

RCUK Campaign Briefing – Cardiac Arrest Survivorship

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Cardiac Arrest Survivor Campaign: 'My Right to Cardiac Arrest Recovery'

Out-of-hospital Cardiac Arrest (OHCA – an often fatal condition where the heart stops beating and needs CPR +/- defibrillation) affects 80,000 patients per year in the UK. Despite advances in resuscitation science in combination with increased bystander CPR, survival rates in the UK remain stubbornly low, with fewer than one in ten people surviving (9.5%). While there are internationally and nationally recognised guidelines for patient and family follow up post cardiac arrest, there is enormous variability in the application of these guidelines across geographical or socio-economic areas of the United Kingdom. This results in a wide variation of access to rehabilitation services and psychological support for those affected by cardiac arrest, with many patients and families feeling abandoned.

A programme of rehabilitation, targeted to the individual's needs, improves quality of life, is cost-effective, and may reduce hospital readmissions. Currently, there is no minimum level of follow up applied equally across the UK, meaning that many patients are missing out on vital services helping them to a full recovery. Please read this briefing to find out why cardiac arrest recovery must not end when the survivor leaves the hospital.

Key Recommendations:

- ✓ All survivors from out-of-hospital cardiac arrest (OHCA) and in-hospital cardiac arrest (IHCA) are assessed prior to hospital discharge using current guidelines and are able to access an individualised post cardiac arrest rehabilitation plan.
- ✓ This guidance should be part of the Secretary of State for Health & Social Care and the Government's upcoming "Major Conditions Strategy", and will fulfil a core element of the Long term plan. The patient's plan must include all elements of rehabilitation pertinent to the individual and the services be accessible across all geographical and socio-economic areas within the UK.
- ✓ Everyone affected by involvement in a Cardiac Arrest, and the provision of cardiopulmonary resuscitation, must be able to access appropriate, ongoing, personalised support.

Background

A cardiac arrest is the ultimate medical emergency. Every minute without CPR and defibrillation reduces a person's chance of survival by up to ten per cent. Survival rates from out of hospital cardiac arrest remain stubbornly low in the UK, with fewer than

one in ten people surviving (9.5%). A quarter (23.6%) of those who are treated by a hospital's resuscitation team for In-Hospital Cardiac Arrests (IHCA) survive to hospital discharge.

Cardiac arrests result in a range of physical, neurological, cognitive,

emotional, and social issues, which may not become apparent until after their discharge from the hospital. At present, too many Survivors aren't being assessed for their health and social care needs beyond hospital.

And yet, unlike rehabilitation services for [Strokes](#) or a [Heart Attack](#), there is currently no formal care pathway for Cardiac Arrest Survivors across the United Kingdom.

[Data suggests](#) that as little as 29% of Survivors of out of hospital cardiac arrest are assessed for neurological rehabilitation in their post-cardiac arrest care, and that psychological reviews are only offered to 20% of Survivors.

[Research](#) also indicates that just 5% of OHCA Survivors are advised upon discharge from hospital to 'expect possible emotional, psychological and memory difficulties at home', while [over half](#) (54%) are simply told to: "take it easy."

[NCEPOD's report](#) reviewing patients who underwent an in-hospital cardiac arrest recognises that 'rates of complete physiological recovery following in-hospital cardiac arrest are poor'.

Who else is affected?

The number of people touched by cardiac arrest is impossible to measure when considering the layers of the cardiac arrest system of care.

Patients, families, caregivers, health care providers, pre-hospital providers and lay rescuers might struggle with symptoms of anxiety, depression, and post-traumatic stress after performing, watching or being resuscitated.

Resuscitation Council UK develops Quality Standard

At Resuscitation Council UK, we believe everyone has the right to make their best possible recovery after a cardiac arrest. That is why we are developing a quality

standard for cardiac arrest survivors aimed at ensuring consistent, effective and sustainable care for this group across the United Kingdom.

This quality standard will be published in the Autumn of 2023. It needs to be implemented across all Integrated Care Boards to ensure equitable care for all survivors of cardiac arrest. Local implementation must offer access to all elements of care needed by the individual, at a time that they identify is right for them.

What needs to change?

Post cardiac arrest care is multi-faceted and multi-disciplinary and requires coordination so that it does not end when patients are discharged from the hospital. Patients must be assessed prior to discharge to plan their ongoing care and access to the specific help they need.

Health and Care systems across the United Kingdom must work in partnership to identify and reduce the gaps in accessing cardiac arrest rehabilitation services.

Become an advocate for Cardiac Arrest Survivors.

RCUK would like parliamentarians to step forward and become an advocate for Cardiac Arrest Survivors.

We want to see MPs commit to meaningfully engaging with Survivors of cardiac arrest in their constituency, and represent their voices in parliament.

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"Survivors of Cardiac Arrest require a system of care which is multi-disciplinary and does not end when the patient leaves the hospital. Everyone affected by Cardiac Arrest has a right to recovery and rehabilitation, which we know is a key element of improving quality of life after cardiac arrest."

James Cant, CEO, Resuscitation Council

About us

Resuscitation Council UK is saving lives by developing guidelines, influencing policy, delivering courses and supporting cutting-edge research. Through education, training and research, we're working towards the day when everyone in the country has the skills they need to save a life.