

HR-UK

Heart Rhythm UK



NEWS

Spring 2009

President's Letter

Welcome to another HRUK newsletter. I hope you will find it useful, interesting and relevant. These newsletters are a vital part of communication between clinical staff working in the expanding field of delivering arrhythmia care. I know as well as anyone how much email traffic enters your inbox – I do hope this is one electronic missive that will be read and not have you reaching immediately for the delete button!

Every physiologist, nurse and doctor dealing with arrhythmias is aware of how our speciality has expanded and continues to grow. We believe it is resulting in more patients being treated and the quality of the treatments improving. We still have an enormous amount to do. I will give just 2 examples – AF affects 1.2 million people in the UK; we need to increase the pacemaker implant rate by 13% per year to achieve parity with European implant rates and the current increase is just under 4%.

The end of 2008 saw the release of the National Device Survey results for 2007. The headline conclusions from the survey are provided later in the newsletter as well as the web address for the complete survey result. This is the third annual report from the Network Device Survey Group chaired by Richard Charles, using the National Pacing Database which is 'owned' by the HRUK membership. This kind of data is essential if we are to demonstrate the value, quality and equality of the clinical care we deliver locally and nationally. Complete and timely data returns allow us to fight on your behalf for the resources you need to support the work you do. We are working tirelessly on your behalf to improve the processes that support data collection and returns.

Data is also critical for tracking performance of devices. In this we collaborate with the manufacturers and the MHRA. Christopher Brittain and Celina Cundy have written a very useful update on the crucial role played by the MHRA.

I would also like to draw your attention to the obituary celebrating the life and achievements of Geoff Davies who died last year, a 'gifted medical technician who earned worldwide fame as a pioneer in the field of cardiac pacing'. An inspirational story for today's physiologists.

You may also have noticed changes in the day to day administration of HRUK. The workload of representing your interests and delivering improved care of patients with arrhythmias doesn't decline. We need more support and Council has endorsed using the Arrhythmia Alliance structure to provide additional administrative support. So we now have the benefit of Azeem Ahmad at BCS and members of the A-A team to make us more efficient and effective. This triangular relationship is designed to maintain the profile of all 3 affiliated organisations in order to achieve the HRUK purpose '*quality and equality in arrhythmia care*'.

HRUK Council Elections 2009 – we welcomed nominations for a second Arrhythmia Nurse Specialist representative, Treasurer and Interventional EP Doctor representative. We will be sending out voting papers in due course and I would encourage you to exercise your democratic rights and cast your votes.

Finally, the newsletter contains details of the meetings and activities that I hope will appeal to you this year. The BCS Annual Conference and Exhibition is June 1-3, Arrhythmia Awareness Week and World Heart Rhythm Week June 8-14, and Heart Rhythm Congress October 18-21.

Edward Rowland
President

HRUK Council 2009

Officers

Dr Edward Rowland	President Consultant Cardiologist, The Heart Hospital, London
To be appointed 2010	President Elect
Dr Michael Gammage	Honorary Secretary (Also HRUK SAC Representative, HRUK Exam Committee Member, Scientific Director, Heart Rhythm Congress 2009) Reader in Cardiovascular Medicine, The Medical School, University of Birmingham
Professor John Morgan	Treasurer [Term of office expires June 2009] Professor of Cardiac Rhythm Management, Wessex Cardiac Centre, Southampton University Hospital Trust
Dr Derek Connelly	Past President Consultant Cardiologist, Glasgow Royal Infirmary

Subgroup Representatives

Dr Nick Linker	Doctor to represent Devices Subgroup (Also Chair of the HRUK Exam Committee, Programme Director, Heart Rhythm Congress 2009) Consultant Cardiologist, James Cook University Hospital
Dr Neil Sulke	Doctor to represent Devices Subgroup Consultant Cardiologist, Eastbourne District General Hospital
Dr Richard Schilling	Doctor to represent Interventional EP Subgroup [Term of office expires June 2009] Consultant Cardiologist, St Bartholomew's and Royal London Hospital and Honorary Senior Lecturer, Queen Mary's University of London
Dr Derick Todd	Doctor to represent Interventional EP Subgroup Consultant Electrophysiologist, Liverpool Heart and Chest Hospital

Sue Jones	Physiologist to represent Physiologist Subgroup (Also HRUK Exam Committee Member) Pacing and ICD Services Manager, St George's Hospital, London
Carole Joyce	Physiologist to represent Physiologist Subgroup (HRUK Exam Committee Member) Senior Chief Cardiac Physiologist, Bradford Royal Infirmary
Donna Elliott-Rotgans	Physiologist to represent Physiologist Subgroup (Also SCST Representative and HRUK Exam Committee Member) Cardiology Service Manager, The Heart Hospital, London
Emma Shepherd	Physiologist to represent Physiologist Subgroup (Also HRUK Exam Committee Member) Chief Clinical Physiologist in Cardiac Rhythm management, Belfast City Hospital
Nicola Meldrum	Arrhythmia Nurse Specialist Subgroup Representative (Also HRUK Exam Committee Member) ICD Nurse Specialist, John Radcliffe Hospital, Oxford
To be appointed	2nd Arrhythmia Nurse Specialist Subgroup Representative

Non-voting members of council (co-opted/observer status)

Trudie Lobban	Co-opted patient group representative from Arrhythmia Alliance (Chair, Heart Rhythm Congress Business Committee)
Anne Jolly	Co-opted patient group representative from Heart Care Partnership (UK)
Dr Robert Huggett	BJCA Representative (SpR Cardiology, Northern General Hospital, Sheffield)
Pierre Chauvineau	Observer from industry (Medtronic)
To be appointed	Co-opted representative from Department of Health (Programme Manager, Arrhythmia and Sudden Cardiac Death Vascular Programme)
Dr Susanne Ludgate	Observer from MHRA (Clinical Director, Devices)
Celina Cundy	Observer from MHRA (Senior Medical Device Specialist - Biosciences & Implants Unit)
Dr Christopher Brittain	Observer from MHRA (Senior Medical Advisor)

A few words from the Secretary....

Many of you will have received communications from Trudie Lobban (STARS/Arrhythmia Alliance) regarding membership dues, bank details for payment etc. Our membership list and associated details of membership payment had been getting into some degree of disarray, so we have given the process of updating membership details, payment status etc to the Arrhythmia Alliance (to whom we are affiliated) as their database of UK heart rhythm healthcare professionals was more robust than ours. As a result, you are likely to be (or have been) contacted to update your details and to ensure that we have correct information to keep annual membership payments up to date.

Please assist us by returning correct details as soon as possible, and by ensuring that your membership dues are being paid regularly. Without these dues, we cannot continue!

Arrhythmia Alliance will be responsible for all administration, membership, accounts and hosting of the website. BCS will continue with the academic responsibilities for HRUK and content of the website. Using the resources of both organisations we feel that HRUK will be a much stronger and efficient organisation.

On another point, you may also be contacted by your Trust or Network regarding return of device registration data to CCAD. The Heart Rhythm management database, now funded through HQIP, is being monitored by the Healthcare Commission and submission will be part of benchmarking for Trusts. This process should assist you in getting data submission correctly resourced within your Trust, as failure to submit data within 3 months of implant will incur possible penalties for the Trust. If you are having trouble getting the data submission properly in your Trust, please send me details and I will be happy to take it up on behalf of HRUK. The task of data submission has traditionally fallen on the shoulders of the Physiologists; but the Healthcare Commission now requires Trusts to have at least one designated Consultant responsible for the device service and associated data submission.

We hope to have the web-based submission process live soon; as ever with software, getting the bugs out has taken longer than anticipated.

See you at BCS and HRC!

Michael Gammage
Honorary Secretary

BCS Annual Conference and Exhibition, 1 ~ 3 June 2009, ExCel London

There will be more sessions than usual covering cardiac arrhythmias. The following sessions are planned:

- Monday 1st June: The way forward in Cardiac Pathology (links with Cardiac Pathology Network)
- Tuesday 2nd June: Atrial Fibrillation in Primary Care and beyond (links with PCCS)
- Wednesday 3rd June: HUK plenary - Atrial Fibrillation: Improving treatment through understanding mechanisms; HUK workshop (links with BSH) - Devices-pacemakers ICD & CRT; HUK teach-in – Delivering Arrhythmia Care (links with SCST)

For further details and to register now, please go to <http://www.bcs.com/pages/conference.asp>

To view or download the conference programme at a glance, please go to http://www.bcs.com/pages/p_conference_09.asp?pageID=491

Arrhythmia Awareness Week and World Heart Rhythm Week, 8 – 14 June 2009

A global alliance of patients, carers, patient groups, community groups, healthcare professionals, government and allied professionals will come together to raise awareness of cardiac arrhythmias from 8 – 14 June 2009, as part of the 6th annual Arrhythmia Awareness Week (AAAW) and World Heart Rhythm Week (WHRW).

In the UK, there are currently 1.7 million people diagnosed with an arrhythmia and 1.2 million people diagnosed with Atrial Fibrillation (AF). Sadly, cardiac arrhythmias are one of the world's biggest killers, more so than lung cancer, breast cancer and AIDS combined.

As such, 'Know Your Pulse' will be the overriding theme for Arrhythmia Awareness Week (AAAW). Arrhythmia Alliance and its sister charity, Atrial Fibrillation Association www.atrialfibrillation.org.uk (AFA), aim to raise public and medical awareness of the pulse as a tool to identify potential heart arrhythmias; therefore encouraging routine pulse checks as a matter of procedure, as exist for blood pressure and weight.

Since the establishment of AFA in 2007, the charity has worked to 'provide information, support and access to established, new or innovative treatments for Atrial Fibrillation'. This year, the Department of Health (DoH) has highlighted AF as a significant priority for the NHS. AFA has worked closely with the DoH to promote effective identification of policy and practice for the NHS, and Arrhythmia Awareness Week reflects this current aspect of the national health agenda.

During Arrhythmia Awareness Week, AFA will work in collaboration with Arrhythmia Alliance, City Heart Week, clinicians and medical centres across the UK to facilitate 'pulse check' clinics and stands, where nurses, first aiders and doctors offer free pulse checks and educate the public on how to monitor their pulse. These may be in shopping centres, libraries, leisure centres, General Practitioner (GP) clinics or local hospitals. Members of the public will be given an AAW pulse information pullout, which will enable people to keep a record of their pulse over a period of time.

Subsequently, if there are any irregularities they will be recommended to seek advice from their General Practitioner.

GPs are being encouraged to routinely perform pulse checks and question all patients with risk factors for heart rhythm problems including symptoms such as dizziness, blackouts and palpitations. A series of posters and patient information material for GPs' surgeries is available. These can be ordered from joannag@stars.org.uk

Arrhythmia Alliance encourages medical professionals to get involved in Arrhythmia Awareness Week by distributing information booklets in their GP surgeries, clinics and hospitals. Arrhythmia Alliance Patient Information Booklets endorsed by the Department of Health and the A-A Executive Committee are available for distribution. Booklets may be ordered now and collected free of charge at the Annual Conference of the British Cardiovascular Society 2009. Maximum order per booklet free of charge is 25; larger quantities are available for a fee. For a full publication list please go to: <http://www.heartrhythmcharity.org.uk/html/booklets.html>. Deadline for submitting orders to be collected at the British Cardiovascular Society Annual Conference and Exhibition 2009 is 22/05/09. To order booklets please email heather@stars.org.uk.

The following facts highlight the importance and necessity of the pulse as an indicator of a potential cardiac arrhythmia, most commonly, AF:

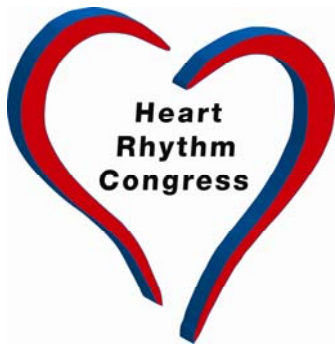
- It is estimated 200,000 people are diagnosed with Atrial Fibrillation each year.
- In the UK, 500,000 – 700,000 people suffer from AF. In total, it is thought there are 1.2 million AF cases in the UK - not all diagnosed, and the incidence of which is rising by 5% annually.
- It is estimated that many AF cases remain undetected.
- According to Department of Health figures 12,500 strokes of the 110,000 recorded each year, are directly attributable to AF. Add AF and high blood pressure and the number equates to 50,000 of the 110,000 strokes.
- Over a 40 year time period, AF almost doubles the risk of death.
- AF leads to 575,000 hospital admissions per year. Of these about 16% are the primary cause – which is about 95,000 per year in the UK. As most are unplanned this steeply increases the costs.
- AF consumes 1% of the total NHS budget per year in the UK.
- 1:4 stroke patients are admitted in AF in the UK.

World Heart Rhythm Week (WHRW) aims to bring individuals and organisations together from across the globe to highlight arrhythmias on an international scale. Set to coincide with AAAW, 8th - 14th June, WHRW is in response to the increasing international demand and growing awareness of cardiac arrhythmias.

International patient groups and organisations are encouraged to conduct awareness raising activities relevant to their mission under the umbrella of WHRW to bring recognition of cardiac rhythm disorders across the globe. A global coalition for WHRW 2009 will positively ensure that patients, clinicians and governments internationally continue working towards improved health care services for cardiac conditions.

For further information on Arrhythmia Awareness Week and World Heart Rhythm Week go to: www.aaaw.org.uk or contact mary@stars.org.uk or call +44 (0) 1789 451829.

Arrhythmia Alliance
www.heartrhythmcharity.org.uk



Heart Rhythm Congress 2009

18-21 October 2009

**Hilton Birmingham Metropole
United Kingdom**

Following the success of HRC 2008, plans for this year's congress are progressing quickly. This meeting is the largest of its kind in the UK and provides an invaluable opportunity for members of the medical, allied professional and industry communities to network and increase their own and others' knowledge of heart rhythm disorders.

Building on the last year's success, the following sessions are planned for HRC 2009:

Sunday 18th October – Patients' Day

Arrhythmia Alliance ♥ Atrial Fibrillation Association ♥ STARS

In addition to these patient group meetings, there will also be the HRUK Certificate of Accreditation Course – Core Section.

Monday 19th October

HRUK Certificate of Accreditation Course – Devices ♥ Oral Abstracts ♥ Syncope ♥ Advanced Devices ♥ Hands-on Devices ♥ AFA Science ♥ Moderated Posters

Tuesday 20th October

Basic Sciences ♥ Young Investigators Prize ♥ Advanced EP ♥ Arrhythmia Surgery ♥ Allied Professionals ♥ Paediatric EP ♥ Heart Improvement Programme ♥ Genetics ♥ Primary Care Day

Wednesday 21st October

Cases & Traces ♥ Advanced EP ♥ HRUK Certificate of Accreditation Course – EP ♥ Advanced Devices ♥ Oral Abstracts

Abstracts

Abstract submission opens shortly – the deadline for submission will be Friday 12th June 2009. Two Oral Abstract sessions are planned for HRC this year, plus a moderated posters session and the Young Research Worker Prize Competition.

To register and get full details please visit:

www.heartrhythmcongress.com

HRUK Certificate of Accreditation attracts record number of candidates

This year's HRUK certificate of accreditation examination (held on 20th February) was taken by a record 124 candidates (of whom 19 were re-sitting part of the examination).

Initial feedback received from some of the candidates was that this year's examination was more difficult than previous years and commented on a change in the core section with fewer pharmacology questions but more electrophysiology questions. The Committee had discussed the make-up of the core section in detail and came up with a weighting (agreed by all parties) of the syllabus in terms of the number of questions on each section. This was reflected in this year's examination. There were one or two typos in the exam for which I apologise, even though the paper was scrutinised by all the Committee. We are continuing to develop the examination and are also aware of the limitations of some of the venues. We are looking at possibly reducing the number of sites next year but improving on the venue. Nevertheless, we wish to thank those who kindly agreed to host and invigilate at these venues.

As a consequence of consultation within HRUK, it was felt that the certificate needed to be of a higher standard than before and on a par with the IBHRE examination rather than just an entry-level qualification as current basic training essentially fulfils this requirement and the opinion of the committee (endorsed by HRUK) was that the certificate should represent a higher level of knowledge and experience.

The questions in the core section of the examination were also based on the content of the courses run during Heart Rhythm Congress 2008, although the syllabus is a guide and not exclusive. This is only the third year the examination has been run in this format and we are gaining further experience in terms of setting the paper.

HRUK has been in discussions with the European Heart Rhythm Association (EHRA) who are looking to develop a European-wide certification for allied professionals (such a system already exists for medical professionals). They wish to use our examination and logbook as a starting point for this process, which is likely to happen within the next 18 – 24 months. As we have a small committee who produce the HRUK examination questions, Council have recommended that we validate this year's examination to ensure it is fair and equitable. Unfortunately, this will mean some delay in releasing the results of this year's examination. Please bear with us as this process is important to all of us. We will endeavour to get the results out as soon as possible, most likely in May.

I would like to thank all those colleagues who put a lot of effort in setting the questions, without whose cooperation the exam could not have happened. I would like to thank Nicola Meldrum, Angie Griffiths, Sue Jones, Claire Regan, Chris Brittain (MHRA), Andy Turley, Mike Gammage, Celia Jeffery (Boston Scientific), Paul Doherty (St Jude Medical), Lynne Howell (St Jude Medical) and Marie Lithgow (St Jude Medical) for their efforts in setting questions. Particular mention must go to Donna Elliot-Rotgans who risked divorce and struggled through illness to put together a large number of questions!

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

Abigail Boynes-Butler
Angela Hale
Robert Hilton

Emma Mayho
Janet Brashaw-Smith
Jonathan Ritchie

The following successful candidates will receive their certificates/have their logbooks returned to them before the end of May:

Sarah Beers

Louise Barr

Nick Cromie

Dominique Dykes

Sinead Fitzpatrick

Justin Ghosh

Katie Joy

Philip Lay

Joanne Martin

Laura Moylan

Pauline McKenna

Lindsey Parkinson

Andrew Turley

If you have not yet received confirmation of your logbook result, please do bear with us, and you will be informed as soon as possible. If you have any further enquiries, please contact Azeem Ahmad, Affiliates Coordinator, Tel: 020 7692 5415, Email: hruk@bcs.com

HRUK will also be running pre-exam courses again during this year's Heart Rhythm Congress, 18 - 21 October 2009, Hilton Birmingham Metropole. Details as below:

Sunday 18th October

HRUK Certificate of Accreditation Course – Core Section.

Monday 19th October

HRUK Certificate of Accreditation Course – Devices

Wednesday 21st October

HRUK Certificate of Accreditation Course – EP

Details about the date of next year's exam will be publicised at a later date.

Nick Linker

Chair of the Examination Committee

Education in EP

There is a demand from both cardiac technicians and Cardiology SpRs for an introduction to cardiac electrophysiology. There are many new terms to get to grips with and the initial experience in the EP lab can be greatly enhanced by improved understanding.

The 1st Liverpool Core EP Course took place 23rd to 25th March 2009. The course organisers were Mark Hall and myself, with key support from Tim Betts in Oxford and Eric Van Binsbergen of Medtronic. This is an industry sponsored course and we were delighted that this first event was fully attended.

If interested in registering for subsequent courses please e-mail me at derick.todd@lhch.nhs.uk.

How often we run the course will depend entirely on demand.

Derick Todd

Interventional EP Representative, HRUK Council

MHRA – A Fast and Faithful Update

The Medicines and Healthcare products Regulatory Agency (MHRA) is pleased to continue its close relationship with HRUK, and in doing so would like to update HRUK members on two ongoing medical device issues.

Firstly, we are continuing to monitor cases of Medtronic Sprint Fidelis lead failure, and are liaising closely with the manufacturer. While the roll-out of the software upgrade to improve early detection of lead fractures is now complete, please continue to report lead failures to both Medtronic and MHRA, and return any explanted leads to Medtronic for analysis. The more information we have, the more likely we are to be able to refine the patient management guidelines.

Secondly, towards the end of last year, we issued MDA/2008/068, about the safe removal of ICDs at post mortem. We had received a number of reports of GPs and mortuary technicians receiving shocks from devices that had not been programmed 'off' prior to removal. While the Medical Device Alert was obviously not aimed at you, it may have resulted in more requests to check that devices are programmed off before they are explanted.

As part of the MHRA's strategy to ensure that communication is fast, efficient and two-way, the MHRA continues to assess the usefulness and appropriateness of its advice, and how it is distributed. With this in mind, we have recently published a poster, in conjunction with HRUK, containing clarification on the types of adverse event that MHRA would like to be reported, specifically focusing on implantable defibrillators, pacemakers and leads. In addition to these reporting recommendations, the poster also contains advice on specific actions to be taken after an adverse incident, including the reminder that any device involved should be quarantined if possible, the incident reported to the MHRA, and the manufacturer or UK distributor contacted. Examination of the device is vital and, although the MHRA itself does not inspect individual devices, we do liaise very closely with manufacturers regarding the outcomes of their investigations.

It is also of note that, while the poster focuses on issues you might identify in clinic, we would also like to know about any problems you encounter at the time of device implantation. These include any difficulty inserting leads into headers, tightening setscrews, or finding compromised packaging that may affect device sterility.

With regards to the provision of information to users, thus completing the circle, MHRA continues to issue Medical Device Alerts and will shortly be commencing a fully electronic system that is easier to access, read and forward to colleagues. In addition, the development of the cardiology specific web page at <http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Cardiology/index.htm> has allowed the MHRA to put all information specific to cardiology on one page. This contains an e-mail alerting service you can easily sign up to, enabling an instant alert to be sent via e-mail whenever the page is updated with a new piece of advice. This means you do not have to keep checking for updates.

In summary, we at the MHRA are grateful for the ongoing support of HRUK in ensuring that adverse incidents are reported. In return, MHRA is committed to completing the cycle and informing users of all important issues raised during these investigations. Copies of the poster referred to above, providing information on adverse incident reporting, are available for free by contacting MHRA at the e-mail above. Finally, we always welcome any feedback on our advice, whether critical or complimentary, and hope that we can continue to work together to improve safety for all involved in cardiac rhythm management.

Dr Christopher Brittain MBBS BSc MRCOphth
Miss Celina Cundy

Medicines & Healthcare products Regulatory Agency
Devices Clinical
5/2 - E Market Towers
1 Nine Elms Lane
LONDON
SW8 5NQ

Telephone: 020 7084 3126
christopher.brittain@mhra.gsi.gov.uk

National Device Survey Results for 2007

At the end of November 2008 The Network Device Survey Group presented its third report covering the calendar year 2007. As in previous years it presents data describing the total volume and equity of provision of the major cardiac implantable device therapies – pacemakers for bradycardia, implantable cardioverter defibrillators (ICDs) for cardiac arrest and cardiac resynchronisation therapy (CRT) for advanced heart failure – across all Cardiac Networks in England and Wales.

The full report is available on-line: <http://www.devicesurvey.com/>

In his introduction to the report Dr Richard Charles, who chairs the group, emphasised his thanks to all those whose essential contributions have made its third report possible. He said 'Notably, this includes the many hard pressed cardiac physiologists and clinicians who have ensured that the report is based upon maximum possible data completeness'. He added that if there are ways in which the Group can help in the process of data submission to CCAD please let them or HRUK or CCAD know.

Dr Charles also stressed how much the report reflected some excellent improvements in local implant rates and a contribution to our national standing.

Professor Roger Boyle, National Director for Heart Disease, commented on the welcome headline that device implant rates have continued to increase, although at a more restrained rate of 3.4% after the steep rise seen in 2006 over 2005. As before, the caveat is that there is still marked inequity of performance within the UK, and we are as a nation still in the lower reaches of the European implant league table for all device classes. He reiterated the HRUK appeal to Networks and provider centres to support the accurate, complete and timely submission of device and patient registration data to the National Pacemaker and ICD Database (CCAD), adding 'No other single expedient will do more to ensure our continued striving towards a first class cardiac device service for British patients'.

Edward Rowland
President

Geoffrey Davies

Medical technician who helped develop pacemakers in the 1950s



Geoffrey Davies, who has died aged 84, was a determined and naturally gifted medical technician who earned worldwide fame as a pioneer in the field of cardiac pacing.

As part of the team led by Dr Aubrey Leatham, he proved crucial in the development of pacemakers, transforming the equipment from bulky and dangerous pieces of kit to tiny, life-saving devices.

He first teamed up with Leatham at St George's Hospital in

London in 1953, amid rapid developments in the field of cardiology, joining a young assembly of surgeons who felt they were on "the cutting edge of medicine". The surgeons were tracking rapid advances in artificial heart pacing being made in the US, but needed a skilled technician to build their own equipment: Davies was that man.

Described by Leatham as a "natural with electronics" Davies designed pacemakers from scratch, prompted by news that researchers in the United States had built large devices which delivered 300 volts to stimulate the heart from the outside of the chest. Davies adapted the design, however, to incorporate a much-needed safety mechanism to stop the charge being delivered if the heart was still beating, an improvement first used on a patient in 1955.

Later he went on to miniaturise the equipment so that wiring could be inserted directly into the wall of the heart, stimulating it with a much safer three volts. "We realised that nothing was wrong with these hearts except for the wiring," Leatham said later, "and here we had this chap who could make new wires."

Under this system endocardial wire was inserted through the venous system in the neck into the relatively thick wall of the right ventricle.

While American doctors at the Montefiore Hospital in Philadelphia used the internal wiring to tide patients over temporary heart blocks, it was Davies and Leatham who realised its potential as a long-term solution to such conditions. By 1965 they had treated 1,000 patients, who then had a normal life expectancy.

Geoffrey Davies, was born on January 2 1924 in Staffordshire to parents of modest means. He none the less managed to achieve a scholarship to St Clement Danes school in Hammersmith. After the outbreak of war, he volunteered, aged 17, to be a pilot in the RAF, but his love of, and aptitude for, mechanics shone through and he became a flight engineer instead.

He had always wanted to twin his technological ability with medicine however, and so he returned to Hammersmith after the war to take up a post as a lab technician at Hammersmith hospital. From there he moved to the National Heart Hospital, then based at Wimpole Street, where he was first pointed out to Leatham as an "extremely able" technician.

Despite the rapid advances in pacemakers by the early 1960s, the technology was still prey to teething troubles, and patients needed frequent monitoring to ensure, among other things, that their devices were sufficiently powered.

One of Davies' favourite stories was of an elderly lady who complained that since having her pacemaker fitted, her eggs had been exclusively hard boiled. On talking to her however, he discovered that she timed the duration of her eggs' immersion by the rate of her pulse, and this had slowed down because the battery on her device was beginning to fail.

In his later career Davies continued to maintain pacemakers fitted to patients as well as developing a machine to monitor the pulse for 24 hours, essential for diagnosing epileptics. He retired in 1989 to his home in north-west London where devoted his time to his family, including his eight grandchildren.

Geoffrey Davies, who died on October 6, is survived by his wife Jimmy, and their three children.

This article has been reproduced with the kind permission of the Daily Telegraph.

Original article published in the Daily Telegraph, 14 December 2008.

<http://www.telegraph.co.uk/news/obituaries/3759402/Geoffrey-Davies.html>

Register Today for the Arrhythmia Alliance Meeting Near You!

The Arrhythmia Alliance meetings, in partnership with the Heart Improvement Programme (HiP) and the Department of Health (DoH), are intended for GPs, Clinicians, Cardiac Networks, Arrhythmia Nurses, Physiologists, Industry Members, Charitable Organisations and Patient Groups. Topical issues such as atrial fibrillation, heart failure and anticoagulation will be covered in presentations given by a range of experts from across the UK.

Dates and Venues

Scotland - Edinburgh - **11th June 2009**

North - Thorpe Park Hotel, Leeds - **12th June 2009**

South - Wessex Heartbeat Centre, Southampton Hospital - **17th June 2009**

Wales - Barceló Cardiff Angel Hotel - **10th September 2009**

Email events@stars.org.uk or go to www.heartrhythmcharity.org.uk to download a Registration Form.

Agendas will cover:

- Cardiac device inequity
- Familial sudden arrhythmic death syndromes
- Management of AF from primary to tertiary care
- Anti-coagulation in primary and tertiary care
- Focus on heart failure in primary care
- NHS Improvement – strategies for detecting and treating AF

Please visit www.heartrhythmcharity.org.uk to see a full agenda for your region or contact Melanie Quinlan on events@stars.org.uk for more information.

Dates For Your Diary

- **Arrhythmia Alliance Regional Meetings 2009** – please see page 15 for further details or visit: <http://www.heartrhythmcharity.org.uk/index.html>
- **Monday 1st – Wednesday 3rd June 2009**
British Cardiovascular Society Annual Conference and Exhibition 2009
ExCel, London.
For further details and to register, please go to:
<http://www.bcs.com/pages/conference.asp>
- **Monday 8th – Sunday 14th June 2009**
Arrhythmia Awareness Week and World Heart Rhythm Week
For further details, please go to:
<http://www.aaaw.org.uk/>
- **Sunday 21st – Wednesday 24th June 2009**
Europace 2009
ICC Berlin, Germany.
For further details, please go to:
<http://www.escardio.org/congresses/EUROPACE2009/Pages/welcome.aspx?hit=TLinks>
- **Saturday 29th August – Wednesday 2nd September 2009**
ESC Congress 2009
Barcelona, Spain.
For further details, please go to:
<http://www.escardio.org/congresses/esc-2009/Pages/welcome.aspx>
- **Wednesday 14th October 2009**
Pri-Med Clinical Insight – Best Practice in Cardiology
QE11 Conference Centre, London
For further details and to register, please go to:
<http://www.pri.medupdates.co.uk/cardiology> or tel: 0800 731 3927
- **Sunday 18th – Wednesday 21st October 2009**
Heart Rhythm Congress 2009
Hilton Birmingham Metropole
For further details, please go to:
<http://www.heartrhythmcongress.com/>

Welcome To New Members

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

Dr Qazi Salim Ahmad	Dr Sasulu Deepak	Dr Oliver Monfredi
Dr Dominic Abrams	Danielle Devonish	Michaela Moore
Lisa Allinson	Julia Dolphin	Claire Murphy
Andrea Ballantyne	Sian Eustace	Dr Aaisha Opel
Dr Elijah Behr	Sharon Graves	Catherine Phelan
Dr Christopher Boos	Agnes Grice	Dr Martyn Richards
Charlene Booth	Dr Robert Huggett	Anthony Ryan
Heather Brogan	Judith Hyland	Dr Ahmed Salih
Dr Ben Brown	Karen Jackson	Andrew Sargeant
Maureen Buckman	Karen Wyn Jones	Colin Slade
Dr Jane Caldwell	Ruth Laity	Vasanthi Swamikannu
Judith Clarkin	Dr Pier Lambiase	Jayne Watson
Jennifer Cole	Dr Christopher Lang	Tom Westwater
Teresa Conlon	Dr Nidal Maarouf	Mark White
Rachel Cooper	Wayne Massey	Rebecca Wilson
Christopher Cox	Erica McEwan	Lee-Anne Wilkinson
Sharon Cuffe	Lorraine McMahon	
Anita Deane	Greg Mellor	

HRUK Contact Details

If you know of a colleague who would like to join HRUK or have any membership administration enquiries, please contact:

HRUK Administrator
PO Box 3697
Stratford-Upon-Avon
Warwickshire
CV37 8YL

Email: hruk@stars.org.uk Tel: 01789 451 831

Our application form can also be downloaded from our website:

<http://www.hruk.org.uk/html/membership.html>

Just a reminder, if your contact details (esp. email as most communications from HRUK are carried out electronically) have changed, it is important to inform HRUK (hruk@stars.org.uk) as soon as possible, so we can amend your records on our central membership database, to ensure that you still receive communications from us.

If you wish to contact HRUK on any other matter please contact:

Azeem Ahmad
Affiliates Coordinator
British Cardiovascular Society
9 Fitzroy Square
London
W1T 5HW

Email: hruk@bcs.com

Tel: 020 7692 5415/020 7383 3887

Fax: 020 7388 0903