



Monday 6 April 2020

Dear Colleagues,

The COVID-19 crisis has posed an unprecedented challenge to the healthcare system. There is evidence that cardiovascular disease has an important interaction with the virus' clinical presentation and outcome, affecting patient care. Furthermore, we have already begun to see an important impact on all areas of conventional cardiology and cardiac surgical practice. All elective cardiac surgery has been halted and hundreds of operations delayed, perhaps for months. We are beginning to see signals of a significant reduction in presentations with ACS and STEMI, with anecdotal accounts of late presentations with complications requiring emergency surgical intervention.

The cardiovascular community has a great track-record for collecting data which has transformed clinical care. The NHS is now under severe stress, but never before has it been so important to continue to collect and submit data to the National Cardiac Audits. There is now a national effort to bring together as much data as possible from multiple sources, to assist the government in policy decisions to optimise clinical care and to analyse the impact of the pandemic on the cardiovascular health of the UK population. Not only do we need to continue data collection to our audits, but contemporary data flow is necessary. We therefore are keen that you send in data on a regular basis, even if it has not yet been validated. Importantly we have an agreement with NICOR that no public reports on Trust or operator performance will be published from these data.

In the immediate period, data flows for MINAP, the National Heart Failure Audit and following PCI and cardiac surgical procedures are essential, but we need also to track the impact of this pandemic on the congenital and CRM services and how this influences outcomes.

We appreciate that you will all have many demands on your time, but urge you to make every attempt to continue the collection of audit datasets within your unit. We recognise that this will be more difficult in some specialties than others, especially

where data collection may rely on staff who are deployed to other tasks. We are confident that centres will consider all options, including the use of NHS volunteers, medical staff or students helping out where possible, should audit staff be redeployed.

Thank you for all your efforts in supporting and enhancing the value of the National Cardiovascular data programme during this extraordinary period in NHS history.

Signed by:

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