

MINUTES

BHRS Council – Thursday 15th July 2021 @ 10:00

Held via Zoom

PRESIDENT:	Alistair Slade (AKBS)
TREASURER:	Steve Murray (SM)
NURSE REP:	Sarah Clark
PHYSICIAN REP:	Joseph De Bono (JDB), Ashley Nisbet (AN), Paul Foley (PF), John Paisey (JP),
PHYSIOLOGIST REP:	Holly Daw (HD), Ian Wright (IW)
OTHER REPS:	Francis Murgatroyd (FM) - BHRS Audit Lead/NICOR Stuart Allen (SA) - BHRS Exam Simon Holmes (SH) – MHRA Oliver Singleton (OS) - Physiologist STP Trainee Derek Connelly (DC) – Scottish Representative David Farwell (DF) – Exam Medical Director
ADMIN:	Steve Sadler (SS) – Admin Team Pauline Heery (PH) – Admin Team

1. Apologies for absence

Angela Hall, Catherine Laventure, Jason Collinson, Claire O’Neil, Trevor Fernandes, Vivienne Ezzat, Pier Lambiase, Ross Hunter, Eleri Roberts, Trudie Lobban

2. AOB Declaration

a. UK Congenital EP Group

See AOB section.

3. Agree minutes of previous Council meeting

Already completed.

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ACTION: AKBS – to draft guidance document for circulation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

SM reported he now has list of volunteers and is hoping to take this group forward in September with the aim to develop a handbook. SM to agree group and contact Boston.

ACTION: SM – finalise group and contact Boston

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

CON emailed in to report slow progress and has requested if any council members have follow up guidelines for their own clinics that they would share these with her. AKBS suggested a larger group to assist the progress especially since the recent covid census shows significant change in practice. PF offered to assist and will contact CON.

ACTION: ALL/PF – make contact with CON

d. Physiologists implanting pacemakers

AKBS emailed Simon Ray and will continue to highlight problems to the new BCS President.

e. Guidance on prioritisation of elective device and EP procedures

JP reported this is now complete and ready to be publicised. JP to format the final wording for a dedicated email to members and publication on the website.

ACTION: JP/TWeb – forward brief and wording to TWeb

Guidance on procedures which may longer be appropriate given length of waiting time e.g. persistent atrial fibrillation ablation, to go out as a separate communication.

f. BHRS standards for congenital ablation and devices

Already discussed in AOB.

g. BHRS domain & e-mail addresses

There was discussion around potentially moving to .org which is more fitting. bhrs.org it not available but britishheartrhythmsociety.org is and has been purchased and now redirects to the main site. Specific BHRS email addresses have also been created for President, Secretary and Treasurer roles.

5. President's Report

a. EHRA summit

AKBS reported there was a virtual EHRA summit in June where covid experiences were presented.

b. BCS request: Device MDT Working Party

AKBS has received a request from Simon for BHRS reps to attend. The group has developed documents regarding surgical revaluation and associate valve conditions and are keen to develop these. BHRS reps to be: AKBS, HD, DC, JP. AKBS to communicate.

ACTION: AKBS – communicate the BHRS reps

c. A05 Cardiac Services Clinical Reference Group - NHS England Spec Comm

AKBS has been asked to sit on the group as an affiliate and will report back as and when.

d. Revised guidance CIED

AKBS has received revised guidance for CIED and surgery. AKBS to circulate to council for feedback and then place on website.

ACTION: AKBS – circulate guidance

6. Current External Groups with BHRS Representation

a. Cardiac Arrest Group

PF to circulate as and when relevant.

b. Radiotherapy and CIED group

AKBS reported a document is being composed presently and will circulate when available.

c. MRI & CIED Group (CON/AKBS)

AKBS reported a document was received yesterday and he will forward to council presently for comments.

ACTION: AKBS – circulate to council for comments (done)

d. Cardiac Arrest in Cath lab (JdB)

JdB reported the provisional guidelines are in the final stages and will circulate for consultation to all BHRS members when ready.

ACTION: JdB – circulate document when ready

e. BCS WG Pregnancy and Cardiology

AN reported the group are currently finalising the FAQs. This will then be circulated via BCS, the BJCA handbook and the BHRS website.

7. CRT Optimisation Guidance

In ER's absence IW reported there is no consensus on optimisation of methods to use. Given the lack of available evidence it is difficult to recommend guidance, and to instead, emphasise a holistic approach to heart failure notice using an education document (rather than guidance). It was noted that BSH will need to be involved. AKBS to discuss outside of meeting with ER.

ACTION: **AKBS/ER - discuss**

8. Education Committee

Council were keen to develop their own education committee. AKBS and ER to draft up a suggested composition of the group. JP has offered to contact the large companies e.g. Medtronic, Boston etc regarding support and to return with a feasible plan. AKBS reported he had a call scheduled with Medtronic and will invite JP.

ACTION: **AKBS/ER – draft composition**
AKBS – invite JP to Medtronic call

9. Treasurer’s Report

a. Overview

SM reported a healthy surplus. Annual report has been circulated. SM has a quote for insurance which he will action.

b. Spending of Funds

BHRS App: SS to research and gain quotes of gaining a partnership/licence with established apps, such as I-Pacemaker that we could offer to our members as part of their membership fee. TWeb was asked to establish what apps were most popular with BHRS members.

ACTION: **TWeb/SS – research apps with potential partners and members**

There is also potential to digitise FM’s book for BHRS members as part of their fee.

10. Training Update

a. Curriculum

AN reported this went out for consultation recently.

b. BCS 2021

Discussion is ongoing between JP and BCS.

11. Remote Monitoring Project

ER circulated results of the recent Remote Monitoring Survey to council prior to meeting. Results were interesting and showed a lot of centres are struggling with similar issues. The main issue being the lack of obtaining funding support moving forward to maintain a home monitoring service. Another issue picked up was the difficulty of using remote monitoring in carehomes where it would be incredibly beneficial and would avoid transporting frail patients. This is generally down to lack of support from care home staff. BHRS to create guidance to cover carehomes where staff should be assisting with remote monitoring as their ‘duty of care’. Guidance to also cover generally how many face to face checks are needed.

Due to the level of interest it was decided the report should be published in the following ways which would include a position statement of how BHRS would support and expect services to be moving forward.

- Abstract at HRC
- Scientific Letter to Heart
- Publish to BHRS Members with a 'members only' comments section
- Gain academic interest

ACTION: **SA – attempt to add to list at the HR abstract session**
 SM – scientific letter
 TWeb/ER – work together how to publish
 SA – think about potential academics to take this forward

JC/PF and IW to add an appendix section to the current follow up guidance to cover remote monitoring.

ACTION: **JC/PF/IW – compose appendix on remote monitoring to current follow-up guidance**

12. Nursing Update

No updates.

13. Exam Update

a. General exam update

SA reported the first ever May exam was held this year to achieve the move to two exams per year. There was some feedback that some images were blurry when zoomed in on. TWeb are currently going through the library to highlight poor images and sharpen/improve those that they can.

An Exam Syllabus meeting was held in June which covered items to be added/removed, the structure and confirmed the accreditation length of the exam will be changed from next year to 5 years to be in line with other bodies. SA would also like to use reaccreditation tools via the new education committee as an alternative to resitting the exam.

b. Webinars

SA reported slow progress but there are currently two webinars being planned which include: Oxford and Manchester heart failure CRT in November.

14. Admin Update

145 tickets dealt with, 8 newsletter sent out. The team have also been busy with exam administration, logbooks, the remote monitoring survey and launching nominations for elections.

15. Website Update

Not discussed.

16. NICOR/Audit Report

FM reported the latest report has been submitted to HQIP. Comments have been incorporated and resubmitted. This is likely to be published in October. Key findings show that ablation and devices numbers are static in England and Wales. Operator numbers are also now part of the report.

FM is looking for assistance with the NICOR CRM webpage, looking at data and designing reporting tools. Volunteers contact FM directly.

ACTION: FM/ALL – volunteer directly to FM

DC reported Scotland have appointed a public health coordinator and was hoping to implement a data set moving forward.

17. Research

In Pier's absence AKBS has received the following update via email: CRAFT HF trial of AF ablation very positively reviewed by BHF - they want more centres to insure recruitment. Resubmission in September. They want echo and ECG follow up as well for the definitive study. Zac Whinnet trial of bundle pacing approved but awaiting final decision if they will actually fund. PL will organise a national online MCTG meeting in September for groups to update to present new studies.

18. Trainee Update

OS offered assistance with the education committee and the app.

19. Secretaries Report

a. Membership overview

Membership figures continue to increase steadily.

b. Office terms & elections

Nomination form is now live and voting will commence 6th August.

20. AOB

a) UK Congenital EP Group

AN reported this group had been set up for those with an interest in EP and congenital heart disease to come together to share experience and knowledge and bring cases together for a larger data set for research purposes. This group has met twice (pre-Covid) and it was suggested this group be formalised and recognised with BHRS. The group was welcomed to use BHRS for an outlet for guidelines and procedures. FM offered his assistance in aligning NICOR paediatric congenital data sets alongside the adult data sets.

b) Scientific Equivalence Process

SM reported this process is causing great personal expense to staff members. HD suggested BHRS draft guidance of what is expected of trusts in regards to financial and professional support.

21. Date of next meeting

AKBS to circulate a list of dates.