

HR-UK

Heart Rhythm UK



NEWS

Autumn 2007

President's letter

From strength to strength....

We do not have to look far back in our organisation's history to be struck by the dramatic changes that have come about over the past three years. The British Pacing and Electrophysiology Group held a one-day annual scientific meeting each year, usually at the Royal College of Physicians in London, and usually attracting between 100 and 150 delegates. The BPEG course took place in Cambridge each autumn for nearly a decade, attracting 50-70 delegates and staffed by a similar number of speakers.

Then the changes began. The Heart Rhythm UK Intervention group (formerly UKICES) ran a highly successful two-day conference in September 2005, and a decision was made to pool the resources of Arrhythmia Alliance who agreed to organise and facilitate a joint meeting with Heart Rhythm UK and other professional organisations to run a national Heart Rhythm Congress each year. We were truly astounded when the 2006 Congress attracted over 800 delegates over the course of three days last September, but we were secretly concerned that this might be a flash in the pan, and that the numbers might dwindle in 2007. I am therefore delighted to report that to date over 1200 delegates and rising have already registered to attend our second Heart Rhythm Congress later this month – and more are registering every day.

Details of the programme for the congress can be found in this newsletter and on the congress website (<http://www.heartrhythm.org.uk/>). The programme has been developed by several industrious and dedicated individuals, but I would particularly like to highlight the contributions made by Nick Linker, who has worked closely with Steve Furniss, Trudie Lobban, Jayne Mudd and others to produce a superb programme of events, lectures and live cases over the three days of the congress. If you have not already registered I do hope that you will do so, and I look forward to seeing many of our members at the event.

Annual General Meeting

The AGM of Heart Rhythm UK will take place during the congress, at lunchtime on Tuesday 30th October. I encourage members of HRUK to attend and to show an interest in the affairs of the organisation and contribute to discussion on our future.

The constitution of our organisation was changed radically three years ago. Constitutional change should not be undertaken lightly, but an organisation has to evolve, and when we work in a rapidly-changing environment our organisation should reflect the changing needs, wishes and aspirations of its members. Hence there will be some discussion at the AGM on whether further

constitutional change should be undertaken over the next year, and all members are invited to participate in the discussion. At this stage, I have two suggestions:

- Our constitution states that, in order to make a change in the constitution, “Notice of the suggested change must be sent ... before 1st January to the Secretary”. Since our AGM now routinely takes place in the autumn, this means that there is a delay of around ten months before a proposed change can be put to a vote. We should consider reducing this delay in future.
- Membership of council should reflect the membership of the society, and should also reflect any proposed expansion in the membership. At present we only have one nurse on council, and we should consider expanding this to two posts. I believe also that our society should continue to forge closer links with basic scientists who study heart rhythm disorders, and to that effect I suggest that we invite scientists to become Ordinary members of the society, and perhaps have a council position for this group. I hope that this stimulates some discussion and I look forward to hearing your views on these issues.

British Cardiovascular Society

The BCS Annual Scientific Sessions took place in Glasgow in June 2007. Thanks to all our members who attended, and to those who contributed by speaking at our sessions, chairing sessions, presenting original research and contributing to the scientific process.

Discussions are already under way to put together a programme for next year’s BCS conference in Manchester in June 2008. HRUK has suggested several programme sessions and these have been met with approval by the BCS programme committee. Our contributions will include sessions on “Emergency management of arrhythmias”, “Workforce planning in electrophysiology”, “Challenges and complications in interventional electrophysiology” and “Translational research”. Further details will be available later in the year.

Peter Solesbury – R.I.P.

Many of us were shocked and saddened to hear of the sudden and untimely death of Peter Solesbury during the summer. It is once again cruelly ironic that one of the foremost campaigners in the battle against sudden death should fall victim to this condition. Peter worked for the MHRA (Medicines and Healthcare Products Regulatory Agency), formerly the Medical Devices Agency, and was a great friend of our society and a tireless contributor to meetings and educational events. Peter represented all that was good about relationships between industry, professional groups and government regulatory bodies, and will be missed by colleagues across all branches of the healthcare profession and healthcare industry. An obituary by Susanne Ludgate appears elsewhere in this Newsletter.

Databases

Finally, a plea from David Cunningham, who runs the National Pacemaker and ICD database. David and his co-workers (principally his wife Morag) are “aiming for a major offensive against pacemaker registration defaulters” and are particularly keen to achieve as close to 100% registration of device implants as is possible. I hope that your centre is contributing all its data, and that your contact details are up to date. If there has been a change in personnel (particularly if the consultant or physiologist in charge of the pacing /ICD service has changed), please let us know by contacting Azeem Ahmad (hruk@bcs.com) or any council member, or speak to David or Morag at the Congress.

Derek Connelly
President

Heart Rhythm Congress 2007: Time is running out.....

There are only a few weeks remaining to register for the **Heart Rhythm Congress 2007**, so please [click here](#) to complete the online registration form now.

This year's [Heart Rhythm Congress](#) is taking place from 29th to 31st October at the Hilton Birmingham Metropole Hotel. [Click here](#) to view the agenda, and see below for the highlights.

Monday 29th October

...sees sessions from primary care through basic science to cardiac surgery. There will be sessions to interest everybody with the HRUK training course running through the whole meeting and specific sessions aimed at physiologists and primary care.

[HRUK Training Course – Electrophysiology](#)

The HRUK training course is aimed at those wishing to expand their knowledge of arrhythmias and their management with a view to obtaining the HRUK certificate of accreditation. The course follows the syllabus and contains teaching material on the core module and the electrophysiology sub-specialty section. At the end of the day there will be an opportunity to review the syllabus and practise sample questions from the examination.

[Genetics Update](#)

With increasing recognition of inherited conditions predisposing individuals to a risk of sudden cardiac death this is an opportunity to update yourself with expert speakers giving presentations on the most common inherited conditions that cause arrhythmias and an overview of the current state of genetic services in the UK.

[Cardiac Physiologists](#)

A session organised by and for cardiac physiologists looking at current and future trends in training, the role of the cardiac physiologist in the NHS and focussing on the question of the place of the consultant physiologist.

[NOVEL Approaches to the Study of Arrhythmia Mechanisms](#)

A basic science session looking at the arrhythmia mechanisms and the models that can be used to investigate arrhythmias, from single cell models to animal models.

[Arrhythmia Surgery](#)

An exciting session on the current status of surgery in the management of arrhythmias from atrial fibrillation as a concomitant and stand-alone procedure to VT surgery and the role of surgery in congenital heart disease.

[Primary Care Trusts](#)

A day aimed primarily at primary care with involvement of general practitioners, arrhythmia care co-ordinators, patients and others involved in the management of all aspects of arrhythmia care in the community and the interaction between primary, secondary and tertiary care.

[Department of Health](#)

This meeting – Innovation and Excellence in Heart Rhythm Management – is a showcase of new and future technologies which includes sessions on Detection, Diagnosis and Management; Patient Treatment; Excellence in Patient Support and Extending Choice; and National Viewpoints.

Trainee In Arrhythmology Group (TAG) Meeting

Are you a medical trainee in EP/Devices or a recently appointed (<5 years) consultant? Maybe you're thinking of EP as your cardiology speciality? This is NOT just another academic meeting; it is planned for medical trainees by trainees and this 1st meeting will be deliberately semi-social to allow you to meet other trainees from around the country in a relaxed environment and to discuss some of the issues that will shape your future.

Brief agenda details:

Introduction & welcome Steve Furniss

Chairs David Begley
Kim Rajappan

6.35 Perspectives on further training in EP on: going abroad Derick Todd
staying in the UK Richard Schilling

7.15 Principles on starting in Private Practice Thomas Acworth (CEO PHF Services Ltd)

7.45 So what is a job plan then? Mike Cooklin

Business meeting/suggestions

Buffet Reception/Close

Tuesday 30th October

...begins with the inaugural HRC Life-time Achievement Lecture to be given by Professor Richard Sutton. There is a truly international flavour to the day with speakers from USA, Canada and Europe in the AF session, a meet-the-experts session, the Young Investigators award, paediatric electrophysiology and much more, not to mention the Congress dinner in the evening with the presentation of the Arrhythmia Alliance Excellence in Practice Awards and the Young Investigator award.

HRUK Annual General Meeting

The AGM takes place at lunchtime (room and time to be confirmed) and all HRUK members are encouraged to attend and contribute in discussions. For any further updates, please do check the latest agenda, which is available by clicking here <http://www.heartrhythm.org.uk/>

HRUK Training Course – Devices (1)

The second day of the Training Course covers basic pacing and develops into ICDs. There will be basic scientific as well as clinical presentations, again based around the syllabus for the examination. Again the day will round off with a discussion of the examination and logbook plus sample questions.

Heart Improvement Programme

The Heart Improvement Programme has put together an excellent programme, the morning of which is based around sudden cardiac death and risk stratification. The afternoon is devoted to devices with a session looking at inequalities in access to device therapy, followed by the launch of the HIP pacing-teaching DVD.

ECG Interpretation

Late on Tuesday morning is the start of our interactive sessions. This session is on ECG analysis and will encourage audience participation on the interpretation of standard ECGs.

Cases & Traces – MEET THE EXPERTS

This session leads on from the ECG session and is intended as an audience participation session with SpRs, nurses and physiologists bringing and presenting interesting EP cases. The panel of experts will include Professor Fred Morady (Professor of Medicine, University of Michigan).

Arrhythmia Nurses

The arrhythmia nurses session has been put together to cover many aspects of the work and interests of the nurses. The highlight of the session is a keynote address by Win Bell on the development of arrhythmia nursing.

Allied Professionals

Following on from the Arrhythmia Nurses session is a combined Allied Professionals session looking at a number of aspects of arrhythmia management plus a debate on the roles and interactions of the different allied professionals.

AF Ablation

One of the highlights of the meeting is the session on AF ablation. With an international panel of world renowned speakers talking on the latest management and advances in AF ablation this promises to be an exciting and stimulating session.

Young Investigator Award Presentations

Continuing the scientific theme of the day is the young investigators award presentations. The best six submitted abstracts will be presented by their author in front of a panel of distinguished cardiologists and scientists. The winning candidate will be announced at the Congress dinner later in the day.

Paediatric Electrophysiology

Focussing on specific problems in younger patients from fetus to adolescent this session will give an overview of the identification and management of all aspects of arrhythmia care in children.

Wednesday 31st October

...are the live cases and the patient groups. Throughout the day there will be four live ablation cases beamed to the Congress from Southampton with UK and international operators performing cutting edge procedures with the latest technologies! This is also Patients' Day and there are a number of sessions during the day featuring patient organisations.

Live EP Cases

These cases will be hosted by the Heartbeat Education Centre, Southampton. The Centre is equipped with high specification audiovisual facilities that enable simultaneous transmission of multiple "screenshots" and simultaneous cases from up to 7 catheter laboratory/surgical suites with simple and effective mechanisms for audience-operator interaction and audience participation.

A distinguished faculty of operators including Dr Larry Sterns from Victoria, BC, Dr Wyn Davies from St Mary's Hospital and Dr Lucas Boersma, St Antonius Hospital, Amsterdam will perform the cases. Professor Morgan and Dr Roberts and Dr Yue will also participate from the host institution. It is intended to demonstrate the use of a series of technologies currently available for the performance of AF ablation, including some of the latest versions of mapping/ablation systems and robotic catheter steering.

HRUK Training Course – Devices (2)

The final day of the HRUK training course focuses primarily on CRT with some presentations on the more advanced elements of pacing. This will round off the course and should prepare candidates for the examination in December.

STARS

The STARS annual conference will feature lively debates, one of which will be a balloon debate, patient perspectives and presentations of the latest developments, delivered by some of the top professionals in the field.

Patients' Day

An excellent programme focussing on arrhythmia care co-ordinators, patient groups and cardiac rehabilitation in the morning, while in the afternoon, there will be discussions on ICD support groups, counselling issues, international partnerships plus a resuscitation and AED demonstration.

Dr Foster

An informal information session discussing the benefits of the international PaceNet system. Learn one-on-one how PaceNet stores, monitors and analyses cardiac device data and creates a network of member hospitals sharing anonymised information and practice sharing.

SADS UK Conference

SADS UK Conference includes specialists involved in preventing sudden death and working with the bereaved. The multidisciplinary array of speakers include, patient, general practitioner, consultant cardiologists, consultant neurologist, paramedic, nurse, pathologist and coroner. The possible genetic component of these conditions will be discussed, together with new technology for treatment.

Work Practices and Workloads (Consultant Electrophysiologists)

Many thanks to all of you who returned the forms. Unfortunately the number of forms returned was not huge and therefore the data may not be robust but there are some trends.

The median waiting time for:

an elective ICD is 4 weeks (range 1 - 20 weeks)

an elective DDD 6 weeks (2 - 20)

an ablation is 26 weeks

60% were doing AF ablation

An acceptable wait was deemed to be 4 weeks for both a DDD device and an elective primary prevention ICD.

The median no of lab sessions was 4 (range 1 – 8) with a feeling that 4 lab sessions is about the right number to be doing

There was less variation in clinic no with the median being 1 (1 individual was doing 6 including device clinics!)

PA's ranged from 10 -14 with mode of 12 and SPAs of 2.5

The regular on-call varies from 1 in 3 to 1 in 20, and some respondents do no on-call at all.

There is clearly considerable variation in work practices and some may feel disadvantaged in terms of resources or remuneration compared to their peers. Several free text comments were made about the impossibility of meeting targets, be they waiting time targets or just numbers of patients. There is clearly a need for EP services to be grown (and not just consultant electrophysiologist numbers). An increasing numbers of arrhythmia procedures are available, they are established as cost effective and supported by NICE etc. There is a growing awareness of under provision and "postcode prescribing" of services. We should, in this country, be able to provide high quality arrhythmia services for all patients but the growing demand for device and ablation services as well as arrhythmia & falls clinics must force a rethink for all the stakeholders: industry needs to provide more affordable solutions, the workforce planners need to prepare training and plan expansion and government needs to fund these effective and often life transforming therapies. Let's wait and see..

Many thanks once again for your help

Steve Furniss, Interventional EP Representative HRUK

Peter Solesbury

I knew that Peter Solesbury was someone very special but I had not realised quite how special until I went to his funeral. This was held in Bromham Baptist Church, attended by a huge number of people from all walks of his life, personal, church and work. It was a measure of the highest esteem in which Peter was held.

Peter was born in Bedford in 1952, leaving school in 1968, where he had been head boy. The same year he commenced an apprenticeship as radio and telecommunication engineer for the Foreign Office at Hanslope Park, Buckinghamshire. In 1972, he started work as a quality assurance engineer at Texas Instruments. In 1980, he took a career break, returning to quality assurance work in 1982 as a manager at Osbourne and the Pericom. In 1991, Peter joined what was then the Medical Devices Agency (now MHRA) as a senior medical device specialist. During this latter period, he became a much loved friend and colleague, who became known both nationally and internationally for his huge knowledge and expertise particularly in the area of pacemakers and implantable defibrillators. He was also a great supporter of Heart Rhythm UK. He will be remembered in this Agency, however, not just for this expertise but also for the immense care he took of others, particularly his junior staff and the endless patience he exhibited in mentoring new arrivals. He always made time for others in spite of increasing personal workloads. But Peter had another side to him, which was not always appreciated by those who met him outside the Agency – he was a real practical joker and because he started work early in the morning, we often came into work not knowing what we might find!

Peter had another strong influence in his life and that was his Christianity. In 1969, he became a committed Christian and one of twelve original members of the Bedford Evangelical Church. In 1980, he took a career break for two years, carrying out pastoral work and administration for this growing church. He was also a key organiser and contributor at the weekly meetings of a small group of Christians held in MHRA, organising visits from outside speakers such as Morning Star and the London City Mission.

News of Peter's death resulted in a flood of phone calls and e-mails from present and former colleagues, including from industry and healthcare professional groups, expressing their sadness and paying huge tribute, not only to his expertise and professional support but to him as a person and the ways he did business with them. Peter brightened up all our lives and made a difference in so many ways at MHRA. We continue to grieve over his loss and extend our love and sympathy to his wonderful wife, Heather, and two beautiful daughters, Nicola and Rebecca.

Peter and I were both early birds and would frequently meet to discuss different issues first thing in the morning before the real work of the day got started, usually about what his family were up to. I personally shall miss Peter with all his fun, laughter and knowledge, so much. I was left with the feeling at the funeral that I wish I had just known him a little bit better and with the knowledge that I should not have worn mascara to his thanksgiving service.

Susanne Ludgate, MHRA

Drug Induced Arrhythmia Risk Evaluation (DARE) Study

Ventricular arrhythmias due to non-cardiovascular and cardiovascular drugs cause life-threatening events that usually relate to prolongation of cardiac repolarisation, Torsades de Pointes (TdP) or ventricular fibrillation (VF). These events have generated public and medical concern due to their unpredictability and the lack of understanding of their epidemiological and clinical significance.

The Drug-Induced Arrhythmia Risk Evaluation (DARE) Study, is a national collaborative study between St George's Hospital (London) and the Drug Safety Research Unit (DSRU) (Southampton), funded by the British Heart Foundation. The lead researchers are Professors A.J. Camm and S.A. Shakir.

The study's principal aims and components are:

(1) an epidemiological study to systematically document and follow up incident cases in England, comparing them with controls – the relative risk of predisposing clinical factors will be calculated and both epidemiological cohorts will be described and the outcomes compared;

(2) a genetic study to analyse blood samples from cases and controls for mutations and polymorphisms of the cardiac sodium and potassium ion channel genes implicated in the Long QT and Brugada syndromes. We hypothesise that there is a significant association of genotype with drug-induced arrhythmia.

The study relies on recruiting patients (cases) who have had a proarrhythmic event via hospital physicians in England. Inclusion criteria will be at least one of the following, diagnosed as secondary to therapeutic drug administration or drug overdose:

- Documented TdP, VF or non-polymorphic ventricular tachycardia
- Exacerbation of an already existent ventricular arrhythmia
- Severe QT prolongation Either >500ms or 450ms (m)/470ms (f) if good clinical history of syncope or pre-syncope

We would be delighted to provide further details to interested health professionals. An information pack will be provided to all physicians interested in participating in this study and our three regional nurses, Laura Stephenson (Southern Region), Linda Robinson (Midlands region) and Maggie Fearby (Northern region) are keen to visit any interested units in order to make a brief presentation.

The information pack will include 'consent to contact cards' for both the patient and physician to complete and return to the DSRU. If the physician is also able to pass on patient details we will be able to make follow-up contact - a Research Nurse will arrange to visit the patient at home to discuss the study further and obtain consent. A questionnaire will be completed by the Research Nurse, and an ECG & blood sample taken if the patient consents. The patient will also be asked to separately consent to access to their hospital and general practice medical notes.

For further information please phone 02380 408615 or email Pauline Telfer, Study Administrator pauline.telfer@dsru.org, or Dr Vanessa Marshall, Project Manager vanessa.marshall@dsru.org or visit www.dsru.org

Regional nurse contacts: South- Laura Stephenson 01873 860443, Midlands- Linda Robinson 01902 701535, North- Maggie Fearby 01228 562743

HRUK Certificate of Accreditation Exam

This year's HRUK certificate of accreditation examination will take place on 7th December in 4 venues like last year (Glasgow, Belfast, Manchester and London). The examination has continued to be revised since last year although remains in the same format i.e. 50 core questions and 30 specialty questions over 2 hours. There is also a logbook to be completed. Currently there are 4 logbooks available for devices, electrophysiology, clinical/devices and clinical/electrophysiology. Click here for further information:

http://www.hruk.org.uk/html/certificate_of_accreditation.html

Logbooks can be started following registration and need to be completed by the end of December 2008. The popularity of the certificate is increasing and the standard is also improving. The re-designed syllabus is available on-line at the HRUK website. Registration for the certificate is open now and will close Friday 23 November 2007. The fee is £120. Candidates who are re-sitting part of the examination do not have to pay again. Registration is available on-line via the HRUK web-site at: https://www.formdesk.com/ukheartrhythmcongress/HRUK_Exam_registration

A recommended reading list also available at:

<http://www.hruk.org.uk/docs/HRUK%20Exam%20reading%20list.doc>

There is a continuing increase in the number of candidates completing the examination and logbook and this year we will be awarding 31 certificates.

The following successful candidates have recently received their certificates and had their logbooks returned:

Alayna Alberts	Daniel Chan	Elizabeth Graham
Dr K Kandasamy	Dr YL Ong	Emma Wagg
Gareth Clifford	Gaynor Jones	James Stobbart
Jenny Harnett	Joanne Gourdie	Josie Storton
Kyle Ashfield	Linda Sturman	Lisa Finlay
Lisa Rogers	Marie Prince	Mary Lou Moore
Tracey Hammond	Victoria Bailey	

The following successful candidates will receive their certificates and have their logbooks returned to them shortly after Heart Rhythm Congress:

Lisa Rainford	Lucy Broadhurst	Rachel Waters
Donna Norman	Elizabeth Thompson	Angela Waldock
Faizel Osman	Christel Swanpoel	Janet Rees
Harb Birdi	Alison Pusey	

If you have not yet received confirmation of your results, please do bear with us, and you will be informed as soon as possible.

We hope you will disseminate this information and encourage your physiologists, arrhythmia nurses and registrars to consider this qualification. HRUK are also running pre-exam courses during Heart Rhythm Congress (as mentioned earlier on pages 3 - 5), so do sign up soon!

Nick Linker, Chair of the Examination Committee

Recent Reports and Policy Statements

The first report for the National Heart Failure Audit which presents key findings and recommendations from the pilot phase of audit undertaken between October 2006 and March 2007 is available for downloading in PDF format via the following link:

<http://www.ic.nhs.uk/webfiles/Services/NCASP/Heart/reports/23070107-IC%20Heart%20Failure-FV.pdf>

Dates for your Diary

Monday 29th – Wednesday 31st October 2007

Heart Rhythm Congress 2007, Hilton Birmingham Metropole.

For further information and to register, please go to

<http://www.heartrhythm.org.uk/>

Friday 7th December 2007

HRUK Certificate of Accreditation Examination 2007 (Belfast, Glasgow, London, Manchester). For further information and how to register, please go to

http://www.hruk.org.uk/html/certificate_of_accreditation.html where you can now register on-line. Registration closes Friday 23rd November 2007.

Monday 2nd – Thursday 5th June 2008

British Cardiovascular Society Annual Scientific Conference 2008, Manchester Central (formerly GMEX). Further details will be available early 2008, on the

BCS website: <http://www.bcs.com/pages/default.asp>

Welcome to New Members

We are delighted to welcome the following new and returning Members, who have joined HRUK/BPEG in recent months.

Janice Bailey
Ellen Berry
Suzanne Brooks
Shona Holding

Shona Holding
Dominique Dykes
Amanda Hughes
Victoria Humphries

Vanisha Jonas
Erica Longster
Julie Maxwell
Paul Sheridan

Evaun Teoh
Keith Tyndall

HRUK Contact details

If you wish to contact HRUK/BPEG on any matter please write, email or telephone:

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