



British Cardiovascular Society

9 Fitzroy Square, London W1T 5HW

T: +44 (0) 20 7383 3887 F: +44 (0) 20 7388 0903

enquiries@bcs.com www.bcs.com

British Cardiovascular Society Position Statement: Provision of care by cardiologists during the COVID-19 pandemic

The COVID-19 pandemic has placed immense pressure upon the national health service (NHS). The government's main aims throughout the pandemic have been to save lives and to prevent the NHS from being overwhelmed. Front-line hospital (and other services) were completely re-organised in order to cope with the surge in cases which was correctly forecast to occur in the UK in March. Increasing intensive care unit (ICU) capacity was a particular priority in order to treat severe cases of this new disease which has a predilection for the lungs causing respiratory failure.

In common with other specialties, cardiology services have been dramatically affected by the pandemic. Typically, all non-emergency procedures and outpatient clinic appointments were cancelled to protect patients from viral infection and to free-up staff for redeployment to front-line, COVID-facing services. Staff were trained regarding the care of patients on the ICU and on the practicalities of non-invasive ventilation for use on the wards. Some staff were redeployed to ICU, some to support the admitting medical teams, and some to provide ward-based care to in-patients. Cardiology teams changed the way they worked in order to provide consultant-led specialty ward rounds seven days a week, often in a cardiologist of the week model. Various different models for covering the unselected medical take and for providing in-patient care have been used, but many of them have involved cardiologists (and doctors from other specialties) without accreditation in general internal medicine (GIM), or who have not practised in the field of GIM for many years, providing care for GIM patients. In the midst of a crisis, this was the appropriate response from the medical community. The British Cardiovascular Society (BCS) is proud of the way its members have responded to the crisis, and has been inspired by the willingness of health care professionals as a whole to work flexibly with colleagues to maintain emergency services and to provide care for COVID patients.

The government's data show that the peak in new COVID cases and COVID-related deaths has passed. The pandemic has not resolved, but the focus for healthcare planning has turned to the safe reopening of elective services. It seems likely that undiagnosed, potentially treatable, cardiovascular disease contributed to the large excess of deaths during the COVID pandemic. Cardiologists will, therefore, play an important role in this phase of the health crisis as the backlog in patients who require outpatient cardiac assessment, diagnostic cardiac imaging, percutaneous coronary and structural heart disease procedures, and arrhythmia management is addressed. The BCS envisages that cardiologists will continue to use their expertise to minimise treatment delays in the care of people presenting acutely to hospital with cardiac

'The Voice of UK Cardiology'

Affiliated Societies

Arrhythmia Alliance (A-A)
Association for Inherited Cardiac Conditions (AICC)
British and Irish Hypertension Society (BIHS)
British Association for Cardiovascular Prevention and Rehabilitation (BACPR)
British Association for Nursing in Cardiovascular Care (BANCC)
British Atherosclerosis Society (BAS)


British Cardio-Oncology Society (BCOS)
British Cardiovascular Intervention Society (BCIS)
British Congenital Cardiac Association (BCCA)
British Heart Rhythm Society (BHRS)
British Heart Valve Society (BHVS)
British Junior Cardiologists' Association (BJCA)
British Nuclear Cardiology Society (BNCS)

British Society for Cardiovascular Imaging (BSCI)
British Society for Cardiovascular Research (BSCR)
British Society for Heart Failure (BSHF)
British Society of Cardiovascular Magnetic Resonance (BSCMR)
British Society of Echocardiography (BSE)
Cardiovascular Care Partnership (UK) (CCPUK)
Society for Cardiological Science and Technology (SCST)

problems. In some cases, this will require more cardiology resource than prior to the COVID pandemic. However, cardiologists who are not accredited in GIM or who did not look after GIM patients before the introduction of COVID crisis work patterns should now relinquish care for non-cardiac patients so that they are not working outside their area of expertise. By contrast, patients whose primary problem is cardiovascular in aetiology should be under the care of a cardiologist.



Dr Andrew Archbold
BCS Vice President for Clinical Standards



Professor Simon Ray
BCS President