



HR-UK

Heart Rhythm UK

# NEWS

Spring, 2006

## President's letter

### “Communication, Communication, Communication”

We are striving to keep all our members informed of, and involved in, the society's activities. I think we are beginning to make some improvements in how we communicate with our membership, and we welcome feedback from all of you on how things can be improved.

Our website is now up and running (in a small way) and we hope to continue to expand it. The website address is: <http://www.hruk.org.uk/>. If you have any recommendations for information or links that you would like to see on our website, please let us know.

We are still trying to achieve a complete database of members' e-mail addresses. Each reminder we send out leads to a few more e-mail addresses, but our database is still far from complete. Our next step might involve a telephone call to each member whose e-mail address we do not have, but as you can appreciate this would be a laborious process. Once again we invite all our members to let us know their preferred e-mail address so that we can improve communications between council and membership.

There have been a lot of ongoing changes in the structure and organisation of our society over the past 18 months. In order to update our members we will be holding an **Extraordinary General Meeting** at the British Cardiac Society conference in Glasgow on Tuesday 25 April. Further details are to be found elsewhere in this newsletter. If you are planning to come to Glasgow for the BCS conference we hope you will be able to attend this EGM on Tuesday lunchtime.

Our **Annual General Meeting and Annual Scientific Sessions** will be held as part of the **UK Heart Rhythm Congress** in September. Further details can be found on the website: <http://www.ukheartrhythm.org.uk/>. We are now also accepting abstract submissions for the scientific sessions at this conference, and instructions on how to submit an abstract can be found on the website.

### **British Cardiac Society Annual Scientific Conference**

Heart Rhythm UK is an affiliated group of the British Cardiac Society, and we have a strong presence at this year's annual scientific conference, which is being held at the Scottish Exhibition and Conference Centre, Glasgow, on 24-27 April 2006.

One special event this year will be a session in honour of Tony Rickards, who died suddenly in May 2004 while he was President of the British Pacing and Electrophysiology Group (BPEG), our predecessor organisation. Tony displayed unparalleled leadership and innovative skills in three areas of cardiology: cardiac pacing, percutaneous coronary intervention, and information technology. The session in his honour will highlight his contributions to all these areas. The session is co-hosted by HRUK and BCIS, and will take place on Tuesday 25th April at 11.30 a.m. We hope that many of our members will be able to attend that session.

Monday 24<sup>th</sup> April is the “Trainees’ day”, but several of the sessions are popular with consultants and allied professionals as well as cardiology trainees. Three sessions that day are relevant to those with an arrhythmia interest. HRUK’s session at 3 p.m. focuses on “how to do practical procedures, with contributions from expert operators on pacing and electrophysiology techniques. Prior to that, the British Society for Heart Failure has a session at 11a.m. entitled “Which patients with heart failure should have an ICD?”, and the British Society for Cardiovascular Research has a session at 1.30 p.m. entitled “The Humble ECG”, which should be edifying for scientists and clinicians alike.

Other sessions of relevance include a session we are co-hosting with the British Congenital Cardiac Association on the subject of Ebstein’s anomaly, at 2.30 p.m. on Tuesday 25<sup>th</sup> April; a session on how to counsel and treat relatives of sudden cardiac death victims; the Michael Davies lecture at 5 p.m. on Tuesday to be delivered by Prof Bill McKenna; and a session on pacemaker programming on Wednesday at 12.45. Attendees should also visit the posters and attend the scientific abstract sessions.

### **Purchasing of Pacemakers and Implantable Defibrillators**

Many of you will be aware of the initiative by the Department of Health to initiate centralised procurement of implantable devices. This is discussed elsewhere in this newsletter. Negotiations are ongoing, and we hope to keep you informed via updates on our website. Our main aim as a society is to ensure that the “added value” of implant and follow-up support, education, and support for patients is not forgotten, and to ensure that the negotiated prices take account for the needs of these services. At the time of writing, HRUK has suggested to the Department of Health that a standardised procurement approach administered via the cardiac networks might be an appropriate alternative strategy which would be preferable to national procurement.

### **Elections**

There are three vacancies on HRUK Council: one for an electrophysiologist, one for a clinical cardiac physiologist, and the treasurer’s post. Nomination forms are enclosed, and we urge interested parties to consider standing for election to council. The outgoing treasurer, Prof Cliff Garratt, has been working with our solicitors on the constitutional changes that the society is going through, and Cliff has volunteered to work with his successor for the first few months, in order to ensure a smooth handover. Many thanks to Cliff for the work he has done for the Society over the years, and also many thanks to the other outgoing council members, Mike Griffith and Sue Hughes.

### **Report to British Cardiac Society**

Elsewhere in the newsletter you will find the annual report which we submitted to the BCS in February 2006. It summarises some of the work which is ongoing, and some of the changes which have occurred over the past year, and serves as a reminder of how busy our profession is, how rapidly the field is changing, and how important it is for us to keep up to date with new advances in treatments for heart rhythm disturbances.

Derek T. Connelly  
President, HRUK

## **Council Elections 2006**

There are three vacancies on the HRUK (BPEG) council.

1. Honorary Treasurer
2. Council Member: Doctor to represent interventional EP sub-group
3. Council Member: Physiologist to represent Physiologist sub-group

Nominations need to be returned to the HRUK office by Friday 28<sup>th</sup> April 2006. Please submit nominations from within your own category only, together with the name, address and signature of nominee, and

signature of nominating HRUK member and seconder. Nominations for these positions must be accompanied by a brief statement of the nominee's aims for the society, which will be circulated to members with the voting papers. A nomination form has been enclosed with this newsletter and all nominations need to be made using this form. The nominations must arrive at the HRUK office by **28<sup>th</sup> April 2006**. Voting forms will then be prepared and circulated by 10<sup>th</sup> May 2006, the election will close on 31<sup>st</sup> May and the results will be announced in the first week of June 2006.

The ordinary council members will take their posts at the first Council meeting following the election. The Treasurer will formerly take their post at the AGM on Monday 19<sup>th</sup> September 2006. However they will be invited to shadow the current Treasurer and attend Council meetings prior to this date.

If you have any queries regarding the election process please email [hruk@bcs.com](mailto:hruk@bcs.com) or telephone 020 7692 5413.

## Central Procurement of Implantable Cardiac Devices: an update

Many of you will be aware that the Department of Health, through PASA (Purchasing and Supply Agency), is determined to set up a central tendering/procurement process for purchasing of pacemakers and ICDs.

Having discovered this process by a somewhat roundabout route (HRUK were not initially identified by PASA as stakeholders!) Council set about engaging with PASA with the intention of ensuring that any intended structure would not impact on patient care.

It is very apparent that the impetus behind this process is to save money; given the current financial state of the NHS it would be naïve to assume otherwise. PASA have stated categorically that their intention is to produce a simplified, transparent structure to enable centralised tendering and procurement and wish to reduce the large variation in price that exists across England for any given device.

What is unclear so far, however, is how the “added value” services that are currently implicit in all device tenders can be maintained; HRUK and the Arrhythmia Alliance have been very honest about the impact that simple reduction in prices is likely to have on support, education, training etc that is currently supplied only by the device industry and is unavailable through NH channels. In addition, HRUK Council has put forward an alternative plan based on a Regional rather than National policy. This plan will be discussed at a meeting on April 10<sup>th</sup>.

HRUK Council and many members remain very concerned about this process but the Department of Health is determined that a central process will go ahead; we await further details regarding the suggested mechanisms and will keep members informed as these details become apparent. It may be appropriate to hold an EGM to discuss the impact of the planned process on patient care in England; this will be discussed with the membership when a complete plan is put forward by PASA.

Please feel free to forward any comments or suggestions to me and I will take them to the Steering Group; whether our concerns and views will be taken seriously remains to be seen.

Michael Gammage  
Honorary Secretary HRUK  
[hruk@bcs.com](mailto:hruk@bcs.com)

# Seymour Furman 1931 ~ 2006

It was with great sadness that we heard the news of the death of Dr Seymour (Sy) Furman in February. Sy Furman was a cardiothoracic surgeon from the Bronx in New York and described the first patient treated with transvenous, endocardial pacing in 1958, using an electrode of his own design. His career thereafter was dedicated to developments in cardiac pacing and many HRUK members will be familiar with his books and publications in this field. He was a founder member of NASPE in 1979 and NASPEXAM in 1984, later founding the Oral History archives and directing the History Project for NASPE (which have included a number of contributions from BPEG members).

Despite retiring from active cardiac surgery in 1994 he remained an active physician until his death on 20<sup>th</sup> February 2006; he was a familiar face to regular NASPE/HRS attendees and remained enthusiastic about cardiac pacing and electrophysiology to the end. He was a great friend to many BPEG/HRUK members and attended many meetings in the UK, educating, encouraging and entertaining medical and allied medical staff at all levels.

He will be remembered as a true pioneer in cardiac pacing, a dedicated physician and a great man of the 20<sup>th</sup> Century.

Michael Gammage.

## HRUK Exam and Logbook

69 people sat the HRUK exam in December 2005. The exam consisted of 68 questions and the pass mark was 50%. We would like to congratulate all those who passed the exam and wish them luck with the completion of their log books. If you have passed the exam previously and are still waiting to hear about your log

book we have not forgotten you. Plans are being made to complete all the marking over the next few months. If you sat the exam in December 2005 then you will need to complete the current logbook. Changes to the format of the exam and logbook are being considered for this year.

The plan is to have a generic set of questions suitable for all disciplines along with separate questions for the various disciplines. More information will be provided once these plans have been confirmed. Updates will be posted on the HRUK website [www.hruk.org.uk](http://www.hruk.org.uk).

## Not left to your own devices?

The purchase and maintenance of medical devices makes up a significant percentage of the annual NHS and social care budget. Last year, for example, acquisition was estimated at some £10 billion. Yet, whilst the medical professional is fully aware of the strict controls covering the licensing of drugs and the "Yellow Card" system for reporting side effects that result from their use, fewer clinicians appear to be aware that a similar system exists for the regulation of medical devices and, importantly, for the reporting and

investigation of adverse events involving their use.

One of the main problems is that not everyone is sure exactly what is included in the definition of a "medical device". This term covers any product, other than a medicine, that is used in the healthcare environment for the diagnosis, treatment, prevention or monitoring of illness or disease, or alleviation of a handicap. It, therefore, encompasses a huge variety of products (it has been estimated that there are

somewhere in the region of almost 90,000 devices available on the market) ranging from needles and syringes, to anaesthetic machines, central venous lines, patient monitors and vaporisers to name just a few.

The Medicines and Healthcare products Regulatory Agency (MHRA) is an executive agency of the Department of Health, formed by the merger of the Medical Devices Agency and the Medicines Control Agency which, on the devices side, is entrusted with safeguarding public health by working with clinicians, regulators and manufacturers to ensure that all medical devices used in the Health Service meet appropriate standards of safety, quality and performance and comply with provisions of the European Medical Devices Directives.

One of the Agency's main functions in carrying out this aim is its management of an Adverse Incident Centre which currently receives almost 9,000 device related adverse incidents each year. Each incident is investigated on a priority scale, determined after discussion with the reporter and any relevant clinical or technical staff involved. Investigations may result in a number of actions being taken, including the issuing of advice to the Health Service by means of a Device Alert, or working with manufacturers to prevent recurrence of a problem through modification or recall of a device. As a result of adverse incidents reported last year, 72 Device Alerts were issued, covering advice on a wide range of subjects, including revised programme recommendations for implantable defibrillators, biphasic wave form external defibrillators, failure of interconnecting wires with certain pacemakers, and potential battery defects in implantable defibrillators. Additionally, there were over 400 product recalls or field corrections involving MHRA's supervision or active involvement, 260 cases requiring the provision of advice on safer device use or improved staff training by MHRA

and, in 740 cases, manufacturers undertook to improve designs, manufacturing processes or quality systems, directly as a result of the conclusions from MHRA investigations.

Although the Adverse Incident Centre receives a number of device related adverse incident reports directly from manufacturers, these relate mainly to problems arising from shortcomings in the device or its instructions for use. Increasingly, we know that adverse incidents also occur as a result of user practices, conditions of use, inappropriate storage or maintenance, or difficulties with cleaning, decontamination or sterilisation. If improvements are to be made in design, function, materials, ergonomics and instructions for use, therefore, it is vital that the Agency continues to receive reports directly from users who have experience with the device. We, therefore, urge you to let us know of any device related adverse event, however apparently trivial, since we have many examples of MHRA being the first globally to identify problems, mainly as a result of user reporting. It could not be easier. These reports can be made by the MHRA website ([www.mhra.gov.uk](http://www.mhra.gov.uk)), which will enable the reporter to receive an automatic acknowledgement and a unique reference number. Alternatively, a standard user report form can be downloaded from the website and e-mailed to the Adverse Incident Centre (AIC) ([aic@mhra.gsi.gov.uk](mailto:aic@mhra.gsi.gov.uk)), faxed to AIC on 020 7084 3109, or posted to:

Adverse Incident Centre  
MHRA  
2/2G Market Towers  
1 Nine Elms Lane  
London SW8 5NQ

**Please help us to improve patient and user safety when it comes to medical devices used in the management of patients with conduction defects.**

## Thackray Medical Museum – Pacemaker Collection

The Thackray Medical Museum in Leeds is starting a pacemaker collection and would like to produce a definitive collection of pacemakers and ancillary equipment not simply limited to the UK but with a UK and European bias.

The Museum is requesting for information, old equipment, old leaflets, biography, disused programmers etc. Material can either be loaned or donated to the Museum and the Museum is always very careful to document any piece of equipment in terms of where it originated from, who owned it and whether it is to

be returned at some time in the future. For more information on how to contribute email [hruk@bcs.com](mailto:hruk@bcs.com) or call 020 7692 5413 and speak to Susannah.

## HRUK Annual Report – 1<sup>st</sup> February 2006

This has been a busy and productive year for our society, with major constitutional changes, new elections to our council, and significant involvement with government on the management of patients with cardiac arrhythmias and the implementation of clinical guidelines.

At our Annual General Meeting on 17<sup>th</sup> December 2004, the constitutional changes which had been prepared by Campbell Cowan were unanimously accepted by the membership, and a decision was made to change the society's name from the "British Pacing and Electrophysiology Group" to "Heart Rhythm UK". At the same time, initial steps were taken to change the society's position from a charity to a company limited by guarantee, and that process is still ongoing.

Elections for new council members took place in February 2005, and the new members took their seats on council on 3<sup>rd</sup> March 2005. Derek Connelly was elected president of the new organisation, and Michael Gammage was elected honorary secretary. Two new physician members were elected: Steve Furniss, representing doctors with an interest in interventional electrophysiology, and Nick Linker, representing doctors with an interest in implantable devices. Two new physiologist members were elected: Nicola Hill and Sue Jones. For the first time, a position was made on council for a specialist arrhythmia nurse, and Jayne Mudd was elected to that position. The new council members thanked their outgoing colleagues, especially Janet McComb, who had resumed the presidency after the untimely death of Tony Rickards, and Campbell Cowan, who as honorary secretary had worked tirelessly on the reform of the society.

The new National Service Framework chapter on Arrhythmias and Sudden Cardiac Death was launched on 4<sup>th</sup> March 2005, and many members of our society have been heavily involved in the writing and implementation of this chapter. Several regional meetings have been organised in order to highlight the requirement for an enhanced service for patients with cardiac arrhythmias. Heart Rhythm UK has been working with the Department of Health and with the patient organisations which constitute the

Arrhythmia Alliance in order to implement the recommendations of this chapter.

NICE published its preliminary guidance on indications for implantable cardioverter-defibrillators (ICDs) in May 2005, and we were deeply disappointed that they wanted to resist any increase in the indication for ICDs despite the positive evidence from several recent clinical trials. After a concerted campaign involving statements from the British Cardiac Society, Heart Rhythm UK, the Arrhythmia Alliance, and several other individuals, NICE updated their recommendations to include high-risk patients with poor LV function and wide QRS complexes post-MI. The final guidance was published on 25<sup>th</sup> January 2006.

Interventional electrophysiology continues to increase in impact and complexity. Richard Schilling organised a two-day conference in September 2005 on interventional electrophysiology, which was highly successful. Mike Griffith has been instrumental in establishing a national database for ablation procedures, and we fervently hope that that will be a source of future publications.

The coming year is shaping up to be busy, challenging and controversial. Our annual three-day educational meeting (which last took place in September 2005, organised by Neil Davidson) is being expanded into a joint meeting organised and hosted by ourselves and the Arrhythmia Alliance. This will take place on 19<sup>th</sup>-21<sup>st</sup> September 2006, at the National Motorcycle Museum, Birmingham. It promises to be a major event, and will surely become one of the academic highlights of the year for all who have an interest in the management of patients with cardiac arrhythmias. The preliminary programme can be seen at <http://www.ukheartrhythm.org.uk>.

At the time of writing, there is a major controversy regarding the purchasing of implantable defibrillators in England. The Department of Health has instituted a process via its Purchasing and Supplies Agency (PASA) to look into the possibility of centralised tendering and purchasing of these devices. Mike Gammage has been involved in the initial negotiations with PASA, and is striving to ensure that the agency takes account of the complexity of the process

and the need to ensure service support and education as part of the funding package. Not surprisingly, there is a lot of resistance from industry and from several HRUK members, and we look forward to a full and frank discussion on the perceived advantages and disadvantages of this process, before our society decides whether to support or oppose it. Roger Boyle, the National Director for Heart Disease, will attend the HRUK council meeting on 9<sup>th</sup> February 2006 to discuss this process with us.

Finally, at the end of December 2005 we said goodbye to Beverley Charters, who has provided secretarial and administrative support for our organisation for longer than most of us have been practising in the field. We wish her well in her future endeavours, and I express my personal gratitude to her for all the help she has given me over the years. Susannah Gray has taken over the role of providing administrative support, and we extend a warm welcome to her.

Derek T. Connelly  
President, Heart Rhythm UK

## Dates for your Diary

**Monday 24<sup>th</sup> – Thursday 27<sup>th</sup> April, 2006**

**British Cardiac Society Annual Scientific Conference & Exhibition**

Scottish Exhibition & Conference Centre (SECC), Glasgow

Further details from [www.bcs.com](http://www.bcs.com)

**Tuesday 25<sup>th</sup> April HRUK (BPEG) Extraordinary**

**General Meeting.** This will be held in the Dochart room at the SECC, Glasgow at 13.00.

We look forward to welcoming you all to the meeting.

**Tuesday 19<sup>th</sup> – Thursday 21<sup>st</sup> September 2006**

**The UK Heart Rhythm Congress 2006**

This will be held, at The National Motorcycle Museum, Birmingham. This is the first joint meeting between all the groups, and will incorporate the 'Cambridge' Course, the Annual Scientific meeting, Intervention meeting, HR UK Nurses meeting, 'Bard' Masterclass and patient group meetings.

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

For more information email [hruk@bcs.com](mailto:hruk@bcs.com) or go to [www.hruk.org.uk](http://www.hruk.org.uk)

## Welcome to New Members

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

Andera Arnold  
Lydia Bradley  
Karen Clarke  
Sharon Cuffe  
Kathleen Devenny  
Stephen Easom  
Douglas Elder  
Elizabeth Graham

William Hobbs  
Ali Jackson  
David Jones  
Maggie Kelly  
Alison King  
Fiona Lake  
Adele Lewis  
Sajdah Majid  
Bikash Majumder  
Robert McKenna  
Victoria Mullan  
Sarah O'Connor

Bindu Rajesh Pallinkunnel  
Katie Quinney  
Laura Richmond  
Nadine Sanderson  
Debbie Sevant  
Clare Snow  
Rachel Waters  
Jayne Williams  
Christine Woolf  
Eva Wong

## PHYSIOLOGISTS – email addresses required!

Great progress has been made in completing the HRUK email database and we are nearly at the point where HRUK will be able to make contact with 75% of its members via email. We do still need your help! The majority of email address missing are for physiologists. So if you are a physiologist and haven't provided HRUK with your email address then contact Susannah today at [hruk@bcs.com](mailto:hruk@bcs.com). If we don't hear from you then you may be missing out on important communications.

## HRUK Contact details:

If you wish to contact HRUK/BPEG on any matter please telephone, write or email, to:  
Susannah Gray, HRUK Administration, British Cardiac Society, 9 Fitzroy Square, London, W1T 5HW

Email: Susannah Gray [hruk@bcs.com](mailto:hruk@bcs.com)

Tel: 020 7692 5413 Fax: 020 7388 0903