

3 April 2020

TO: South London Cardiologists

From: Jonathan Byrne, Clinical Director of Cardiovascular Services, King's College Hospital
Brian Clapp, Clinical Lead, Cardiology, Guy's and St Thomas' Hospital
Rajan Sharma, Care Group Lead, Cardiology, St George's University Hospital

RE: Treatment of ACS patients during the COVID-19 outbreak

Dear colleagues,

Further to pan-London cardiovascular discussions we write to you to inform you of the current plans for treatment of patients presenting with acute coronary syndromes (ACS) and requiring treatment at south London tertiary centres – King's College (KCH), St Thomas' (GSTT), and St George's (SGUH) hospitals.

Over the past two weeks the number of patients presenting with acute coronary syndromes (both STEMI and NSTEMI) has declined precipitously. This phenomenon has been seen in many other countries who are dealing with the current coronavirus pandemic and has also been seen in other conditions, such as acute stroke.

There are likely to be numerous reasons for this, however we are concerned that a significant number of patients are not receiving guideline-directed therapy who should be; specifically invasive angiography and revascularisation. This is likely to affect clinical outcome, and whilst the risk of COVID-19 is an important consideration, equal consideration should be given to the prevention of readmission, and avoidance of an adverse outcome if discharged home. Some of these patients are re-presenting multiple times, or presenting acutely unwell much later in their clinical course. Patient awareness and education is also a key area which needs reinforcement and a public health message is almost certainly needed to encourage patients to continue to seek timely help when they get cardiac symptoms.

We would like to reassure you that, although we have undertaken system changes to support the response to COVID-19, we still have the capacity to deliver treatment for this group of patients, and are able to support those units who, for obvious staffing reasons, are unable to do so.

We would therefore encourage you to continue to refer ACS patients in the usual fashion using the inter-hospital transfer system, Teleologic. This is to ensure we continue to capture information and keep of robust records of those presenting with ACS.

We recognise that medical therapy may well be an appropriate management option for a proportion of these patients, but would encourage all patients to be referred and discussed, making liberal use of MDT decision-making where appropriate. It will be important to capture decision making, particularly in those patients who are not transferred and for whom medical therapy is mandated, and we will use the Teleologic system to do this. This will allow us to accurately track outcomes in these patients during and after the COVID-19 pandemic.

At present, please continue to treat patients in the network according to guidelines. If you wish to discuss any patients you may reach a consultant interventional cardiologist daily by contacting the individual catheter labs at any of our centres on the numbers below.

GSTT 020 7188 1040
KCH 020 3299 3986 / 020 3299 3990
SGUH 020 8725 2861 / 020 8725 1704

Please do not hesitate to contact us directly if you have any specific queries.

Sincerely,



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