

MINUTES

BHRS Council – 20th April 2020 @ 10:30

Held via virtually via Zoom

Attendees: Alistair Slade (AKBS), Richard Schilling (RS), Trevor Fernandes (TF), Jason Collinson (JC), Paul Foley (PF), Jane Owen (JO), Eleri Gregory (WG), John Paisey (JP), Joseph DeBono (JDB), Trudie Lobban (TL), Mark Sopher (MS), Simon Holmes (SH), David Farwell (DF), Ashley Nisbet (AN), Ian Wright (IW), Kirstine Perovica (KP??), Holly Daw (HD), Ross Hunter(RH), Francis Murgatroyd (FM), Pier Lambiase (PL), Claire O’Neil (CN) Steve Sadler (SS), Pauline Heery (PH)

1. Welcome (AKBS)

AKBS thanked everyone for making an effort to attend the meeting under extreme circumstances. AKBS acted as Chair.

AKBS welcomed new patient representative - Trevor Fernandes who said he was looking forward to being part of BHRS. TF was invited onto the council via SH.

2. Apologies for Absence [AKBS]

Kim Rajappan, Dewi Thomas, Angela Hal, Stuart Harris.

3. Matters Arising

a) BCS Scientific Sessions 2020-2021

The 2020 sessions have been cancelled. It is not clear whether the 2020 programme will be rolled over or a fresh programme developed. It was agreed that BHRS should be pushing for delivering relevant content. AN reported we should have more input for 2021 and will work with the BSC and BHRS to ensure we do. AKBS to open communication regarding strategy moving forward.

b) Responsibility of charity trustees

Bring back to next meeting.

ACTION: AKBS/TWeb for next agenda.

c) Reform of Constitution (AKBS)

Bring back to next meeting to ensure ready for consideration at AGM.

ACTION: AKBS/TWeb for next agenda.

d) Ablation Standards document (JDB)

JB reported these were complete, approved and can now be published on the website.

e) Device FU document (PF/JS)

This has already been uploaded to website.

ACTION: Closed

f) Device implant standards (AKBS)

AKBS plans to complete this in the next few weeks.

ACTION: AKBS to complete document.

g) BHRS in the future

i. Patient Rep

Full representation is now complete Arrhythmia Alliance and now with TF coming on board.

ii. Scottish and Irish links

AN approached Derek Connelly and confirmed DC was interested. AKBS to officially write to DC.

JDB had made some progress with an Irish link but work commitments has meant this is not complete.

iii. Fellowship

Bring back to next meeting.

ACTION: AKBS/TWeb for next agenda.

iv. Online/Vlog

Bring back to next meeting.

ACTION: AKBS/TWeb for next agenda.

v. *Band 7 letter physiologist and nurse members*

Accompanying letter being sent with certificates with a statement saying 'accredited physiologists should now practice at Agenda for Change band seven level'. This wording has also been added to the website.

4. Covid-19 (AKBS)

a) Documents

ICD Deactivation: AKBS thanked RH and JC on their work at putting together a document regarding ICD removal and deactivation during Covid-19 in mortuaries. This document has been approved and is available on the website.

Cochrane Review: AKBS to forward Cochrane Review to PL at Barts who will progress.

ACTION: AKSS forward document to PL (done prior to meeting)

Registry Proposal: AKBS discussed request from John Cleland to take part in registry of cardiac interventions during COVID-19. It was noted most staff, in particular nurses, has been redistributed into critical care roles. As such - all unrelated Covid-19 research had been halted. AKBS to return to John Cleland to ask for clarification if this is badged as COVID-19 research and comes with resource for data collection otherwise we'll be unable to take part.

b) Covid-19 Planning

AKBS reported that RS had involved many EP and device doctors in setting up regional clusters to develop service models and in particular how to preserve cardiological services as the pandemic progresses.

c) Covid-19 Local Updates

JDB reported West Midlands was very busy, after London, with most Covid-19 cases centralised through Queen Elizabeth. The EP lab remains open for emergencies but there is an issue that patients are contracting the virus while in hospital. They hope to be running a 'near to normal' service in a month. JDB reported they were only wearing full PPE for extractions.

d) Brugada Syndrome and Shielding Advice

JP has reported an increase of patient queries. Discussion was made around whether additional advice should be given to these patients and the teams looking after them in regarding to whether they should social distance of shield etc.

The council decided to not over complicate the current guidance already in circulation and to direct people to the AICC guidelines. AN to compose some wording and provide the relevant links to TWeb for placement on the website. TF and TL to work on a summarised 'more patient friendly' version of the document.

ACTION: **AN** to provide wording & links
 TF/TL to work on patient document

e) General Information Sharing

JDB reported they are waiting 20 minutes post deep clean between procedures.

IW reported they are avoiding box changes unless absolutely necessary due to the fact getting an infection post change can be incredibly risky. No EP procedures are taking place unless an emergency – plus the worry is the lack of back up intensive care that is currently available. IW reported they are wearing a high level of PPE (level 3) and are working on the assumption all patients are Covid-19 positive.

JP commented that non-aerosol generating procedures are deemed safer. And a Level 1 PPE is used on these procedure.

MS pointed out most individual hospitals will all be adjusting procedures dependant on demand of critical care. It would be difficult to offer uniform advice as a whole.

f) Remote Working & Home Monitoring

IW has suggested the current circumstances are likely to bring a permanent change moving forward in regards to monitoring patients, appointments and remote monitoring.

Currently patients are being monitored remotely and images are sent of wounds (or sometimes screenshotted during video calls).

Benefits of permanently moving to this system will reduce the need for patients to come into hospital. Junior doctors will be able to monitor uncomplicated patients and senior doctors will have more free time to work with more complicated cases.

IW suggested a dedicated meeting and forum to discuss embedding this innovation permanently for both staff and patients.

HD pointed out some training may be needed for staff to work remotely rather than face to face.

JC said there is documentation to cover most of these items already but due to the current situation it's likely to need reviewing sooner. PL reported there was remote guidelines advice from MDU available. PL to circulate link to council.

ACTION: PL to circulate remote consultation document from MDU to council.

TL reported patients surveyed was following the receipt of a remote monitor via A-A and being shipped direct to patient via industry as requested by their clinicians. This was due to clinics having to cancel appointments because of coronavirus. Feedback 100% positive and some said 'they felt safer with the monitor than waiting for routine appointments'. Should certainly become part of the 'routine' package when device is implanted.

MS suggested we need to make it clear that a movement to remote monitoring should not be seen as a replacement but an improvement on monitoring. HD said it would need stressing to patients this was not a 24 hour monitor for emergencies.

g) Cardiac Patient Numbers

All reported a drop off of patient coming in but an upsurge of telephone work for the Arrhythmia nurses initially. The message does seem to be getting across that anyone with chest pain should be coming in.

Remote OP clinics: RH spoke about his experience of telephone/video clinics and that a substantial number of face to face clinics could be replaced moving forward.

h) Suggested Webinar

After the information share during this meeting it was decided it would be beneficial to hold a webinar in the near future. PF offered to put together a short programme (to include items such as remote monitoring). TWeb to look at the functionality of this.

ACTION: PF to compose draft programme. TWeb to advise on technology.

5. Website update (JC)

JC reported the website was currently being updated with relevant content and that news and social media was active. The new ICD deactivation document has received 500 views since its recent publish. JC encouraged the council to become more involved in social media and sharing the BHRS information.

JC reported the introduction of a dedicated Covid-19 page and an online forum.

A training video library has also been composed and is being used as a resource by junior doctors and a consultant refresher.

6. NICOR/Audit Report (FDM)

FDM updated Council on NICOR activities including extensive device validation. Latest document will be ready in the next few weeks.

7. Research Report (PL & RH)

PL sent in the following information:

a) CRAAFT-AF RCT for AF ablation

The CRAAFT-AF RCT for AF ablation in HF now has 23 centres on board and PL is submitting the grant to BHF and NIHR HTA in the next 2 weeks (deadline 6th May). This is a collaboration with the British HF Society and UK SCMR and he has had an excellent collaborative discussion with setting up this study across EP (BHRS MCTG) and HF colleagues - it is ambitious involving 717 in the ablation (PVI) and medical arms respectively but will be a definitive trial on the subject given the lack of belief in applicability of the CASTLE-AF trial in the UK HF population & physician community.

b) The Cochrane Review

PL reported the Cochrane review on CV outcomes for COVID has had a number of applicants and PL has offered to work with John Cleland on this for BHRS recruiting a number of keen colleagues. We will await the outcome.

8. Nursing Update (AH & SC)

AH completed nursing numbers which has been sent for inclusion on the website.

Two specialist nurse competency frameworks have been compiled/recommended for update on the website. JO will send these.

ACTION: JO/TWeb to update website

9. Trainee Update

No trainee update was available. NH was thanked for his work on the training video library.

10. Exam Update

SA was unavailable but it was reported that the exam writing conference has been cancelled. It was stressed we need to decide if the writing committee and, even the exam, will be going ahead this year. SS reported that SA has asked him to look at a webinar alternative but there was some worry that even this would be a stretch due to the

workload. ER to agree a statement with SA clarifying status of this year's exam and this to be circulated and published as soon as possible.

ACTION: EL to agree statement with SA for publication

11. Secretaries Report (ER)

ER reported that membership numbers appear stable. 17 in total since the last meeting with 5 new nurse/trainee and 12 Consultants/Physiologists/Industry.

12. Treasurer's Report (SH)

Latest reports show capital remains stable. SA to be asked to look into possible implications on finances if the BHRS examinations and HRC is cancelled.

ACTION: SA to consider

13. AOB

a) Royal College of Radiologists

Royal College revising guidance on MRI use in CIED. AKS to get in touch with group as not sure where the current BHRS input is coming from.

ACTION: AKBS has contacted Martin Lowe who has been sitting on this group for BHRS. Martin has kindly agreed to attend the planned meeting this Wednesday (22nd April) with a new representative thereafter. AKBS to identify Council member to replace Martin.

b) Boston Device & MRI Issue

It was pointed out having an MRI can cause the failure of the alarm on Boston devices. JC believes there is existing documentation on this already (and potentially already on the website). JC to retrieve and circulate.

ACTION: JC to find relevant documentation.

14. Date of next meeting

The next meeting will be held via Zoom.

2nd July 2020, 09:30 – 12:30

NOTE: Earlier time