

HR-UK

Heart Rhythm UK



# NEWS

Spring 2008

## President's letter

This is the last HRUK Newsletter before the forthcoming council elections, and it is my last newsletter as president. In March 2008 I step down as president, and hand over the role to Edward Rowland.

The past three years have seen some major changes in our organisation and in our profession. I took over the reins of this society at a time of tumult and uncertainty. The British Pacing and Electrophysiology Group (BPEG) had made great strides in recent years, but was criticised in some quarters for not giving enough emphasis to recent advances in interventional electrophysiology, and in other quarters for being dominated by a relatively small number of individuals. The United Kingdom Interventional Cardiac Electrophysiology Society (UKICES), was formed in 2003 as a “doctors-only” society, and made great strides in highlighting the progress being made in ablation techniques. Meanwhile, in 2004 the Arrhythmia Alliance was formed, and while that organisation strove to unite representatives of BPEG and UKICES with the patient charities, there was considerable uncertainty as to whether its strength and dynamism would pose a threat to BPEG, and whether our members would have a conflict of interest in working for both organisations.

A new constitution was forged in the closing months of 2004; our organisation was renamed Heart Rhythm UK, and UKICES pledged to work together with HRUK to achieve our common goals. I stood for president in the elections of February 2005, with a pledge to cement the relationships between the factions and strive towards unity. In the event, achieving unity turned out to be remarkably easy, as the relaunch of our organisation coincided with the publication of the National Service Framework chapter on Arrhythmias and Sudden Cardiac Death in March 2005, and this provided the impetus for all groups to work together with the Department of Health in order to improve arrhythmia care in our country.

By far the major success of the past three years has been the establishment of the Heart Rhythm Congress, which has now become an annual event with an attendance of more than 1,000 individuals. It grew out of meetings organised by HRUK-Intervention (formerly UKICES), the Arrhythmia Alliance and its associated patient groups, and BPEG's annual educational courses and annual scientific sessions. Its success has been the crowning achievement of the work of our council (and many others) over the past few years. It has also served to cement our relationship with the Arrhythmia Alliance, and to prove to all our members that what could have been a conflict of interest was actually shown to be a confluence of interests, with an outcome that has been beneficial to both organisations.

Our organisation has been active in other fronts. Cliff Garratt has been instrumental in producing national guidelines on the investigation and treatment of inherited arrhythmic syndromes. The first stage of the guidelines (on genetic investigation) has already been published in *Heart*, and we hope that the next publication (on treatment) will appear later this year. Mike Griffith and David Cunningham continue to develop the national databases for catheter ablation and pacemakers and defibrillators, and are striving to achieve as close to 100% coverage as possible in these fields. These individuals' efforts serve to point out that, as our society evolves and expands, much of the work will be done not just by the Council, but by former members of council and by other committed individuals throughout the UK in all branches of our professional groups.

### **NICE work**

Over the past few years we have been instrumental in influencing the guidelines from the National Institute for Health and Clinical Excellence (NICE). The NICE guidance on ICDs was revised in 2005; the initial consultation document was somewhat disappointing, since NICE made it clear that they did not wish to expand indications for ICDs beyond the indications they had approved in September 2000. We pointed out to them that the survival benefit in the MADIT-2 trial was just as powerful as that in the secondary prevention trials from the 1990s; moreover, an easily identifiable subgroup of patients (those with a QRS width of  $\geq 120$  ms) had even more to gain from ICD therapy. After receiving letters from both HRUK and the Arrhythmia Alliance on this issue, NICE backed down and approved ICD therapy for this group of patients in January 2006.

A year later, we were dealing with NICE again when their initial consultation document on cardiac resynchronisation therapy (CRT) recommended that 90% of CRT implants in the UK should be pacemakers and only 10% defibrillators. We countered this by pointing out that they had already approved defibrillator therapy for a large group of patients with wide QRS complexes (the "MADIT-2 subgroup"). NICE revised their guidelines, and their final recommendations are that CRT with defibrillator should be considered in up to 75% of cases. It has been particularly satisfying for us to have been able to have a major influence on national policy in a positive way twice within two years.

### **Regrets? I've had a few...**

Our work with government has not always been fruitful. Two years ago there was a major initiative from the Purchasing and Supplies Agency of the Department of Health to introduce a national purchasing strategy for pacemakers and defibrillators. There was strong opposition to this initiative, both from our members and from industry, and the government eventually backed down. In that sense it can be said that we won that particular battle. My own view, however, is that it is disappointing that the battle had to take place at all. The issue will not go away and there is still a lot to be done to restore good professional relationships and to demonstrate that the NHS is indeed getting value for its money.

A lot of work remains to be done. Anyone taking over the presidency of an organisation starts off with high hopes and ambitious plans, only to find that time passes quickly and many situations remain unchanged. Our organisation is a lot stronger than it was three years ago, but we need to do a lot more to publicise our profile nationally and internationally. In order to achieve that we need more professional help in our administration and our publicity, and our members can expect to hear of some developments in this sphere in the near future.

### **Constitutional changes?**

The BPEG/HRUK constitution was extensively revised three years ago, and since then we have resisted the temptation to tinker with it further. However, Mike Gammage and I have put forward

some suggestions to be considered at the next Annual General Meeting in October 2008. These include the recommendation that we should have two nurses on council rather than one. Further details will follow in due course.

### **HRUK Council**

When I was elected in 2000, seven others were elected to serve on Council. Mike Gammage became honorary secretary; Steve Furniss and Nick Linker were elected as cardiologists with interests in electrophysiology and devices respectively; Stuart Allen, Nicola Hill and Sue Jones were elected as physiologists; and Jayne Mudd was the first nurse to be elected to council. All of them have served with distinction, and the progress that has been made over the past few years is due mainly to their efforts and that of their colleagues. Stuart Allen left for Australia a few months ago, and we welcome Donna Elliott-Rotgans as the newly-elected physiologist in his place. The others come to the end of their term of office, and although some of them might stand again for re-election we will of course be in need of new blood and new ideas on council. I take this opportunity to thank them and their fellow council members, and all the others who have contributed to the work of our society over the past few years.

Derek Connelly  
President

# Heart Rhythm Congress 2007 – A Meeting Of Hearts and Minds

Arrhythmia Alliance and HRUK held the second Heart Rhythm Congress from 29th – 31st October. This well-attended meeting was highly successful and played host to the HRUK training courses, various conferences, meetings, debates, patient group meetings, and an industry exhibition which ran throughout.

HRC kicked off on **Monday 29th** with a variety of sessions including one for those involved with Primary Care, where management of all aspects of arrhythmia care and the interaction between primary, secondary and tertiary care were discussed, and a Department of Health meeting on 'Innovation and Excellence in Heart Rhythm Management'. An afternoon session on surgery in arrhythmia management provided an exciting insight into the current status and role of surgery for atrial fibrillation and congenital heart disease. At the end of the day, industry hosted a Drinks Reception which also celebrated the launch of the Atrial Fibrillation Association.

The Young Investigator's Awards were held on **Tuesday 30th** alongside a full programme of meetings for arrhythmia nurses, allied professionals and industry partners on developments in arrhythmia care and management and new technologies. Popular sessions were AF Ablation in which the latest management and advances were examined by world-renowned speakers; and Cases & Traces, where the audience had an opportunity to participate in discussing EP cases with a panel of experts.

The Arrhythmia Alliance Excellence In Practice Awards were awarded in four categories:

Innovation Category - Sue Armstrong

Education/Research Category - Richard Charles & the Cardiac Network Devices Survey Group

Outstanding Achievement - Dr Adam Fitzpatrick

Lifetime Achievement - Professor Richard Sutton

**Wednesday 31st** was Patients' Day. Arrhythmia Alliance, STARS (Syncope Trust And Reflex anoxic Seizures) and SADS UK (Sudden Adult Death Syndrome) all held their annual conferences, meanwhile live EP cases were broadcast from two catheter laboratories in Southampton.

**HRC 2007 was a great success, and plans are now well underway for Heart Rhythm Congress 2008 which will take place from 19th to 22nd October 2008, once again at the Hilton Birmingham Metropole Hotel. An exciting programme is being formulated, to include a variety of scientific sessions, HRUK courses, patient group meetings and industry sessions, and will be announced on the HRC website shortly. Put the dates in your diary now! Registration will be opening soon with special Early Bird rates available, and discounts for members of A-A or HRUK.**

Trudie Lobban on behalf of the HRC Business Committee

# Elections 2008

## **Nominations for Honorary Secretary, Doctor - Devices-Subgroup representative, Doctor – Interventional EP-Subgroup representative, 2 x Physiologists Subgroup representatives, Arrhythmia Nurse Specialist Subgroup representative**

Six vacancies for members of HRUK Council will occur in March 2008 as a result of the following members approaching the end of their 3 year terms on council:

- Dr Michael Gammage, Honorary Secretary (elected officer)
- Dr Nicholas Linker, Doctor-Devices - Subgroup
- Dr Stephen Furniss, Doctor-Interventional EP - Subgroup
- Mrs Sue Jones, Physiologist
- Ms Nicola Hill, Physiologist
- Mrs Jayne Mudd, Arrhythmia Nurse Specialist

HRUK Council invites nominations for the above posts; the appointment to Council will be for a term of 3 years. Please note that the constitution does allow for current council members to stand for re-election to their present posts or other advertised posts.

Council work is fulfilling but you should expect to work hard, additional hours in order to promote the efforts of HRUK for our membership! Council meets 4-5 times per year; one meeting will be at the BCS Scientific Sessions and one at Heart Rhythm Congress. The remaining meetings are usually held at the BCS headquarters.

In addition to the responsibilities of the position, members of Council automatically become Trustees of HRUK, a Registered Charity, and must accept the responsibilities associated with that position. It is advised that all nominees acquaint themselves with these responsibilities; a summary entitled '*CC3 – The Essential Trustee: What you need to know (Version February 2007)*', can be downloaded from the Charity Commission website at the below link:

<http://www.charity-commission.gov.uk/publications/cc3.asp#b1>

Nomination papers for the aforementioned posts have very recently been posted out to you, and I would encourage you to consider standing. Nominations should be accompanied by a personal statement expressing your vision for HRUK.

Please return papers by post **only** by 5pm, Thursday 21 February 2008. Please note that original papers only will be accepted and we will not accept copies or faxed versions. On request, you may be asked to also email in your written statement(s).

Mike Gammage  
Honorary Secretary

# HRUK MEMBERSHIP FEES

February 2008

Dear HRUK Member

## **RE: HRUK membership fees**

Following discussion at Council and the AGM held at the Heart Rhythm Congress, 29-31 October 2007, I am writing to inform you that HRUK subscriptions will be increasing from 1st July to £80 for Consultant and Industry members and £40 for other members. The subscriptions have not been increased for at least 6 years, so this is not out with inflation!

I enclose below a copy of the revised standing order form for ease of use. Once completed, please send the original to your bank, and inform them that this replaces any prior arrangement from 1 July. As always, a copy must be sent to the HRUK administrative office at:

HRUK  
9 Fitzroy Square  
London  
W1T 5HW

so we can cross check payments with our own finance records. Please ensure that you complete the revised standing order form in good time before 1 July, to guarantee your current membership status.

For any new members joining between now and July, I have made available on the HRUK website the revised membership application form, which outlines the fees increase so that they are aware.

As a result of changes over the last few years, HRUK is now in a much more stable state financially and this subscription increase is to enable us to maintain that stability and also to allow us to explore ways to make use of our (limited) charitable funds for the greater benefit of the members.

To this end I would like to invite suggestions for ways in which we might do this; one such suggestion has been the introduction of bursaries to help our Physiologist and Nurse members to attend meetings and educational activities.

Please send any suggestions to me/the new Honorary Secretary pending the elections at [hruk@bcs.com](mailto:hruk@bcs.com)

Kind regards,

Mike Gammage  
Honorary Secretary

## Heart Rhythm UK/BPEG

**STANDING ORDER MANDATE - BPEG Ref. Level 1 - Consultant and Industry Member**  
**[ONCE COMPLETED, PLEASE SEND THE ORIGINAL TO YOUR BANK AND A COPY TO HRUK]**

To: ..... Bank

Postal Address: .....

|   |  |                        |                                  |
|---|--|------------------------|----------------------------------|
|   | Bank   | Branch Title           | Sort Code                        |
| <i>Please pay</i>                         | <b>Bank of Scotland</b>                                    | <b>West End Office</b> | <b>12-11-03</b>                  |
|   | Beneficiary's name   |                        | Account Number                   |
| <i>for the credit of</i>                  | <b>British Pacing &amp; Electrophysiology Group (BPEG)</b> |                        | <b>00928208</b>                  |
| <i>quoting reference</i>                  | <b>Annual Subscription Level 1</b>                         |                        |                                  |
| <i>the sum of</i>                         | Amount in words  |                        | Amount                           |
|   | <b>Eighty Pounds Only</b>                                  |                        | <b>£80.00</b>                    |
|   | <b>for 2008/2009 subscription</b>                          |                        |                                  |
| <i>every</i>                              | <b>1st July (annual payment)</b>                           |                        |                                  |
| <i>until further notice in writing or</i> | <i>Date of last payment</i>                                |                        | and debit my account accordingly |

**Please cancel all previous standing orders in favour of: British Pacing and Electrophysiology Group (BPEG)**

|                              |                       |                   |
|------------------------------|-----------------------|-------------------|
| <b>Account to be debited</b> | <b>Account Number</b> | <b>Reference:</b> |
|                              |                       | <b>HRUK</b>       |

Signature(s) ...../..... Date: .....

Banks may decline to accept instructions to charge Standing Orders to certain types of account other than Current Accounts

✂.....

**STANDING ORDER MANDATE - BPEG Ref. Level 2 - Junior Medical/Technician Members**  
**[ONCE COMPLETED, PLEASE SEND THE ORIGINAL TO YOUR BANK AND A COPY TO HRUK]**

To: ..... Bank

Postal Address: .....

|   |  |                        |                                  |
|---|--|------------------------|----------------------------------|
|   | Bank   | Branch Title           | Sort Code                        |
| <i>Please pay</i>                         | <b>Bank of Scotland</b>                                    | <b>West End Office</b> | <b>12-11-03</b>                  |
|   | Beneficiary's name   |                        | Account Number                   |
| <i>for the credit of</i>                  | <b>British Pacing &amp; Electrophysiology Group (BPEG)</b> |                        | <b>00928208</b>                  |
| <i>quoting reference</i>                  | <b>Annual Subscription Level 2</b>                         |                        |                                  |
| <i>the sum of</i>                         | Amount in words  |                        | Amount                           |
|   | <b>Forty Pounds Only</b>                                   |                        | <b>£40.00</b>                    |
|   | <b>for 2008/2009 subscription</b>                          |                        |                                  |
| <i>every</i>                              | <b>1st July (annual payment)</b>                           |                        |                                  |
| <i>until further notice in writing or</i> | <i>Date of last payment</i>                                |                        | and debit my account accordingly |

**Please cancel all previous standing orders in favour of: British Pacing and Electrophysiology Group (BPEG)**

|                              |                       |                   |
|------------------------------|-----------------------|-------------------|
| <b>Account to be debited</b> | <b>Account Number</b> | <b>Reference:</b> |
|                              |                       | <b>HRUK</b>       |

Signature(s) ...../..... Date: .....

Banks may decline to accept instructions to charge Standing Orders to certain types of account other than Current Accounts

# HRUK Certificate of Accreditation

This year's HRUK certificate of accreditation examination was taken by a record 105 entrants (of whom 6 were resitting part of the examination). The examination this year was more difficult than previous years 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. All sections were therefore at a higher level than last year and it was felt by the exam committee that a pass mark of in the region of 45% would therefore be appropriate for the 2007 examination but that this will probably be raised to 50% for this year.

The questions in the core section of the examination are based on the published syllabus and also the content of the course run during Heart Rhythm Congress, although the syllabus is a guide and not exclusive. This is only the second year the examination has been run in this format and we are gaining experience in terms of setting the paper. We are looking at the question topics in relation to the syllabus to try and make them cover a more complete range of the syllabus.

The proposals for the "2008" examination are that it will be set in the Spring of 2009. A new course will be run during the Heart Rhythm Congress this October. This course will start on the Sunday afternoon with a "core" session. On Monday morning there will be simultaneous "device" and "EP" sessions (registrants will be able to go to either or go between sessions). This means that it will also be possible to attend the remainder of the Congress. We will also do our best to provide a CD of all the presentations to registrants. We are also running a devices "hands-on" workshop where it will be possible to use programmers to explore the features of various devices, with help from technical representatives from the companies. The reason for the Spring date is to allow people to come on the course to see if they want to sit the examination and then to be able to have time for revision prior to the examination. The logbook will still run for 12 months from the time of registration until December 2009.

Nick Linker  
Chair of the Examination Committee

# MHRA – Making Healthcare Regulation Accessible

As the HRUK membership grows in numbers and influence, so it continues to take on ever more responsibility. It is thus with great pleasure that the Medicines and Healthcare products Regulatory Agency (MHRA) is able to consider itself an important ally of HRUK in the field of patient safety, particularly through its work in medical device regulation.

In October 2007, this alliance was consolidated during the worldwide withdrawal of Sprint Fidelis implantable cardiac defibrillator leads due to suspected fractures. Medtronic's decision to undertake this withdrawal was an important demonstration that communication between clinicians, regulators, and manufacturers does result in better patient safety. The withdrawal would not have been so prompt, however, without HRUK and its awareness of the value of reporting adverse incidents to the MHRA.

Since the recall, the number of adverse incident reports has increased significantly both within the UK and worldwide. This is not unexpected in the aftermath of a manufacturer's recall or Medical Device Alert, due to heightened awareness and increased scrutiny of all implanted leads for fracture signs. We have reviewed the follow-up advice that was issued, in the knowledge of the latest figures and, although the prevalence has increased, we are satisfied at present that the recommendations remain appropriate. We are only able to up-date this risk-benefit analysis, and advice, while the MHRA and the manufacturer continue to receive each incident report, and we urge everyone to continue their excellent efforts in reporting such cases. We will continue to keep track of the Sprint Fidelis situation, including liaison with Medtronic, to ensure that periodic updates are provided to all affected clinicians as more is understood about this serious issue.

As an Agency, the MHRA feels that the awareness of the existence of medical devices regulation and incident investigation must be raised and to this effect we are continuing to work very closely with HRUK. All adverse incidents can be reported very easily and rapidly on the MHRA website (<http://www.mhra.gov.uk/>). This provides a portal for the reporting of faulty devices, including not just broken defibrillator leads, faulty defibrillators and pace makers but all the medical devices commonly used by HRUK members including ECG machines, interrogation computers and their software, femoral artery closure devices - the list goes on.

Without feedback from the field, we can not monitor the necessity for recalls to be initiated, extended or altered, so thank you for your support, and please continue to notify us of any device-related problems which you encounter, regardless of whether you consider them to be significant in isolation. Our role is to pull together your experience, on a national basis, and to help identify serious problems and trends, which deserve corrective action by the manufacturer. We continually discuss with the manufacturer what needs to be done, issuing advice of our own in the form of Medical Device Alerts whenever this is warranted.

Looking to the future, the MHRA is intending to set up a cardiology specific reporting page on the MHRA website which we hope will provide easily accessible details of Medical Device Alerts, Field Safety Notices, Drug Alerts and withdrawals and links to other cardiology relevant publications. Please remember that the more reports we receive, the quicker we can act and the fewer patients that are affected, reducing morbidity for patients and follow-up clinic time for the hospital budget.

Dr Christopher Brittain  
Senior Medical Officer for Clinical Devices, MHRA

## Dates for your Diary

### Monday 2<sup>nd</sup> – Wednesday 4<sup>th</sup> June 2008

British Cardiovascular Society Annual Scientific Conference 2008, Manchester Central (formerly GMEX). On-line registration is now open. Please go to:

[http://www.bcs.com/pages/page\\_conference.asp?PageID=363](http://www.bcs.com/pages/page_conference.asp?PageID=363)

### Monday 9<sup>th</sup> – Sunday 15<sup>th</sup> June 2008

Arrhythmia Awareness Week (World Heart Rhythm Awareness Day is on Friday 13 June 2008). For further information, please go to:

<http://www.aaaw.org.uk/> or email [aaaw@stars.org.uk](mailto:aaaw@stars.org.uk)

### Sunday 19<sup>th</sup> – Wednesday 22<sup>nd</sup> October 2008

Heart Rhythm Congress 2008, Hilton Birmingham Metropole.

Details will be announced shortly on the website:

<http://www.heartrhythm.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.

Shirley Barnes  
Louise Barr  
James Battye  
Dr John Bayliss  
Michelle Bennett  
Edward Cajilog  
Victoria Cooper  
Sarah Dent  
Philip Donnelly  
Jane Eldridge  
Kay Elliott  
Sinead Fitzpatrick  
Dr Zoë Harris

Emma Hegarty  
Katherine Hibberd  
Dr Neil Hobson  
Dr Karen Hogg  
Anya Horne  
Rebecca Gibbons  
Jacqui Kemp  
Melanie Kirk  
Michelle Loftus  
Pauline McKenna  
Dr Pascal McKeown  
Tara Meredith  
Avril Minto

Dr Miroslav Munclinger  
Ruth Naylor  
Sally Owen  
Professor Nicholas Peters  
Dr Peter Pugh  
Paul Roche  
Sarah Ross  
Professor Ali Kazemi Saeid  
Adam Simpson  
Fiona Thompson  
Sally Warren  
Elaine Watson  
Joanne Williams

## HRUK Contact details

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

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

Email: [hruk@bcs.com](mailto:hruk@bcs.com), Direct Tel: 020 7692 5415, General Tel: 020 7383 3887,  
Fax: 020 7388 0903

**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 as soon as possible, so we can amend your records on our central membership database, to ensure that you still receive communications from us.**