

BRITISH HEART RHYTHM SOCIETY COUNCIL MEETING

Date: Wednesday 24th April 2019

Time: 11:00-13:00

Venue: Thomas Lewis Room, BCS Offices, 9 Fitzroy Square, London, W1T 5HW.

MINUTES

ATTENDEES:

Richard Schilling (RS) [President], Alistair Slade (AKBS), Stuart Harris (SHa), John Paisey (JP), Joseph de Bono (JdB), Pier Lambiase (PL), Kristine Perovica (KL – MHRA), Martin Lowe (ML), Mark Sopher (MS), Holly Daw (HD), Sarah Clark (SC), Angela Hall (AH), Eleri Roberts (ER), Ian Wright (IW), Benedict Wiles (BW), Trudie Lobban (on call) (TL), Stephen Kempton (SK), Beth Payne (BP)

AGENDA

		Action
1.	Apologies for absence JC VC SH KR AT	
	RS advises AT will no longer be attending meetings. New exam leads to be invited to attend future meetings. Stuart Allen and David Farwell to be new leads for exam. Stuart was aware of the present meeting but was otherwise engaged and unable to attend. AKBS to be 30 mins late (delayed train).	
2.	Agree minutes of previous Council meeting on 7 February 2019 [Richard Schilling] No comments from council	Agreed
3.	AOB Declaration [AII] At end of Meeting: HD was contacted about the Health Science Conference in Bristol (1st July 2019). Asked if BHRS would like a stall for £200. RS: SCST attending? HD advises they will be attending and giving key notes speech so may be worthwhile. Discussion re. representative to attend. - IW: Representative could be any BHRS member. RS: If we can find a representative then will attend. - IW: Review at RCP of patient with refractory epilepsy who died of a cardiac arrhythmia. Almost nothing in regulations for what	Council agreed useful to attend to attract new BHRS members. HD to find someone outside of council who can represent BHRS at the meeting.

	council & MHPA interest in taking forward	got involved
	 council & MHRA interest in taking forward. RS: Potential to ask one of the new junior representatives to collate a literature review and ask MHRA if they would like to put 	get involved with literature review
	name to it KP : Will have a look at how to get involved.	review
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	 Nurses Update [Angela Hall] Consent from arrhythmia nurses to keep their data on the forum, to comply with GDPR. Received approx. a third back. 	
4.	 AH: Following advice from the A-A data manager, consent process to move across details/data to the BHRS website more complicated, with more lengthy forms but something to move towards in the long-term. Will also be doing a website update which will refresh GDPR (RS). 	AH – To continue with consent collection for forum.
	 Recent survey suggests approx. 1/3 forum members are BHRS members. Various reasons why they were not BHRS members included unawareness of BHRS or hadn't yet had chance to join. Will continue to promote. GDPR would not allow non BHRS members to shared with BHRS database. 	AH – to continue with promotion to Nurses about
	 AH: Updating website (nurses section) with JC. Currently checking with authors as to if guidelines/protocols are still current. 	BHRS membership
	 Nurses room confirmed for Wednesday at HRC 2019, following well-received event from 2017. Will act as a chance to network, answer questions and promote BHRS. 	
	Training update [John Paisey]	JC -
5.	 List of training centres is on the website but is out of date. A new list of contacts and training and research fellowship offers is being collated. Information was submitted couple of weeks ago, soon to be put onto the website. To be in a format to allow for adjustment and future additions. 	of training centres to be added to website. JC
	 Curriculum EP & CRM meeting at RCP on 5th July 2019 – working towards an agreement on core curriculum (sub-specialties). DF will partake in meeting to assist with alignment of exam with 	to send to A-A to add
	curriculum. Should know more by summer in terms of curriculum content. Ashley Nisbet has also agreed.	Ashley
	- BHRS training days x2. First for all junior trainees. Second to act as training day masterclass for specialists in EP & complex devices. Can use these as tool to promote registration for BHRS membership.	Nisbet – To attend meeting on 5 th July
	 One in London one in North, to potentially alternate annually. However, problems occurring in terms of suitable northern location for ease of access. Potential to amalgamate with other events with either Cardiac Society (Manchester) or HRC (Birmingham). Hope to be up and running next year. However, remaining keen to promote engagement and high attendance for the first meeting with a clear plan to expand out one of the two meetings thereafter (MS suggests gauging opinion with 	JP - to approach RS for support in industry grants

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	delegates attending the first meeting as to determining most suitable location outside of London).	
	 Business Model: Either discounted rate for BHRS members or deposit to attend for BHRS members to be refunded upon attendance – industry receptive to endorsing travel reimbursement. 	
	 JdB & BW suggest engagement benefit to dinner and overnight stay, with JP highlighting cost involved and promotes one day event but remains open to suggestion. 	
	RS promotes registration through website and remote access to meeting.	
	Website Update [Richard Schilling]	
	- RS gives update: All pages now moved across to the website. A-A supporting the set-up of the 'go cardless' payment scheme. A-A to give all contact details. Currently only missing date that subs re-payments due, which A-A will collate and give to Steve Sadler and team. A-A can confirm this is all complete.	A-A – When website is complete, communicat
6	 Scope to set up meetings and register through the website to reduce processes. E.g FAQs to act as first port of call for queries, before direct contact made. 	
	 Next phase will be to explore running all exam process through website rather than using dropbox. 	e to BHRS members about new
	 GDPR: Reviewed and recognized that it is necessary to contact members regarding changes to membership fees and moving to the website. Can't contact them with regards to advertising without approval. Will also need to ask for consent to send information regarding membership benefits. 	change.
	- RS asks for questions. None from council.	
	Journal update [Richard Schilling]	PL - will add psychiatry
	Afzal not in attendance.	soon – to
	 RS: Journal Entries - PL will add psychiatry soon – will add to website and journal to allow for access without having copyright problems. 	website and journal.
	 ECG quiz – journal approves simultaneously publishing them and on the website. One per month or publication. Whoever submits gets publication credit for CV. 	BHRS Admin – To make sure
7.	 RS asks BHRS admin to add Afzal Sohaib to meetings in future and to apologies if relevant. 	Afzal is invite to future
	 JdB - Regional meeting progress with AER. JdB to lead first (provisionally set to 13th September 2019 - Birmingham). Programme to consist of half general interest and half specialist, device and EP talks. To provide updates for physiologists/consultants/GPs with special interest. Currently awaiting industry funding based on current programme, with a view to revise as necessary. Deposit on a couple of venues. Looking to have two or three per year in regional centres. Looking to find local champion for these. 	meetings JdB - To lead first regional meeting and is awaiting industry funding.

	 RS: happy to not have North South divide and so backs this. RS suggests Dewi Thomas or Mark Callaghan to aid JdeB. IW to ask Ireland contact to set up working group. 	JdB & IW - To confirm other local leads for future meetings. BHRS admin - to invite these to future meetings
8.	 BHRS Survey Update [Martin Lowe] Update - NICOR responsible for collecting data from Heart Rhythm Point of view - has the contact for every clinical lead. NICOR badge seen as sense of authority. However they are under-resourced and loss of data control people. ML asked to aid NICOR data - data published apart from CRM (not going to see until later this year). How much NICOR can help difficult to judge. ML would like to use them as ability to bring together data across the country. BHRS could exert pressure to prioritise. ML asks council if to persist and use them or not. MS asks if questions are fixed - ML YES. Discussion around waiting times: MS and RS suggests questions be added regarding appointment and treatment waiting times to provide new and useful insight. RS suggests we should sit tight and get NICOR to send survey out. ML conscious about time wastage. 	ML - to aid NICOR data. Eventually get NICOR to send survey out.
9.	 Research Update [Pier Lambiase] Multi-center trial group meeting three weeks ago (40 physicians from across UK) which now has momentum. Meeting twice a year currently but in grass roots stage. Would be good to endorse through new website. PL: Next challenge to put together a large-scale national study from BHRS as an arrhythmia group and integrating with other societies. To also put together a national registry for specific procedures and outcomes (Danish model). Potentially utilizing NICOR data. RS: Current registry not fit for purpose, possible to have agreement to pool data already there but follow up with patients in more detail. One representative from each centre to lead on and co-writing panel to drive collection of data. MS suggests possible need for leverage of commissioners in possible payment obligations for collection of high-quality data. However, potential for them to endorse initially, but not following up with centres. PL: A coordinator would need to run it in collaboration with centres' data. RS would need indication from centres that they 	oou oil

	would work in collaboration.	
	RS suggests informal reach out to VT registry and asks PL to think about what question needs to be published. Then reach out to all people who are doing VT ablation, bringing back to council to see if possible to fund coordinator to bring about long terms outcomes.	
	Grants from Industry [Mark Sopher]	
10.	 MS: Have approached one company for HRC 2019 grant: asked for funding for 50 delegates (registration and travel). Max. of £700 per delegate and 10% admin fee on top. Hope to be successful in this. To be given first come first serve. If you are successful you could not reapply in two years. Looking to initially have a simple methodology which is fair. AKBS asks who is this for? All to be treated equally (RS), and so is for any BHRS member (MS). 	MS – Update on NHS quality improvement net meeting
	- NHS quality improvement – MS – no update currently.	
	Trainee Representative [Benedict Wiles]	
	 BJCA rep – tenure come to a close. Election for successor with 5 applicants from across the country. Winner from Barts – Nikhil Ahluwalia. 	
4.4	- RS : Nick to share role with Wales trainee. Asks council to approve two junior representatives. Approval given.	BW – Circulate
11.	Question over who has authority over the position, and eligibility for election in future years. JP asks if elections should only be open to BHRS members in future?	candidate public statements
	- BW : to circulate candidate public statements.	
	 RS: anything on ECG and bits for website – editorials now closed. 	
	- Exchange of thanks between RS and BW .	
	<u>Screening committee decision on AF screening</u> [Richard Schilling] Discussion around National Screening Committee upcoming report and definitions of screening.	
12.	 MS: Issue with how this is will be interpreted by GPs. Will however, lead to more conversation about AF. Individuals are picking up AF in a lot of different ways now. 	RS - Need to
	 RS: What is the benefit of publishing this document for the population? Could have negative impact on GPs screening pulse checks. 	ask National Screening Committee to
	 JdeB: Screening may not be suitable now, but no solid evidence to suggest that even opportunistic screening has a beneficial effect in finding AF and reducing stroke risk. Might however, be suppressing based on a hypothetical. We only know that a 12 lead ECG showing AF has a benefit to anti-coagulation. 	clarify their findings. If they do not will publicise about it.
	 JP: RS saying – Them doing their job correctly runs the risk of being mis-interpreted by people who are not currently doing screening but are picking up AF opportunistically. They will think what they are doing is screening and stop doing that based on the different recommendation by this body. 	

- **RS:** For the last 10 years we've been trying to get AF on the agenda, with GPs taking the pulse again and identifying highrisk patients, placing them on stroke prevention. It will be yet another thing that we'll have to overcome, in terms of public or GP perception that they shouldn't take the pulse anymore.
- MS: What is the potential for mis-interpretation?
- **TL:** Concerns over the way the paper can be used. The findings may lead to a block of ongoing work over past 10 years (AHSN have been doing).
- **RS:** likes **MS** approach no such things as bad PR, with opportunity to use as a lever to bring attention back to AF. However, if one GP stops screening because of this, it may be a stroke risk missed.
- TL: Need to make noise about it and will bring up at APPG & WHRW.
- **RS:** Council agreed that opportunistic screening in high-risk patients a good thing. Need to ask National Screening Committee to clarify their findings. Highlight if not made clear, as potentially harmful to patients.
- **JdB:** We fully accept that evidence not there to support systematic screening but this highlights importance of opportunistic screening be more positive about the paper.

Secretaries Report [Alistair Slade]

- **AKBS:** Involved with website change (covered above).
- Discussed **RS** absence from *HRC 2019* and how to proceed, with everything covered and solution reached.

 and Council meeting at
- Trickle of members though, with usual slight fall off after exam
- **EG** taken on secretary elect and now in post.
- Complicated election to take place. AKBS to begin to contact potential re-elects and those unable to re-stand from 1st May 2019. EG to assist. 10 posts for election: including medical Physician rep. from non-ablation center.

Discussion re. who will be eligible to stand as next president.

- RS keen to encourage physiologists and nurses to stand. Council to promote equality in membership.
- **AKBS**: BSE have alternated between physician and physiologist in the past, with Vice President from opposite discipline .
- **RS**: Newsletter to go out soon about election coming up, encouraging individuals to run for the election.
- **JP**: As membership number is needed to vote will this be displayed on new website? **RS** suggests this will show on new website.
- RS: Membership list needs to be shared well ahead of electorate, and moving forward, council encouraged to contact potential candidates.

Council to cover Annual Dinner, AGM and Council meeting at HRC 2019 as RS not attending

EG & AKBS to start planning for complicated reelection process

council
encouraged
to contact
potential
candidates
for next
president
from all
disciplines

BHRS admin to send out

13.

		communicati
		on for BHRS
		elections
		following
		AKBS
	Transcript Danart [Chront Hamis]	guidance
	Treasurers Report [Stuart Harris] Finances cont from TI with the balance being C70 226	
	- Finances sent from TL with the balance being £70,226.	SH - to ask JC & Steve Sadler for new website link to share with council
	 New website incurred cost – see sheet TL sent. SH to share link with council & new website. (balance sheet attached to email) – A-A Admin also provided costings for payment options for collecting subscriptions. Please see below. 	
	Standing Orders cost nothing – member sets up S/O	
	Direct Debits – we would need signed and completed mandate from member (postage & printing) plus each time subscriptions were increased we would have to write to each member advising them of increase.	
	"there is an initial set up fee of £250.00 then you need to purchase software which will be in the region of £2-3K, (with a possible fee for training on the software) then every item you collect is charged at .10p per item, each time you send off a file for collection it is £5.00 per file".	
14.	In summary to set up a minimum of £2250.00 – possibly £3250.00. To collect 1100+ subscriptions @ 10p each = £110 each year + collection file @ £5 per file	
	Our concern is that it will take a herculean effort to get everyone to change their SO	
	Gocardless There are 3 types of package Package 1 - no monthly charge, charge per item 1% Package 2 - £50 per month standard charge and 1% per transaction Package 3 - £200 per month standard charge with a volume based charge.	
	With a member ship of 950 1% Charges will be as follows 736 x £60 annually - £441.60 214 x £40 annually - £85.60	

Package 1 costs - £527.20

Package 2 costs - £527.20 + £600.00(Monthly charge) = £1127.20

Package 3 costs – 0.60p each for the first 1000 items collected £570.00 + £2400.00 (Monthly Charge) = £2970.00

Over 1000 annual transactions the fee reduces, and keeps reducing as the amount of transactions grow. The amount of reduction has not been given us by Gocardless, but obviously less than 1%

- **AKBS**: Are we going to change way we approve members so that they're instantly accepted?
- RS: Discussion easier to sign up there and then and review afterwards. Educational material on there will encourage overseas members.

Council agree that refund should only be given after turning a member down.

- **MS**: Suggests importance of 'council to reserve the right to cancel membership' statement.

RS asks if **SH** happy with finances? **SH**: Yes.

- **RS**: Industry grants to provide income.

Date, time & place of next BHRS Council meeting:

Next Meeting: Tuesday 2nd July 2019 - BCS Offices Thomas Lewis Room. Presidents lunch – to have a look into it. RS to book something affordable.

RS – Book affordable location for presidents' lunch