

## **Assessment Component 1 / Literature Review**

### **Role of NHS in care of cardiovascular disease in adults during Covid-19 in the UK**

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## **Introduction**

In the wake of the pandemic, the healthcare sector within the United Kingdom faced a significant challenge considering the health threat caused by the Corona Virus. The whole healthcare sector of the UK, especially in England, had to deal with a crisis that took the life of many people. The death ratio caused by the pandemic was higher in England than in most European countries. The CVD patients in England were most vulnerable since the healthcare professionals dealt with the COVID patients (Jones, 2021). The National Health Service has a vital role in ensuring CVD patients get the proper medical attention, considering the seriousness of the disease. NHS tried to ensure vaccination for critical patients, including the ones suffering from CVD, to keep them safe from the Corona Virus. The government of the UK has backed up NHS so that it could ensure full medical support to the patients from every financial background and social community getting the proper treatments during the lockdown. In England, the CVD patients were in their most vulnerable situation since major COVID breakdown was causing menace and killing older people as most CVD patients are old (Dickinson and Houston, 2022). During the pandemic, the percentage of CVD patients coming forward to receive treatments at the early stage reduced as they could not come into direct contact with their physicians. Approximately 2 million CVD patients sought help from the NHS during the lockdown. It tried its best to provide the necessary medical attention and healthcare service to CVD patients in need (Statista, 2022). Since the pandemic forced the NHS to bring significant change to its operational activities, it had to adopt innovative manners and use the virtual platform to deliver proper monitoring and care safely without causing further health risks to CVD patients. This literature review will investigate the role of the NHS in ensuring full attention and providing the best medical support to the CVD patients of the UK during the COVID-19 pandemic.

### ***Research aim and objectives***

This research aims to identify the role the NHS has played to ensure the necessary treatment of CVD patients in the UK during the vulnerable situation of the pandemic.

The research objectives are as follows:

1. To investigate the influence COVID-19 has on the treatment of CVD patients in the United Kingdom,
2. To identify the role of NHS in dealing with CVD patients during the lockdown caused by the COVID-19 pandemic,
3. To investigate how NHS motivated healthcare professionals to ensure proper medical attention to CVD patients during the pandemic,

4. To evaluate the NHS's role in providing full support to critical CVD patients during the pandemic.

## **Research Background**

### ***Contextual Information***

NHS (The National Health Service) is a healthcare system that is publicly funded and aims to provide healthcare services to the people. It is one of the four national systems that ensure equal healthcare support to every community in the UK (Ham, 2016). It is also engaged in research to develop the healthcare sector of the UK. It provides most of the healthcare in England but is also active in other regions. It follows the 'National Health Service Act of 1946' to provide healthcare services and monitor the healthcare professionals' activity to ensure proper medical treatment and services to needy patients (Levitt, Wall, and Appleby, 1999).

Cardiovascular disease (CVD) is a medical condition that affects the heart and blood vessels of patients suffering from CVD (Brunton, 2000). It includes every heart and circulatory disease, including hypertension, major or minor heart disease, stroke, and heart attack. In the UK, more than 7 million people suffer from CVD, and it causes a significant amount of death every year. It is solely responsible for one in four premature deaths in the UK, and 10% of the underprivileged communities in the UK are the most common sufferer of CVD (Baliga and Eagle, 2020). NHS has introduced an 'NHS Long Term Plan' to identify CVD as a top medical priority and prevent over 150,000 heart-related cases by increasing early detection and providing necessary treatment to the patients to live longer and healthier life.

Due to the medical staff's involvement with the COVID patients, the CVD patients in England were at their most vulnerable. Given the severity of the disease, the National Health Service played a crucial role in supporting the healthcare providers in the UK to ensure that CVD patients receive the proper medical care (Terry, Hui, and Buntoro, 2021). The NHS tried to get all critical patients, including those with CVD, immunized to protect them from the Corona Virus. The UK government has provided funding to the NHS so that it may provide full medical support to patients from all socioeconomic backgrounds and communities during the lockdown. Since substantial COVID breakdown was posing a threat in England, CVD patients were in a situation where they were most susceptible.

### ***Research Rationale***

The UK's healthcare system, particularly in England, had to deal with a catastrophe that claimed many lives. The pandemic's death rate in England was higher than in most European nations (Jones, 2021). The government was forced to enact severe lockdowns to protect everyone from the plague and take dramatic steps to stop its spread. The pandemic caused

the NHS to make considerable changes to its operating procedures. It had to create creative approaches and use the virtual platform to provide safety monitoring and care for CVD patients without harming their health. This has made it possible for several CVD patients to receive the appropriate medical care and prevent significant health problems during the pandemic.

Several NHS Primary Care Networks have provided a blood pressure test at vaccination centres as part of the COVID-19 immunization program to anyone over 40 who has not had a checkup in the last five years and has previously been treated with hypertensive symptoms. Additionally, more than 6,000 neighbourhood pharmacies have committed to providing regular heart rate screenings for everyone over 40 since October 2021 (National Health Service, 2022). In the first three months after the service launched, more than 18,000 people had their blood pressure checked, and the outcomes were recorded and sent to their GP practice. NHS took such initiatives after it learned to deal with the Corona Virus and its impact on CVD patients in the UK. It is taking preventive measures to reduce the risk of CVD patients who can also get contaminated by the virus. If CVD patients are affected by COVID-19, their medical condition will worsen, possibly causing death to the CVD patient. The role NHS played was crucial in dealing with the bad conditions caused by the Covid-19 pandemic. The UK was hit hard by the pandemic as there were more death rows in the hospitals in the UK than in any European country. The whole healthcare sector was challenging as professionals, and care providers had to work reluctantly to tackle the condition. The disease infected many healthcare professionals, and many died on the front line while providing services to COVID-infected patients (Terry, Hui and Buntoro, 2021). While the new pandemic was causing menace, other patients suffering from diseases like CVD were most vulnerable as care providers could not provide them with necessary treatments due to the risk of contaminating them.

NHS uses regulatory frameworks to distribute the activities of care providers and healthcare professionals to ensure every patient gets suitable medical attention based on the diseases they are suffering from. Patients suffering from severe medical conditions like kidney disorders, CVD or diabetes received additional health support from the NHS. NHS monitored the activity of the healthcare professionals and distributed their activities based on their skills and capabilities to tackle the rush caused during the first six months of the pandemic (Coyle, Dreesbeimdiek and Manley, 2021). The role NHS played was crucial in reducing the death rate of CVD patients during the pandemic and ensuring they were getting access to proper care facilities. Since most CVD patients were older adults, they required careful attention. This research has tried to identify how the COVID-19 pandemic has impacted CVD patients and their health issues. It also tried to identify the significant role played by NHS in dealing with CVD patients in the UK during the pandemic and how successful NHS was in dealing with such critical situations.

## **Research Methods**

A secondary research method has been used to conduct this research. It involved using previously established data. A systematic investigation of previously established data was used to gather the necessary pieces of information for this research (Welman, Kruger and Mitchell, 2015). The collected data were non-numerical. The research design required organising, collecting and evaluating these samples of data to reach a valid conclusion. Already established patterns in previous research activities were used to sort out necessary pieces of information for this research.

### ***Data Collection***

The data collected for this research was secondary. Textual analysis was chosen as the tool for data collection. The necessary pieces of data were gathered from previous research articles, research journals, academic journals and academic textbooks. Due to the unavailability of some necessary pieces of information from the previous research activities, some data were collected from authentic online sources. It relied upon some information provided by primary research in previous research articles (Goddard and Melville, 2004). Online data was gathered from the internet. Some useful research materials were gathered from government archives. The included the activity of the NHS within the pandemic, the following impact on the healthcare sector of the UK, the activity of the NHS involving the CVD patients during the pandemic and how the pandemic has impacted the CVD patients in the UK.

### ***Data Analysis***

Since the research was a systematic investigation, only secondary data were used for supporting the research hypothesis. The collected pieces of data were analysed to ensure they are authentic and don't provide any false information in the research. Proper data sampling tools were used to analyse the collected pieces of information (McBurney and White, 2013). The research data was limited to the role of the NHS in supporting CVD patients during the pandemic. After analysing the data, they were stored properly to strictly avoid any sort of data breach. This ensured the readers will get access to a positive research result.

### ***Ethical Considerations***

The research strictly followed academic guidelines and to ensure the research follows every basic instruction, the research instructor was communicated regularly. The presented data within the research are authentic and it avoided any act of plagiarism. The data were collected and analysed and thus ensured that the research result doesn't create any bias. Proper data sampling tools were used to sort out necessary pieces of information from a large data set. The collected pieces of necessary data were stored properly using an electronic device. The

research activity didn't violate any community guidelines. The research method and the data collection tools were applied properly to prove the hypothesis and ensure the quality of the whole research activity.

## **Research Result**

More than 7 million people in the UK have CVD, which claims many lives each year. One in four premature deaths in the UK is entirely attributable to it, and the majority of CVD cases occur in 10% of the country's poorest communities (Office of National Statistics, 2022). To prevent over 150,000 heart-related illnesses by enhancing early detection and giving patients the appropriate treatment so they can live longer better lives, NHS has established an "NHS Long Term Plan" to highlight CVD as a significant medical priority. During the COVID-19 pandemic, it used this policy to engage healthcare professionals to ensure the quality treatment of CVD patients. To guarantee that every individual gets the appropriate medical treatment according to the diseases they are dealing with, NHS developed regulatory frameworks to allocate the activities of healthcare professionals and care experts (Franklin, 2020). The NHS provided further medical assistance to those with severe diseases like diabetes, CVD, or renal disorders. The NHS kept count of the action of the hospital personnel and assigned their tasks in response to their capacity to handle the rush throughout the first wave of COVID-19.

During the pandemic, people affected by CVD were at significant risk of severe outcomes like getting affected, with a rate of 3.9 times higher than in past years and 2.7 times higher death ratios than in past years (Symonds et al., 2020). People with CVD were the most vulnerable during the pandemic since the Corona Virus could do further damage to the infected people with previous CVD cases. The pandemic reduced the capacity of cardiac surgery and other medical activities, increased the waiting time for further treatment and caused severe problems for CVD patients due to the lack of proper medical attention from the care providers. The NHS collaborated with regional and local medical teams to develop a cardiac network. This network has been used to develop a research-based approach to preventing CVD among new patients and providing sufficient treatment to patients already suffering from various CVD.

The healthcare professionals were also impacted by the pandemic and failed to provide their regular services, including treating CVD patients in the UK. It seriously impacted the physical condition of the professionals and care providers dealing with CVD patients (Chauhan, 2022). Since some CVD patients were COVID patients, it became a major health risk for professionals. The NHS had to support the doctors and nurses to ensure their health safety. Following the health regulations provided by the government, doctors could not attend to CVD patients as they did before the pandemic. The entire healthcare sector in the UK was

struggling as professionals and caretakers laboured reluctantly to address the situation. Many healthcare workers contracted the illness, and many of them lost their lives while treating COVID-infected patients. While the new pandemic constituted a threat, other individuals with illnesses like CVD were especially at risk because medical professionals could not provide them with the essential medicines owing to the possibility of infecting them. The NHS developed new regulations for doctors and nurses to ensure they are safe from such danger. NHS provided them with necessary equipment like PPR, face masks, and sanitisers to work on the frontline and ensure they were safe from contamination (Blackburn, Ferryman and Alattas, 2020). This motivated the doctors to ensure that CVD patients were getting regular treatments. The role of the NHS prevented a significant death rate for healthcare professionals and CVD patients from March 2020 to January 2021 in the UK.

Many CVD patients were afraid to be admitted to the hospital. Most patients even failed to get admitted to a hospital since healthcare professionals were occupied with COVID patients. In March 2020, there was a 30% fall in hospital admission in London, while the admission rate of patients suffering from other diseases was 18-22% in the United Kingdom (Malin, 2020). London saw the most significant fall in admission in April 2020, almost reaching 45%. There were fewer calls to the ambulance service from March 2020 to July 2020 since CVD patients could not rely upon the ambulance service and the crews. The NHS brought substantial changes to the ambulance service so CVD patients could get emergency ambulance services whenever necessary. Some specialist CVD hospitals did not admit any COVID patients to ensure the proper medical treatment for CVD patients under the jurisdiction of the NHS in the UK.

The CVD sufferers in England were more at risk because the medical staff engaged with the COVID patients. Given the seriousness of the condition, the NHS played a vital role in helping the UK's healthcare providers provide CVD patients with the appropriate medical attention (Terry, Hui and Buntoro, 2021). The NHS tried to get all significant patients inoculated against the Corona Virus, including those with CVD. To fully serve patients from all socioeconomic backgrounds and localities during the pandemic, the UK government has donated funding to the NHS. Patients with CVD were precarious since significant COVID breakdown was a danger in England. However, with the role played by NHS, most survived the pandemic.

## Discussion

The outbreak of COVID-19 influenced healthcare professionals, who could not deliver their routine operations, which included treating CVD patients in the country. It had a severe negative impact on the well-being of the experts and caregivers who were attending to patients with CVD. Since some COVID patients also had CVD, this represented a significant health danger to the workers (Malin, 2020). To safeguard the safety of the surgeon and caregivers' health, the NHS had to assist in providing safety to the professionals and the patients. Doctors could not treat CVD patients as they once did before the pandemic due to the government's health laws. Professionals and caregivers worked reluctance to solve the issue while the UK's healthcare system struggled.

Many CVD patients were afraid to be admitted to the medical facility during the pandemic. Because COVID patients outnumbered the hospitals, many doctors were afraid to provide services to patients suffering from other diseases like CVD. The NHS developed new rules to protect doctors and nurses from harm while they care for patients (Coyle, Dreesbeimdiek and Manley, 2021). For them to work on the front lines and secure their safety from contamination, NHS provided them with appropriate equipment such as PPR, face masks, and sanitisers. This encouraged the clinicians to guarantee that CVD patients were receiving consistent care. From March 2020 to January 2021, the NHS significantly prevented a high death rate for medical personnel and CVD patients in the UK.

Given the severity of the disease, the NHS plays a crucial role in ensuring that CVD patients receive the right healthcare services. The NHS tried to immunise all critical patients, including those with CVD, to protect them from the Corona Virus (Starey, 2020). The UK government has given financial help to the NHS so that it may provide complete medical care to individuals from all socioeconomic backgrounds and communities throughout the lockdown. Since most CVD patients in England are elderly individuals, substantial COVID breakdown threatens public safety and kills older individuals. Such initiatives taken by NHS have been impactful in dealing with CVD patients in the UK during the COVID-19 pandemic.

## Recommendation

NHS should use new regulatory frameworks to deal with CVD patients after the COVID-19 pandemic. This includes bringing significant changes to healthcare regulations.

The healthcare professionals working with CVD patients should receive regular training to improve their skills. This will allow them to deal with patients in critical situations like the pandemic. The NHS should organise regular training facilities for healthcare professionals and care providers.

## **Conclusion**

People with CVD were most at risk since the Corona Virus could cause further harm. Due to inadequate medical attention from the care providers, the outbreak of the pandemic lowered the capacity of cardiac surgery and other medical procedures, lengthened the wait for medical intervention, and created significant issues for CVD patients. The NHS worked with local and regional medical teams to create a cardiac network. This network has been used to create a research-based strategy to prevent CVD among new patients and give adequate treatment to those who already have varied CVD. The NHS created regulatory frameworks to divide up the responsibilities of healthcare professionals and care specialists. The NHS offered further medical care for people with severe illnesses like diabetes, cardiovascular disease, or renal issues. Throughout the first six months of the epidemic, the NHS monitored hospital staff activity and assigned duties based on how well they could manage the rush. For CVD patients to always have access to emergency ambulance services, the NHS made significant improvements to the ambulance service. To ensure that COVID patients in the UK received the necessary medical care under the NHS's control, some specialised CVD institutions refused to admit any COVID patients.

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