BRITISH CARDIAC SOCIETY NEWSLETTER

Health of the Nation

We have heard criticism that the British Cardiac Society did not make known to members its response to the government's green paper or to the strategy document that followed. Many Regions and Districts are now discussing implementation and have invited participation by cardiologists, and of course we welcome this. We can provide a copy of our response to any who may request it, but the following is a brief summary of some of our recommendations.

Prevention must have a major role in any health strategy. The society stressed that tobacco smoking is the major avoidable contributor to premature mortality from coronary heart disease, and urged that tobacco advertising should be phased out as soon as possible—in line with the policy adopted by other socially advanced countries. The specific roles for the government, the National Health Service, and health education and volunteer groups include the organisation of anti-smoking campaigns, advice on the risks of smoking and on techniques of quitting, the promotion of workplace anti-smoking policies, and the recognition of the relation between an increased price of tobacco and reduced tobacco consumption. We need better education of health professionals in food and nutrition so that sound advice can be given to the community, with an increased emphasis on schools and the workplace. In addition to a lower content of saturated fat in our diets, we need a higher intake of vegetables, fruit, and fish. There should be better facilities for exercise—with encouragement for adults to cycle or walk to work where it is practical to do so. Disease surveillance needs greater emphasis in England where the Department of Health failed to adopt the WHO MONICA project in the early 1980s.

The society emphasised the role of district general hospitals in the provision of cardiac care, and urged that all of them should have at least one well trained cardiologist in order to use effectively the recent technological advances for the diagnosis and treatment of heart disease. Rehabilitation and resuscitation needed more resources: they are relatively cheap with favourable cost-benefit ratios. At least four technicians are needed in district hospitals for every 250 000 population. These highly skilled supporting staff can be responsible for much of the routine work of a cardiac department. Within the major centres there should be sufficient cardiac catheterisation laboratories to provide for the number of patients who need investigation, and waiting lists should not be longer than six weeks. We believe that 600 bypass grafts per million population per year together with 400 angioplasty procedures would be modest provision for legitimate needs. These figures (which do not include those for valve surgery) would permit reasonable treatment of the elderly who are at present often excluded inappropriately on the basis of age. We believe that some 50% of the 300 pacemakers

that are required per million population should have the facility of rate responsiveness. The routine waiting list for a pacemaker should not exceed one week. The provision of 40 implantable defibrillators per million population per year would enable treatment to be given to most younger victims of aborted sudden cardiac death, though we recognise that use of such units should be limited.

Many of these recommendations have not been reflected in the government's strategy document. But the proposals are modest and we believe that all members of the society would endorse them.

Read codes

We have discussed Read codes previously in September 1991 and in May 1992. Malcolm Towers who represents the specialty in the work to develop the codes has written to report progress. "The British Cardiac Society, with about 40 other specialty groups, was invited to review and expand existing Read codes. The specialty working group—a subsection of the Data Management Committee—has been set up under the chairmanship of John Parker. Other members are Peter Macfarlane (electrocardiography), Tony Rickards (electrophysiology and pacing), Robert Anderson (paediatric cardiology), Martin Rothman (intervention), Graham Leech (echocardiography), and Richard Underwood (nuclear cardiology). There is also a "general group" comprising John Birkhead, Michael Petch, Nick Boon, and Malcolm Towers. Cardiology was one of the early specialties to receive official approval and funding from the Centre for Coding and Classification in Loughborough. We are to have a special computer which will be set up in 9 Fitzroy Square. Good progress is being made especially in those areas where we are starting with a "clean sheet". We expect the general group to move forward when we have the computer. The specialty working group would welcome comments from members in Scotland and North Yorkshire where Read codes are already in use."

News of British cardiology

The seventh survey of staffing in cardiology appears in this issue. Members will note that between 1990 and 1991 no improvement occurred in the number of district hospitals without cardiologists. We have too few senior registrars, partly because of the inappropriate top slice taken for research. By the time this newsletter appears we shall have had our review with the Joint Planning Advisory Committee (JPAC). This was brought forward at our request. We believe we have an excellent case for an increase in the number of senior registrars. The Manpower and Planning Committee of the British Cardiac Society would like to know of cardiac centres that could offer facilities for additional trainees at this level. The committee could do little more than offer advice on the steps to be taken in any application. This may be helpful, however, because the procedure is complex and lengthy. An increase in allocation nationally does not guarantee manpower approval, educational approval, or funding. The delay from an application to the Joint Committee on Higher Medical Training to physician in post is likely to be at least two years.

News of the British Cardiac Society

At its recent meeting, Council discussed the attitude of the society to commercial sponsor-

ship. Up to the present we have had little liaison with the pharmaceutical industry apart from our annual exhibition. This attitude may be too rigid. We shall explore very cautiously the possibility of closer links. Commercial sponsorship may be appropriate to help us with the refurbishment of our new premises. We should not automatically refuse to endorse meetings that have attracted some commercial sponsorship. The possibility has also been raised of joint workshops with clinical pharmacologists from industry. Council believed, however, that sponsorship for activities at our annual meeting would not be appropriate. Council was reminded that the Medical Practice Committee had a remit to support a limited number of research projects, particularly pilot studies that might be needed before major grant applications, but no applications had been received recently. A decision was taken that the society will also make available £2000 in the forthcoming 12 months to give part-support for colleagues from Eastern Europe or the third world who wish to come to cardiac meetings in Britain. Concern was expressed that entrants for the Young Research Workers Prize had no presentation at our meeting if they were not finalists—though some unsuccessful applicants had submitted excellent work. The programme committee has now decided that entrants should be encouraged to submit their abstracts for selection and presentation in the usual way.

Liam Penny has taken an initiative and brought it to the notice of Council. He has written as follows: "The Department of Health recommends that doctors with clinical contact should be immunised against hepatitis B. This is obviously particularly relevant for catheterising cardiologists. Our informal soundings suggest all too often that cardiologists are 'too busy' to protect themselves, however keen they may be to screen their patients. We suggest it may be interesting and helpful to carry out an audit of hepatitis screening policies and immunisation rates among British cardiologists (registrars, senior registrars, and consultants)." Council gave its support to this exercise which will involve a postal questionnaire, and urged colleagues and their junior staff to return the form as promptly and as accurately as they do for other British Cardiac Society questionnaires. You will be hearing from Cardiff.

Council's confidence in the British Cardiac Society surveys is not entirely inappropriate. The surveys are successful, and we always achieve a complete return eventually... The information is of the greatest importance and the forthcoming JPAC review underlines our need for sound data. But we are concerned that the recent facilities survey is causing unusual problems. We may have made a tactical error in suggesting that much of the questionnaire could be completed by a chief technician or a senior technician. A total of 314 forms were sent out, but 86 (27%) have not been returned despite reminder letters. We will persevere, but the extra effort we have to make is time consuming and expensive. It detracts from other activities. Cardiologists in several Regions are urging us to provide an analysis of the data which they need to support their claims for better provision locally. Without cooperation from all we cannot supply what is needed nor publish the results. We hope all our District contacts will ensure that a prompt response is made to our next reminder letter.

Peter Mills, associate editor of the *British*

Heart Journal has written the following on the subject of reports relating to British cardiology: "The British Cardiac Society and the *British Heart Journal* have agreed guidelines for the drafting and submission of reports. The aims of these guidelines are to coordinate subjects and authors and avoid duplication of effort. Reports bearing the authority of the British Cardiac Society, which will include those of its affiliated groups, should be seen by the Publications Committee before coming to the *British Heart Journal*." The guidelines, which will minimise delays, can be obtained from Peter Mills at the journal office.

News from Europe

Philip Poole-Wilson writes: "The Barcelona Congress this year is over and was judged to be a great success. The number of registrations (over 13 000) was yet another record. Over 10 000 were active participants. The continuing growth in the size of the meeting clearly indicates popularity, but does present difficulties to the European Society of Cardiology with regard to organisation and finding suitable sites. Size is not the most important measure of the success of a

congress. Many of you have commented that the standard of the scientific work is still increasing. Many important studies from Europe and the world were presented. Presentations on thrombolysis and drug intervention after myocardial infarction undoubtedly will have the greatest immediate impact on medicine. In the medium to long term the sessions on genetics, molecular biology, regression of atheroma, and ischaemic syndromes may provide a basis for major therapeutic advances.

During the General Assembly a new Board for the European Society of Cardiology was elected. Michel Bertrand (France) takes over as the new President for the period 1992-4. Philip Poole-Wilson (UK) was elected President-elect, Günter Breithardt (Germany) is Secretary, Marten Simoons (Netherlands) is Treasurer, Joan Cosin Aguilar (Spain) and Julius Papp (Hungary) are the Vice-Presidents, and Sergio Chercia (Italy), Franz Dienstl (Austria), John Gialafos (Greece), and Lars Rydén (Sweden) are the new Councillors. Five new countries have become members of the European Society of Cardiology. These are Latvia, Lithuania, Estonia, Croatia, and Slovenia. A new Working Group on Cardiovascular Surgery was created and I do hope that members of the British Cardiac Society will join it. The Working Group on Nuclear Cardiology changes its name to Nuclear Cardiology and Magnetic Resonance. The

Working group on Pathophysiology of the Cardiac Myocyte changed its name to Cellular Biology of the Heart. Sixty nine new Fellows of the European Society of Cardiology (FESC) were created. Forty seven were present. These included the following from the UK: John Cleland, Christopher Davidson, Simon Joseph, Bruce Keogh, and Richard Vincent.

News of colleagues

Mark de Belder and James Hall have been appointed as consultant cardiologists to the new cardiac centre at South Cleveland Hospital; Anthony Gershlick has left his senior lecturer post to become a consultant cardiologist at the same hospital at Groby Road Leicester; Gordon Dalzell has left the Altnagelvin Hospitals in Northern Ireland to take a post at the Royal Victoria Hospital, and has been replaced by Albert McNeill. These posts attracted a total of 23 applicants — an unusually large number in these days of relative scarcity of senior registrars. Sadly, however, another appointment to a district hospital could not be made because none of the applicants was considered to be suitable for short listing. We understand the post will be re-advertised.

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