From Coronary Care Unit to Acute Cardiac Care Unit – the evolving role of specialist cardiac care

The future of Coronary Care Units (CCU)

As the United Kingdom develops services to provide 24/7 cover for primary PCI at Heart Attack Centres, the future of CCU in other acute hospitals is potentially now under threat. However, it has been clear for some time that the traditional role of CCUs has been changing, partly due to a reduction in the incidence of ST elevation Myocardial Infarction (STEMI), with a corresponding increase in the other acute coronary syndromes (ACS), and also due to an increase in presentation of other cardiac conditions with acute haemodynamic instability. These include some of the patients presenting with arrhythmias and heart failure. Services must be well organised and efficient to deal with these patients effectively, and this now presents a significant challenge for Acute NHS Trusts.

The British Cardiovascular Society believes that:-

1. All hospitals accepting acute medical take should have immediate access to a Cardiac Care Unit with appropriate staffing, medical and nursing expertise;
2. The role of the traditional CCU should be widened to cover the greater variety of presenting conditions which require urgent management for acute ischaemic or haemodynamic instability – acute cardiac care rather than coronary care.
3. There is evidence that when patients presenting with acute cardiac conditions have early access to specialist opinion and are transferred to the care of cardiology, outcomes are improved.

A Working Group of the British Cardiovascular Society has been organized with representation from all affiliated groups to make recommendations for the delivery of acute cardiac care. Initial responses from cardiac networks suggest that there is considerable interest in this topic.

The Working Group would welcome any contributions to their discussions and in particular views on the future role of the acute cardiac unit including the range of conditions that could be admitted, the staff mix and relationship to other acute medical specialties and the range of services that should be provided 24/7. Please send any responses to Kirsten Bradbury at the BCS, by 31st January 2011.

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