

MINUTES

BHRS Council – Wednesday 6th October 2021 @ 10:00

Held via Zoom

PRESIDENT:	Alistair Slade (AKBS)
TREASURER:	Steve Murray (SM)
SECRETARY:	Eleri Roberts (ER)
NURSE REP:	Angela Hall (AH), Catherine Laventure (CL)
PHYSICIAN REP:	Joseph De Bono (JDB), Ashley Nisbet (AN), Paul Foley (PF), John Paisey (JP), Ross Hunter (RH), Vivienne Ezzat (VE)
PHYSIOLOGIST REP:	Holly Daw (HD), Ian Wright (IW), Claire O’Neil (CON) Cristiana Monterio (CM),
OTHER REPS:	Simon Holmes (SH) – MHRA Derek Connelly (DC) – Scottish Representative Nikhil Ahluwalia (NA) – BJCA rep Trudie Lobban (TL) – Arrhythmia Alliance
ADMIN:	Pauline Heery (PH) – Admin Team Hugo Finlay (HF) – Admin Team

1. Apologies for absence

Francis Murgatroyd, Steve Sadler, Sarah Clarke, Oliver Singleton, Stuart Allen, Jason Collinson.

2. AOB Declaration

- a. **Surgeon Guidelines Survey**
- b. **GIRFT Report**

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**

Completed. Remove from agenda.

ACTION: TWeb – remove from agenda

b. Reducing Waste & Packaging in Cath Labs

SM listed the current volunteers to work on this and aims and objectives:

- **Council:** Catherine Laventure, Heather Edwards, Francis Murgatroyd, Joe De Bono, Eleri Roberts, Steve Murray
- **Industry:** James Williams, Abbot; Nicola Downing Boston Sci.
- **Recycling Industry:** Howard Levy, Westminster Refinery; Mary Houser, EP-Rewards
- **Trust champions:** Roz Davies, Truro; Laura Middlemas, Newcastle

Aims & Objectives:

- Meet before end Nov 2021
- Produce a manual of 'tips and tricks' to get started end of Dec 2021
- Listen to blocks in individual Trusts and aim to link up 'Champions' to help overcome inertia – by end of March 2022
- Produce a lobby to Industry, and allow feedback to customers

DC to come on board to committee. It was noted that home monitoring boxes were particularly heavy on packaging (especially Boston). SM to send email to Nick Downing to investigate.

**ACTION: SM – Investigate packaging on home monitoring boxes
SM – add DC to correspondence**

SM reported that infection control can recycle catheter tips and will provide pots and payment.

ACTION: SM – to add home monitoring boxes to list of research and action aims

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

CON has reported still struggling but hoping to make progress for next meeting. PF offered to assist.

ACTION: CON/PF – national guidance

d. Physiologists implanting pacemakers (HD/AKBS)

HD reported this remained ongoing.

e. BHRS standards for congenital ablation and devices (JDB, VE, AN, SM)

A document has been formulated. VE to check with JDB on progress.

ACTION: JDB/VE – report back on progress

f. Education sessions (PF)

£700k funding available to spend on education of physiologists, registrars and doctors. Ideas to be proposed to relevant committee at Health of Education England.

ACTION: ALL – proposals, if wish, to be sent to Health of Education England.

g. Apprentices (PF)

Health of Education England currently taking on 1 to 2 apprentices and will be training them for the duration.

5. President's Report

a. Device MDT Working Party

Simon Ray produced a series of MDT guidance which has now been published on the BCS website. Keen to extend work to look at interface between heart failure and device doctors to produce another MDT document. JP and AKBS on group. Meeting planned next month or two.

ACTION: TWeb – add MDT to the working group section of the agenda

b. Communication from Stuart Harris - electric vehicles

Email received asking if BHRS had a statement on electric vehicles. No known impact was known in the group. AKBS to do some final researching and produce a BHRS statement to indicate there is no issue if this remains the opinion.

ACTION: AKBS – research and issue statement

c. BHRS & Radcliffe

A document was circulated of an arrangement drew up previously. Council fed back it would be good to build on but to see items double badged with BHRS branding and once branded ask to feed us information they would like us to circulate.

ACTION: AKBS – approach Radcliffe regarding branding & items we can circulate

d. BJCA rep selection process

Yet to hear regarding replacement BJCA reps for BHRS Council. AKBS to chase.

ACTION: AKBS – contact BJCA regarding rep for BHRS

6. Current External Groups with BHRS Representation

a. Cardiac Arrest Group (PF)

No update.

b. Radiotherapy and CIED group (AKBS)

Currently composing guidance on radiotherapy.

c. MRI & CIED Group (CON/AKBS)

A final document is expected soon.

d. Cardiac Arrest in Cath lab (JDB) out for consultation

JDB confirmed the document has been out for consultation and there is a meeting tomorrow to finalise responses. These will be NICE accredited. It is hoped the guidance will be circulated prior to Christmas.

e. BCS WG Pregnancy and Cardiology (AN)

Completed and on BCS/BHRS website. Remove from agenda.

**ACTION: AN – flag to BJCA that this may be beneficial to be part of the trainee handbook
TWeb – remove from agenda**

f. CPCS Group (ER)

Physiologist and Scientists BCS group that was formed a couple of years ago. ER confirmed met a couple of weeks ago. Objects are to use BCS for elements of wider training and courses outside of higher education e.g. clinical examinations, how to speak to a patient etc. We are to expect a request for another BHRS physiologist to join in addition to ER. Due to council workload it was suggested this go to the wider BHRS member audience for applicants. ER to chase BCS and action circulating details wider and encourage those not elected to council, who applied, to be particularly encouraged.

ACTION: ER - chase BCS and ask BHRS members for interest

7. CRT Optimisation Guidance

This has stemmed from a member query regarding the lack of CRT optimisation guidance. ER reported this has also become apparent from HRC. There is a distinct lack of evidence available but AKBS and ER will discuss attempting to pull together something. This should be done in consultation with the British Society for Heart Failure. It was decided it would be helpful to reference the document on heart failure in CRT patients but make clear there is no data on programming.

ACTION: AKBS/ER – touch base with Heart Failure Society and continue offline

8. Education & Exam Committee Terms of Reference

A terms of reference document has been circulated for a new Education Committee and current Exam Committee. Comments were that members should not be on both education and exam committees but should communicate. The venue should not be necessarily be specific to York for exam planning meetings. Concern was raised over the rule that images provided for the exam questions were not to be used for personal educational use. It was decided to change to 'copying questions not to be used for personal educational use'.

ACTION: ER – amend document

It was decided recruitment for the education committee should be outside of council but overseen by at least one member of BHRS council. This will be done via 'expressions of interest' which would be vetted by council. It should consist of Physicians, Physiologists, Arrhythmia Nurses and a Cardiology Trainee, and Events Co-ordinator. HF offered to compose a formal process for the nomination committee. Nomination committee volunteers to vet were JDB, HD, RH, AH, AN.

**ACTION: HF – compose process for committee
ER – draft job specification and begin expressions of interest**

SA to be asked whether historical questions can be placed online for an educational online library (with a disclaimer with the data of the question and 'correct at time').

British Heart Rhythm Society

ACTION: ER – to feedback to SA

9. Updated Guidance for CIED patients around time of surgery

This guidance has been developed by Honey Thomas, Andy Turley and Chris Plumber and was circulated last week. Several comments have been received. PF offered to complete a formal review outside of meeting which will be brought back to the next council meeting for sign off before placement on website.

ACTION: PF – undertake formal review of document

10. Treasurer's Report

SM reported a very generous and unexpected donation for BHRS that was received last month from the Roger Duncan Francis Trust of £111,85.86. This amount has rocketed funds to a balance of £245,964.25.

Future Spending Discussion:

- Appointment of events manager subject to council ratification
- Development of BHRS app with ability to add functions such as lead/device databases, polling of members, alerts, etc. Integration with educational pages of website and guidelines
- Make out of print texts available online
- Research and publication purposes
- Support individual members (small bursaries for funding, research, courses, doctorates) – BHRS scholarship
- Peer Review System

AKBS to contact FM regarding publication of his book for members.

ACTION: AKBS – contact FM regarding publication quote
AKBS – to check minutes regarding previous discussion on Peer Review System
ALL – any other ideas of spending to be emailed to treasurer@bhers.com

CM reported that Matt Swift had recently developed an App and that we need to be clear about what we want on the App before gaining final costs. JC and SS to touch base with Matt for advice. Check any ongoing costs associated with an App when go out to tender.

ACTION: JC/SS – contact Matt Swift and ensure aware of ongoing costs
SS – firm up App quote

11. Training Update

a. Curriculum

No update. Still running through process.

b. BCS 2022

Approached by Andre Ng about contribution to sessions and trainees day. Some concern was raised regarding the organisation this year and BHRS would require assurance that this would become better next year so deadlines were not so tight.

ACTION: JP – to contact BCS to gain assurance

Ask BCS for a BHRS council member to sit on their committee to join meetings and be privy to the programme for BCS.

ACTION: AKBS – contact Andre Ng

12. Remote Monitoring Project

Survey completed and presented at HRC. ER is currently working on publishing on website. Council would also like to see a poster prepared with results for BCS and EHRA.

ACTION: ER/TWeb – publicise on website & prepare poster

It was suggested to look at BHRS follow up guidance – which would include remote monitoring standards. Include levels and training needed to complete remote monitoring. ER/IW/PF/CM to work on. Revised document to be drafted in preparation for December council meeting and be finalised and approved at February council.

ACTION: ER/IW/PF/CM – review follow up guidance

13. Nursing Update

AH has circulated a survey to know how ways of working have changed (the advantages/disadvantages) and how they can be supported. Results are currently being put together.

Nurse reps are working towards creating webinars and are currently coming up with topics to deliver themselves.

AH pointed out a number of documents did need reviewing on the website.

14. Exam Update

85 candidates currently registered for the October examination. SA currently restructuring the syllabus for next year. Accreditation length will change to 5 years (previously 10) from 2022. This should be communicated upon new registration opening.

There is a Covid webinar next week. Registrations are currently at 141. The aim is to create a webinar every 2 to 3 months.

15. Admin Update

95 tickets have been dealt with since the last meeting. 13 newsletters have been sent out. The team distributed a survey regarding the App to BHRS members. Results have been sent to JC and SS. TWeb asked for assistance and recommendations of what to post and share on social media.

ACTION: ALL – please make TWeb aware of any social media or news that should be shared

16. Website Update

One ECG/EGM challenge has been added to the website. JC has had a sudden influx of challenges and has asked for volunteers to help vet them. SM and CON offered to help. JC to forward on relevant documents.

ACTION: JC/SM/CON – send to volunteers for review

17. NICOR/Audit Report

It was reported that NICOR now publishes data within 3 months.

Scottish government changes means data from Scotland is no longer collected but FM and DC are working together and trying to collect data independently.

FM is currently looking for a successor for the registry and audit work and it is hoped RH and Mark Dayer will succeed him.

18. Research

MCTG (multi-centre trial group) Meeting 1/10/21 - a very busy BHRS Multicentre Trial Group Meeting online with 35 attendees. The following studies were presented and discussed at initial and advanced stages of development:

- PROTECT HF – Dr Zach Whinnett and Dr Daniel Keene; Physiological pacing vs Standard RV pacing ; Awaiting final decision BHF in Dec (30 UK sites and ic.3 international centres)
- CRAVE-SR – Dr Moley: Ranolazine vs Amiodarone/Ranolazine vs Amiodarone for Cardio Version of AF
- MINERVA and beyond – Prof G. Andre Ng : Ongoing studies to use Exercise ECG in EF> 35% pts: Assessing options and sample size calculations. Awaiting report of MINERVA trial which has completed now.
- RECOVERY-AF – Dr John Paisey: A framework for AF outcomes research and adaptive designs trials-Proposal
- FIND-AF – Dr Ramesh Nadarajah- Ix of silent AF in primary care: Applying to BHF for funding
- CRAAFT HF– Prof Pier Lambiase: Awaiting final HFF decision in DEc: 32 sites and Denmark, Sweden, Australia international sites
- RABLAP AF - Prof Dhiraj Gupta; Posterior wall isolation funded by Biosence-advanced stage - Ready to recruit
- Alcohol with ice – Prof Ross Hunter-Proposal to develop
- HCM PAF: Prof Ross Hunter-Proposal to develop
- HCM persistent AF: Prof Ross Hunter-Proposal to develop
- Shockless: Dr Muzahir Tayebjee; Minimise use of ATP in ICD recipients-needs review given APPRAIS EATP trial completed international recruitment

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Prioritisation for support of these proposals to BHF will be undertaken by the BHRS MCTG Research Board.

Ongoing work with BHF CRC: Meta-analysis funding opportunities and support for initial trial development with CTUs nationally.

Series of Research lectures for fellows, physiologists, nurses and investigators posted on BHRS website led by Nikhil Ahluwalia.

19. Trainee Update

Cardiology training Covid-19 recovery plan circulated. This is best practice of how trainees can try and recoup time during training and is already supported by BCS. BHRS confirmed they endorse document.

BJCA are hoping to produce a series of webinars which includes 3 debates over 90 minutes. BHRS fully endorse this and NA asked to approach preferred individuals on topics/specialities. BHRS also wanted to congratulate the BJCA on the high quality platform it has developed.

ACTION: NA – approach individuals on preferred topics

20. Secretaries Report

a. Membership overview

Total Members (as of 30.09.21): 1,425 with a breakdown of: CON/PHYS/IND: 1,065 and NURSES/TRAINEES: 360

b. Office terms & elections

- Welcome to: Cristiana Monteiro (Physiologist Rep)
- Welcome back: Eleri Roberts (Physiologist Rep & Treasurer), Joseph de Bono (Physician Rep)

c. Constitution

ER reported that the constitution changes had been agreed at the AGM and have been uploaded to the website.

21. AOB

a) Surgeon Guidelines Survey

RH has been asked if a survey regarding guidelines for surgeons about AF ablation can be circulated to our BHRS members. No objections.

ACTION: RH/TWeb – forward out to members

b) GIRFT Cardiology Report

This report is now out and will shape cardiology over the last 5 years. Some general and specific concerns have been raised which include the following:

- Concern over lack of secondary care input (more tertiary care).

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- Document seems to be very similar to a past BCS report from 2016.
- Concern over the comment that 'All NHS Cardiologists participant in 'on call' rotas. There was concern this may be discriminatory against caregivers/parents and this should be changed to 'out of hours'.
- Concern over virtual being the 'default' option.
- It is felt the initial consultation should be face to face at least and a choice moving forward if felt beneficial for the patient (i.e. to gain history in confidence).
- EP statement "all patients with AF should be seen in hospital by a specialist nurse" should be changed to say 'all new patients' or 'seen by a specialist' otherwise nurse capacity will be overwhelmed.
- Concern also raised that that the authors are both from specialist backgrounds and the limited amount of open consultation.

After lengthy discussion it was decided that although BHRS support the document there are concerns that need to be addressed. It was decided to gain wider feedback from our members using our forum encouraging members to read the document and feedback any thoughts, questions or concerns before contacting authors with an open letter to relevant people outlining suggestions for change.

ACTION: TWeb/JDB – work together to create forum of feedback

22. Date of next meeting

Thursday 2nd December at 10am.