

MINUTES

BHRS Council – Thursday 22nd April @ 10:00

Held via Zoom

Attendees

PRESIDENT:	Alistair Slade (AKBS)
SECRETARY:	Eleri Roberts (ER)
TREASURER:	Steve Murray (SM)
NURSE REP:	Angela Hall (AH)
PHYSICIAN REP:	Joseph De Bono (JDB), Ashley Nisbet (AN), Paul Foley (PF), Vivienne Ezzat (VE), John Paisey (JP), Ross Hunter (RH)
PHYSIOLOGIST REP:	Claire O’Neil (CON), Holly Daw (HD), Jason Collinson (JD),
OTHER REPS:	Trudie Lobban (TL) - Arrhythmia Alliance Trevor Fernandes (TF) – Patient Rep Francis Murgatroyd (FM) - BHRS Audit Lead/NICOR Dewi Thomas (DT) - Wales Rep Stuart Allen (SA) - BHRS Exam Heather Edwards (HE) - BJCA Nikhil Ahluwalia (NA) - BJCA Simon Holmes (SH) - MHRA
ADMIN:	Steve Sadler (SS), Pauline Heery (PH) - TWeb

1. Apologies for absence

Oliver Singleton, Derek Connelly, Sarah Clarke.

2. AOB Declaration

HRC.

3. Agree minutes of previous Council meeting

Already approved.

4. Matters arising not covered elsewhere

a. *Guidance for Pathologists Document/ICD Patients & Sudden Death Document*

AKBS to draft document.

ACTION: AKBS – to draft guidance document for circulation

b. *Reducing Waste & Packaging in Cath Labs*

Group defined to work on this and SM will begin correspondence. From this a policy will be started regarding waste and packaging for distribution. AKBS to send across the details of a PPE mask recycler for inclusion. SM will begin to collate a list of recyclers.

ACTION: SM/AKBS – SM to take forward. AKBS to forward supplier info.

c. *Device clinic follow up intervals & making our national guidance more specific*

CON has begun to draft. It was suggested that the guidance needs to be there but suitably vague to ensure this can be interpreted locally. Advice to be added where patient communication has been poor between patient and GP in regards to follow-up (in particular with DVLA advice). Guidance also to be added where safeguarding teams should be involved when follow up isn't actioned.

ACTION: CON – to work with relevant council members to draft documentation

d. *Physiologists implanting pacemakers*

HD reported the current major barrier is state registration - which is a difficult task. Other avenues already explored but not possible. It was decided to start dialogue with SCST and BSE to provide a united front in attempting to resolve the issue. HD to make contact and take forward.

JC is aware of an existing presentation written by Emma Reeves (a Professor at Swansea University) who teaches cardiac physiology. JC to contact and ask if we can share and publish on our website to support that physiologists should be on a state register.

AKBS to also contact Simon Ray at the British Cardiovascular Society (BCS) to also gain their support on this matter. AN suggested nurses should be included in document. Council agreed.

**ACTION: HD – to make contact with SCST & BSE and take forward
JC – make contact regarding circulating presentation
AKBS – contact Simon Ray at BCS**

e. *Guidance on prioritisation of elective device an EP procedures*

JP reported a request has been received from a consultant member who has been frustrated with the lack of guidance with allocating P statuses.

JP to draft guidance for circulation to council with a view to circulating in the next couple of days. Comments will be required middle of next week to ensure guidance is out to members ASAP.

For inclusion and to note: a) patients who are offered a procedure and choose to delay is not relevant to this guidance b) patients who are no longer suitable should also be dealt separately.

Decided guidance should be (at least) P3 for all patients who remain appropriate for a procedure. Patients who have been on waiting list for 12 months should be automatically classified as P3 so their procedure would take place within 12 weeks. Patients who are very well controlled with or without medication could be classed as P4.

Council said to be clear these are targets considering the exceptional circumstances presently.

ACTION: JP – draft and circulate guidance to council ASAP

5. President's Report

a. BCS - mentor request June meeting

AKBS reported a letter has been received from BCS asking for volunteers for mentors for the BCS Conference 2021. Correspondence to be sent to all members asking them to contact the programme committee directly.

ACTION: AKBS/TWeb – to communicate to BHRS members

b. Professional Liaison Group Feedback

This is the NICCOR Liaison Group between NICCOR and the professional societies. Includes the audit leads from all groups. Ross Hunter and Mark Dayer from Taunton are now deputies and are part of succession planning from FM. It was reported that Scottish data will no longer be submitted to NICOR as the relevant bodies wish to collect their own data. A patient rep is currently working hard to get this back on board. AKBS to put patient rep and TL in touch to help move forward.

ACTION: AKBS/TL – put in touch with relevant patient

c. EHRA

AKBS is currently liaising regarding a bulk discount. This discount will be between 10% (under 50 names) to 15% (over 50 names). It was decided to communicate this to our members to ascertain whether they are EHRA members and whether they wish to take advantage of the discount. AKBS to touch base with ER and TWeb to move forward.

ACTION: AKBS/ER/TWeb – establish EHRA members within membership

d. National speciality advisor for physiological measurement

They have written to BHRS to see how we might assist in terms of identifying priorities in terms of training and education. The deadline for response is 12th June. HD and PF volunteered to co-ordinate and lead.

ACTION: HD/PF – to lead

e. Leadless pacing - request from Paul Roberts

Paul Roberts wishes to write a UK consensus document on leadless pacing along with other implanters and requires BHRS support. AKBS to respond that we will assist favourably and PF is happy to take a lead on this.

ACTION: AKBS/PF – to take forward.

f. MHRA

SH was concerned about the lack of knowledge with recent changes in field safety notices and processes i.e. that medical device alerts are no longer being issued. The BHRS website has been updated but it was stressed this needs to be put out to members as 'important' news on a newsletter, social media, homepage etc. SH to put together accompanying wording and provide to TWeb.

ACTION: SH/TWeb/JC – promote change to members

g. HRC

Concern was raised over the lack of BHRS involvement. TL supports BHRS involvement. AKBS to suggest how we can move this forward to be a more collaborative relationship. To be discussed at closed session.

6. Current External Groups with BHRS Representation

a. Cardiac Arrest Group

PF reported there has been a number of meetings but nothing major to report.

b. Radiotherapy and CIED group

AKBS has attended. They are keen for a physiologist to attend. CON has possibly agreed. AKBS to check with CON.

ACTION: AKBS/CON – check whether happy to take forward

c. MRI & CIED Group

CON and AKBS have attended meetings.

d. Resuscitation UK Council

JDB reported there are new ALS guidelines coming out soon and will feedback more when available.

e. Cardiac Arrest in Cath lab

JDB reported that BCS are making progress in producing formal guidelines for cardiac arrest in the cath lab. Hoping to be publicised end of summer.

f. BCS WG Pregnancy and Radiation Protection in Cath Lab

AN reported they have met a couple of times. Currently formulating a document with guidelines and FAQs for trainees considering pregnancy or are pregnant. This will also address HR concerns. When ready this will form part of BJCA handbook.

7. Treasurer's Report

a. Overview

SM reported a healthy surplus. It has been pointed out we need a reserves policy to ensure no council member will be financially liable in case the charity ever winds up. Draft policy approved at £45k. SM to source an ethical ISA for the reserve.

TL pointed out risk insurance should also be taken out for this reason. SM to check and action.

ACTION: SM – formalise reserves policy and organise relevant insurance

b. Spending of Funds

SM stressed we need to formulate a plan which includes short and long term spending to benefit the BHRS membership community.

Council would like to offer sponsorships moving forward for BHRS members (e.g. for the BHRS exam, relevant events etc). It was decided to only offer sponsorship to long term members i.e. plus 2 years.

Council decided to also look at developing a BHRS App which would include access to online books and legacy education etc. JC to talk to TWeb. Also look at talking to FM to potentially add or distribute his book as part of a BHRS funded project.

ACTION: JC/TWeb – to look into costs and feedback

All of council to forward any additional ideas.

ACTION: ALL – spending plan ideas

8. Training Update

a. Curriculum

JP reported the curriculum rewrite is at an advanced stage. Extraction will be put forward as a credential. AN pointed out ST3 to ST5s need to aware they will be expected to transfer to the new curriculum next year so they need to be trying to do general medicine in the current year.

b. BCS 2021

JP reported we are supporting symbiotic training (although this section has now been postponed due to the degree of face to face training needed), trainees' day and arrhythmia updates for consultants at BCS this year.

9. Remote Monitoring Project

The survey has been compiled into an online questionnaire and will be distributed tomorrow. This will be sent out to members and advertised via social media. TL offered to advertise through AA.

ACTION: ER/TL/TWeb – send details to TL to circulate

10. Nursing Update

AH raised concern over potential 'out of date' documents. JC believed it was the author's responsibility to ensure documents are up to date. JC to check and ensure there is a statement listing a date of upload and the author responsibility.

ER offered to review website with dates and authors. Admin team to then chase accordingly. JC to attempt to dig out resources list first.

ACTION: JC/ER/TWeb – JC to check resource and then ER and TWeb to take forward

Regarding the discussion earlier on physiologist led-implants AH informed council there is one nurse performing pacemaker implants in the UK and one physiologist performing box changes. Council agreed nurses should be included in any relevant documents created.

11. Exam Update

a. General exam update

SA reported an exam review database has been built so the exam can be reviewed and commented on virtually by the exam committee. This will be continually reviewed and improved. Exams for May 2021 are now set and submitted – which is the first time we've had a May exam. SA reported the new logbook submission procedure has been implemented and activated. SA looking to set up a webinar in June to review the exam syllabus which will include categorising. Also looking at an exam review in September if diaries suit.

b. Webinars

SA reported some volunteers have been in touch. Hoping to action and organise something soon.

12. Admin Update

Admin team have been heavily concentrating on the exam review database. 141 tickets have been dealt with. 8 newsletters have been sent out.

13. Website Update

Main updates to website include:

- Published 3 x ECG/EGM Challenges
- Advertised the BHF CRC Research Development Fund
- Launched new logbook submission
- BHRS Covid Census

Website visits are steady and the site now has a global reach.

14. NICOR/Audit Report

FM reported they now have final data extracts for 19/20 report. The published report should be ready later in the year. 20/21 report will reflect the covid-era.

Changes to NICOR reports the loss of Scottish data as they will no longer be submitting. FM working with DC to try and align data sets for the time being.

FM reported that they are now fully migrated to the new IT platform QH5. One of the biggest issue is data quality. There is an option to physically type in the data and FM to take this offline with council and gain thoughts.

ACTION: FM – gain thoughts from council regarding data input

Ross Hunter and Mark Dayer are currently joining FM and hopefully over the next year or two will succeed him.

15. Research

RH reported that PL is leading a trial for AF Ablation and heart failure with BHF with positive feedback. Another big national trail is being planned for ICDs in DCM patients with BHF. Results are favourable and awaiting final decisions.

There is a BHRS multi-centre trial group where submissions are taking place. There is also a BCS Collaborative Research Council who are setting up bridges to encourage collaboration between working groups.

16. Trainee Update

HA reported this will be her and NA's last meeting and will inform us of their replacements when elected. Both were thanked for their valuable input.

17. Secretaries Report

a. Membership overview

ER reported 19 new members since last meeting which totals 1345.

b. Office terms & elections

Elections are nearing and ER reported that JDB and herself are coming up end of first term. There is an opportunity for reapplication when advertising for a Physiologist and Physician.

c. Centre contact database

ER reported we are currently considering a national database of Rhythm Management Centres so we are able to contact all centres when needed. ER reported the current remote monitoring survey is going out to all members which includes collating contact details and permission to store their data which will help with data for future BHRS questionnaires.

18. AOB

None declared.

19. Date of next meeting

AKBS to confirm date for next meeting (pencilled for 29th June).

ACTION: AKBS – confirm date and time for next meeting

CLOSED SESSION FOR ELECTED COUNCIL - HRC

Concern has been raised over the erosion of BHRS input at HRC over the last few years. Council felt to continue a collaborative partnership that equal prominence and involvement should be regained. AKBS to form a checklist of items to put forward to HRC to move the relationship forwards positively and collaboratively. AKBS to organise a meeting to discuss this with TL and possibly John Camm and/or Nick Linker.

ACTION: AKBS – create list and organise meeting