgery slightly increased to **3.3%** but explained by changes in case mix – no hospital outliers after risk adjustment
- Crude mortality for congenital heart disease surgery lower than pre-pandemic levels (**1.6%**)

Things that got better

- Antenatal detection of congenital heart defects requiring intervention in the first year improved to **52%**
- More STEMI patients investigated by echocardiography (**77%**)
- Increased prescription of mineralocorticoid receptor antagonists (MRAs) to heart attack patients with poor left ventricular function – now **74%**
- Increased referral of heart attack patients to cardiac rehabilitation – exceeded the **85%** target at the end of 2020/21
- Increased use of secondary prevention medication for patients with heart failure but still only **52%** received all three disease-modifying drugs

