BRITISH CARDIAC SOCIETY NEWSLETTER

Changes in the National Health Service

As would be expected the Tomlinson report has generated major concerns relating to the future of cardiology in the Thames Regions. Many of our members are anxious about the future of their own units and indeed their posts. The Society is sympathetic to these concerns, but must take a broader view relating to the needs of the community for cardiological services. Those who must be served are not only the residents of Inner London but also all those who, appropriately, travel to the major centres in the metropolitan area for special expertise within Special Health Authorities and elsewhere. We have written to the Secretary of State urging her not to make decisions on closure or relocation of units until the pan Thames review is undertaken by the London Implementation Group. This review should provide evidence on the number of beds required for cardiac services. Arrangements have already been announced for committees that will make recommendations for six specialities, and the cardiac service is among them. The Chairman of the Specialty Review Group is Geoffrey Smith who is well known as professor of cardiothoracic surgery in Sheffield. Other members include Keith Fox from Edinburgh and Andrew McLeod from Poole.

The British Cardiac Society and the Society of Cardiothoracic Surgeons believe that specialities have a responsibility to make known their own recommendations, and an invitation to give evidence can be expected. In order to prepare our own position with the greatest possible care the two Societies set up their own joint committee of "wise men", even before the membership of the official Specialty Review Group had been announced. This is chaired by Richard Alderslade who is director of public health in Trent. Other members are Stuart Cobbe, James Monro, Roger Hall, Roger Boyle, and John Dark. No doubt our committee will meet representatives of all the London units, and we have confidence that a consensus can be achieved that can offer the best prospects for maintaining and improving the high professional standards of care within the cardiac units of the Thames Regions.

We have continued to press the case for strategic planning in the National Health Service. The need to set up arrhythmology units—ideally one for every three to four million people—provides a good model for the shortcomings of the present provider-purchaser arrangements, for they offer no mechanism for making available the appreciable capital costs and planning that are needed for developments of this kind. The Society believes also that the emergence of cardiac catheterisation laboratories in district hospitals needs an element of planning and control—though the provision of such units is generally welcomed. In these areas discussions with the Authorities have been encouraging and we believe that the need

for strategic planning will eventually be accepted.

Other news of the Society

Members who have been to Fitzroy Square recently will have seen the new name plate outside our house. This is a modest but symbolic start to refurbishment which is likely to continue for several years. The premises are now kept very busy, and we often have the impression of inadequate space . . . Four of the affiliated groups use the premises on a regular basis. The Association of British Neurologists and the Resuscitation Council (UK) are now fully installed.

The working party on radiation hazards has completed its task: the report will be published soon. Meanwhile copies could be made available for any who need to see it urgently. Reports on cardiology in the district hospital and on grown-up congenital heart disease are awaited. The committees continue to be active. The outgoing president will relinquish chairmanship of the Training and Manpower Committee at the end of May and Michael Webb Peplow will take over.

Read codes

We last discussed Read codes in December 1992. We make no apology for returning to the subject because it is important. Malcolm Towers, who has been working on the codes on behalf of the Society, has sent us a progress report. "The obvious advantages of a country-wide electronic system for the storage, retrieval, and rapid transmission of medical data were not appreciated until James Read, a general practitioner, set up a coding system which was user friendly. It used clinical terms with which we are all familiar rather than a code book. The Department of Health has funded a major revision and expansion of the Read codes and it is strongly supported by the British Cardiac Society. A specialty working group widely based within the Society was set up in the Autumn of 1992.

"Our specialty working group consists of a section dealing with general or adult cardiology and small groups or individuals coding paediatric cardiology, electrocardiography, electrophysiology and pacing, echocardiography, interventional cardiology, and nuclear cardiology. The provisions of a comprehensive list of clinical terms seemed straightforward. As much or as little information as desired can be coded. Even within cardiology, however, there are different groups with different needs. Scientific progress in paediatric cardiology depends on collecting many relatively rare anomalies. The coding system needs to be complex and comprehensive, and ideally used in other countries besides the United Kingdom. Such a system is in an advanced stage of preparation and paediatric cardiologists will be strongly motivated to use it. Provided the general practitioner or general paediatrician can extract the "bottom line", such complexity should not cause difficulties. In adult or general cardiology and in electrocardiography the long-term benefits of coding may be no less but they are not so immediate or obvious. The coding will be done by general practitioners and general physicians as well as cardiologists, so we need a system which is straightforward, simple, and practical. In our original terms of reference, severity was not

to be coded—but technical advances have made it possible to code severity as a qualifier. We think this will add significantly to the usefulness of the codes. Read codes are updated continually, and if we can get a sound basic structure they can be elaborated as the need arises. The work is progressing reasonably well and enthusiasm is building up as the potential of the codes becomes apparent. We have been strongly supported by Chris Payne of the Centre for Coding and Classification. There will be a poster display at the Wembley Meeting on May 21 where the codes will be demonstrated on a computer. The specialty working group would be pleased to hear from anyone who has a special interest in the work especially if they have views on how the existing Read codes could be improved."

Meetings

The arrangements for Wembley are going well. At the request of the five affiliated groups we are, as an experiment, incorporating their own meetings into the main programme, rather than having them on the previous afternoon as in other years. It remains to be seen whether or not this will prove popular and we look forward to hearing the opinions of members. The Strickland Goodall lecture will be given by Derek Gibson on the clinical value of assessment of diastolic ventricular function; and the Keith Jefferson lecture on myocardial perfusion imaging in clinical cardiology will be given by Dr George Beller (USA). Two of the plenary sessions have been arranged for Wednesday and Friday, the first on revascularisation, restenosis, and RITA, and the second on heart failure. The third plenary session will be the Young Investigators Prize. The annual dinner will take place in the Dinosaur Room at the Natural History Museum.

Graham Jackson has written to us about another meeting as follows "The Royal Society of Medicine and the British Cardiac Society have come together to produce a programme designed to clarify the place of lipids in clinical cardiology. The one day meeting covers lipids and lipid transport, primary and secondary prevention, regression, bypass grafts, angioplasty, heart transplantation, and drug and diet therapy. John La Hosa from Washington University School of Medicine will deliver a lecture on controversial issues for the cardiologist. The day is intended to be practical rather than evangelical. It will be held at the Royal Society of Medicine on Wednesday 5 May from 09.30 to 17.30. The reduced conference fee to members of the Society is £20 (otherwise £40). We hope that in one day practising cardiologists will be able to acquire all the knowledge they need to place the role of lipids firmly in their clinical context. Space is limited to 200 seats so early application is advised; forms are available at the Society. Alternatively contact Ms Nicole Aaron, Forums Executive, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE (tel: 071 408 2119).

The joint training and manpower group representing the British Cardiac Society and the Royal College of Physicians of London has recommended that "trainees in cardiology must now acquire not only clinical skills but also considerable expertise in . . . nuclear cardiology." The number of centres in which such experience can be gained is

limited, but a forthcoming course at the Royal College of Physicians may be helpful. Future courses to supplement this with practical experience are planned by the British Nuclear Cardiology Group.

The course is entitled "Clinical Nuclear Medicine in Relation to Cardiology and Thoracic Medicine" and will run from Wednesday 12 May to Friday 14 May 1993 at the Royal College of Physicians of London. Topics include myocardial perfusion imaging, radionuclide ventriculography, and newer techniques such as positron emission tomography. The emphasis will be on the clinical applications of nuclear techniques although technical aspects will also be covered. Registration fees are £180 for three days or £75 per day. For further details contact the Conference Office, Royal College of Physicians, 11 St Andrew's Place, London NW1 4LE. tel 071 935 1174.

Healthwise-Heartline

Members of the Society will want to know about this helpline that is being advertised to the general public through leaflets in general practitioners' surgeries. It is directed at victims of symptomatic coronary disease and to those who may be at increased risk of the disease. Advice has been provided since 2 February by Professor Jim Shepherd and his staff at Glasgow Royal Infirmary. Lines are open for anyone in the United Kingdom from midday to 5 pm each weekday (on 0800 858585 Freephone for talking about coronary disease; and on 0891 858585 at 48p per minute or 36p at cheap rate for those who want advice leaflets). The cost of providing the service is being met by an educational grant from industry. Professor Shepherd mentions that the advice is targeted primarily at the general public, but he believes that the medical profession may also benefit from access to the helpline. He would value any comments and involvement from members of the profession.

News from Europe

Philip Poole-Wilson writes: "The working groups of the European Society for Cardiology are very active. Several are putting forward guidelines for investigation, management, and treatment of cardiac conditions. At present the board is considering guidelines on percutaneous balloon valvuloplasty for valvular stenosis, on prevention of thromboembolic events in valvular heart

disease, and on exercise testing. These documents may have implications for cardiology in Britain. A task force is being set up on the measurement of clinical aspects of heart rate variability by the working groups on computers in cardiology and on arrhythmias. The working groups on arrhythmias and cardiac pacing are setting up a European Registry for Implantable Cardioverter Defibrillators (EURID). Further information on any of these matters should be obtained from the chairmen of the working groups whose names and addresses can be obtained from the pink pages at the back of the *European Heart Journal*."

Other European cardiac societies

There was fair British representation at the Troisièmes Journées Européennes de la Société Française de Cardiologie held in Paris from 14 to 16 January. Our French colleagues make considerable efforts to ensure that their January meeting—one of several they hold throughout the year—has an international character. Their hospitality is both warm and generous. Simultaneous translation is provided in the main hall, and English is accepted as the second language in the smaller simultaneous sessions. We were impressed, however, that several British delegates chose to deliver their presentations in French—a gesture that was warmly appreciated. The slides were of superb quality. Some members of the French society had slides in English but spoke in French—a compromise that makes simultaneous translation almost redundant. Others had slides in both languages which was also very helpful. But we learnt a lesson that all should take note of, because the habit is universal: the excessive use of abbreviations on slides makes for difficulty in any presentation but causes complete incomprehension with a multilingual audience. Let us resolve to avoid most abbreviations at international meetings. Members may wish to look out for next year's notices for abstract dates—they can be assured of an enjoyable visit to one of Europe's most beautiful cities. The address of the Société Française de Cardiologie is 15 Rue de Madrid, F-75008 Paris. Meanwhile our contacts with other European societies continues to increase. In April the British Cardiac Society is likely to be voted a (corporate) member of the German Cardiac Society, and we look forward to visiting Mannheim for a meeting which will consider the proposal. We are not sure that our

constitution allows us to reciprocate this very welcome initiative. If it does, could the German Cardiac Society—at least in theory—become president of the British Cardiac Society and vice versa? Perhaps we should not dwell on such implausible possibilities until discussions over the Maastricht Treaty are complete . . .

News of colleagues

An Advisory Committee has recommended the appointment of David Roberts (senior registrar at the Queen Elizabeth Hospital in Birmingham) to be consultant cardiologist at the Victoria Hospital, Blackpool from 1 April. There were seven applicants for this new post. No nominations were made by two other recent appointment committees, one in England and one in Scotland. This is an increasingly common failure, reflecting presumably a paucity of applicants who are believed to be suitable. Members of the Society may have seen that the British Heart Foundation is inviting applications from deans of medical schools and other postgraduate institutions to nominate candidates for clinical scientist fellowships. The award will be offered to a young clinician who has demonstrated an interest in, and a potential for, clinical research. The fellowship is for a period of up to seven years, with the first three years spent away from the sponsoring department. Candidates must be United Kingdom citizens or must have been resident for a minimum of three years. Full details can be obtained from Valerie Mason, Research Funds Manager at the British Heart Foundation.

DOUGLAS CHAMBERLAIN
President, British Cardiac Society
DUNCAN DYMOND
Secretary, British Cardiac Society
9 Fitzroy Square
London W1P 5AH

NOTICE

The 1993 Annual Meeting of the British Cardiac Society will take place at the Wembley Conference Centre from 18 to 21 May.