



Important information about NICOR reporting of your CRM data

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Background: changes to the CRM audit at NICOR

A number of changes at NICOR have affected the CRM device and ablation audits. David and Morag Cunningham, who "ran" the audits for 40 years, retired a year ago. Their detailed knowledge, expertise, commitment, and personal links to centres are sorely missed, and tragically David died after a short illness at the end of 2017 (see below).

NICOR does have a fantastic team of analysts, data managers, and project managers but their number is reduced due to funding cuts, and their time has to be shared between CRM and the other cardiac audits. This year we have had to completely reinvent the way we work, and in particular how we process the data you submit in preparation for publication. Because of the magnitude of this task, it has been necessary to delay the analysis of the 2016/17 data until the other audits were complete.

What is a validation report?

The validation report is a "draft" of the final report that will be published for each centre. This year, it will have five sections:

1. Data completeness, and validation of device type.
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2. Centre activity breakdown.
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3. Summary of activity by operator (only if GMC number given).
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4. Compliance with national guidance (BHRS and NICE for pacing and ICD therapy).
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5. 1 year reintervention rates following first time pacing and complex device implants.

The validation report will explain exactly how each of the figures therein have been calculated, so that you can understand (and reproduce) the process. We will attach a short document describing how the authorised person at your centre can login to NICOR (using Lotus notes or the web portal) to view and edit.

Please note: The validation period will start in May 2018 when you will be asked to confirm receipt of your validation report. You will then have four weeks from receipt of your data, to check and correct your submissions. Once checked, the person responsible person should confirm with NICOR by email that your data are correct and/or have been corrected. Any serious data concerns should be reported promptly.

What do I need to do?

- If you are the person responsible for submitting your centre's data to NICOR (audit lead/data manager/etc.), you should receive your validation report by Wednesday 16th May 2018. If your centre has not received their report by Friday 18th May at the latest then please contact us urgently.
- If you are not responsible for submitting data, please ensure the right person receives the validation report (we may not have current contact details for all centres).
- For technical enquiries (i.e. Access to Lotus Notes, web or DropBox), contact: nicor-helpdesk@bartshealth.nhs.uk
- For general enquiries (i.e. validation or change of user contact details), contact sarah.ajayi@bartshealth.nhs.uk or shenaka.singarayer@bartshealth.nhs.uk

What happens after the validation deadline?

After the deadline, it will not be possible to change your centre's contribution to the report. However, NICOR is keen to keep the best possible record of historic procedures. Therefore, if you become aware of missing/incorrect procedures, you can add/amend records. This will not be reflected in the annual report but will be available for subsequent analyses. This is obviously particularly important in our role of patient safety and long-term tracking of implanted devices – we have over a million records and believe that >99.9% of device procedures in the UK have been recorded.

What about the Electrophysiology/Ablation Audit?

As it was not funded, NICOR was unable to produce reports for 2014/15 and 2015/16. We are delighted to announce that there will be a report for 2016/7, giving details of centre and operator activity and some new quality improvement measures. We also hope to provide summary statistics for the 'missing' years.

The validation process for ablations will follow that for CRM devices (probably by around two months), but we will publish the official reports at the same time.

David Cunningham PhD, 1954-2017

David Cunningham was for decades central to the development of audit of cardiovascular care in the UK. If sharing standards and best practice are consequences of national data collection, he achieved as much as many cardiologists in advancing arrhythmia care in the UK. The National Cardiac Audit Programme now covers many subspecialties, but Cardiac Rhythm Management (CRM) was David's first and main passion.

David was a physicist rather than a cardiologist by training and inclination. His work with John Kennedy in Glasgow led to a PhD in Medical Physics in 1982, and an interest in both CRM and computing. David was encouraged to continue these interests in London at the National Heart Hospital. There he found a home amongst cardiovascular practitioners and developed a deep understanding of the field. He won the prestigious British Cardiac Society Young Research Workers Prize in 1984, and was instrumental in setting up the National Pacing Database in the 1970s. This was the first in the world, and expanded into the national cardiovascular audit and its subsequent metamorphosis through CCAD into NICOR.

David was also a central part of a team that helped to develop novel ideas in the very early days of catheter ablation. At the same time, he formed a lasting partnership with Tony Rickards to pursue the application of computing to handle the increasing quantity of clinical data.

Following the merger of the National Heart and Royal Brompton Hospitals in 1990 David realised that his future lay in his skill as a computing systems manager. This would allow him to continue his work while returning to his beloved Scotland with his family (his wife Morag trained as Cardiac Physiologist and also worked with David as part of CCAD), and where the golf courses were far more alluring.

For years after the death of Tony Rickards in 2004, David was the central guiding hand to the CRM component of CCAD. He understood the power of the data, and had the computational skill to derive meaningful conclusions, while being astute enough to recognise their limitations. His knowledge of the clinical issues that could or could not be addressed was always a valuable contribution. His particular experience was honed in CRM, but he became a very valued contributor to all sections of the Audit Programme.

A highly intelligent individual, David collated information quickly, and formed opinions equally quickly. These opinions were not often easy to shift, but were rarely proved wrong. At times he was bemused by the high intellectual regard with which the medical profession thought it should be held. But he became a shrewd judge of character, both medical and personal. That cardiovascular audit in the UK remains amongst the best in the world is a fitting tribute to David Cunningham's contribution. Our condolences go to his wife Morag, daughter Rebecca and son Andrew.

Edward Rowland and Francis Murgatroyd



The National Pacing Database team in 1978. Left to right: Beverley Charters, David and Morag Cunningham, Edward Rowland and Tony Rickards.



The PDP-11 computer that initially held the National Pacemaker Registry had 16k RAM and no keyboard.