Factsheet: Ensure all patients transferred to a cardiac centre within 72 hours following non-ST elevated Myocardial Infarction (nSTEMI)

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	60	0.11	Calculation based on CVD strategy
Potential lives saved U75	25	0.05	
Reduction in potential years of life lost (u75?)	500	0.92	Definition of deaths used in the calculation: Deaths with a primary cause of myocardial infarction (ICD10 codes, I21-I22) Assumptions: That the distribution of deaths for non-STEMI is the same as that for acute myocardial infarction
Cost (£)	-	-	
Cost-saving (£)	-	-	
Net cost (£)	-	-	
Strength of evidence	1		

For STEMI patients ambulance protocols dictate that the ambulance team should take the patient directly to a cardiac centre. There is no automatic requirement to do so for nSTEMI, which is not so immediately life threatening and patients may be taken to a District General Hospital in the first instance. However, the NICE guidance for nSTEMI indicates treatment is needed as quickly as possible and within 72 hours.

Inter-hospital transfers to specialist centres can be delayed (about a third of patients wait longer than they should to access angioplasty services)[Error! Bookmark not defined.] and some patients die awaiting a transfer. Improved mortality rate comes from reducing variation and speeding up transfers. The NICE guidance states that timely angioplasty can reduce lengths of stay. Although the number of angiography procedures may increase slightly, the increase is not expected to be significant.

NICE's Costing Statement indicates that implementation of (CG94) in the early management of unstable angina and nSTEMI is unlikely to result in a significant overall change in resource use in the NHS.

Quality standards for the management of all acute coronary syndromes will be published by NICE towards the end of 2013.