BRITISH CARDIAC SOCIETY NEWSLETTER

As we write the newsletter in early August most of our members are in the middle of their summer holidays trying to forget the challenges and frustrations of the internal market, junior doctors’ hours, the Calman proposals for restructuring training, and the restructuring of cardiac services in the Thames Region.

Meanwhile committees and groups continue to meet to develop strategies and to plan for the autumn. The British Cardiac Society has an all day meeting at the Royal Society of Medicine on Monday 29 November. The aim of the meeting will be to inform members of the implications of the Calman Report for our training programmes and the planning of services and consultants will be needed to make the new system work, how recruitment will be affected, and where research and academic cardiology fit into the overall plan. It is very important that we get feedback from members on these important issues. Come and let us know what you think.

Internal market news
The National Casemix Office, part of the NHS Management Executive Information Directorate, has established a working group chaired by John Parker to develop Healthcare Resource Groups (HRGs) for cardiology and cardiothoracic surgery. HRGs represent groups of inpatient episodes (FCEs) which broadly consume similar amounts of resources and it is important that they are clinically interpretable. It is likely that there will be 40–50 HRGs for our specialties and the working group is looking critically at the groupings to ensure that they are consistent with good clinical practice and protect “difficult and complex cases” and individual clinicians who have a cluster of such cases under their care. It is hoped to have the HRGs brought into the contracting mechanism for 1995/96.

Read Codes
Malcolm Towers writes: Our lists of clinical terms for adult cardiology and procedures, such as echocardiography, electrophysiology, nuclear cardiology, etc., were submitted to the Centre for Coding and Classification, Loughborough, on time, at the beginning of July. Rodney Franklin who has developed the internationally known Franklin/Brower codes for congenital heart disease is putting his work in the Read format and will be responsible for the terms in congenital and paediatric heart disease, both medical and surgical. This task is nearing completion.

Loughborough is now collating the work submitted by more than 40 specialist groups and some of the lists will be issued on disk for “piloting” with simple software which can be used on any DOS computer. The disks will be made available to volunteers interested in coding who will be asked to review about 10 case notes to see if the terms required are available and readily accessible. It is emphasised that we are not looking for deficiencies in the software but for comprehensiveness and accessibility of the clinical terms. Further (and we hope minor) changes can then be made in the lists.

We have consulted widely within the British Cardiac Society to achieve a list of terms which is comprehensive, practical, and arranged in a logical order. Many members have given generously of their time and expertise. Our colleagues in Loughborough have tried to meet our wishes, and to integrate our work with that of other groups and arrange it in a form that is “user friendly”. Inevitably when the Read Codes are introduced next year errors and deficiencies will be found and we will see that there are better ways of doing things. Nothing on this scale has been attempted previously worldwide. Arrangements have been made for the continued updating of all the lists of terms, but the success of the project depends on the willingness of our members and other doctors to use it and criticise it constructively.

Smoking and interventional treatment of coronary artery disease
Council debated this issue at its July meeting and issued the following guidance: "All of paramedics that physicians and surgeons should take every possible measure to encourage patients with coronary artery disease to avoid serious adverse risk factors, including smoking.

The Council does not believe that it is possible to justify a clinical policy which systematically denies the right of access to treatment to individuals on the basis of a specific risk factor, even if this is self induced.

Patients frequently present with urgent and emergency conditions requiring treatment in which insufficient time is available for them to have modified their risk profile.

The recommendations regarding individual patients are a matter of concern to each physician and surgeon who must weigh up all aspects of patient care, including the symptomatic and prognostic benefit of interventions, and make recommendations on changes in risk profile, including smoking. Such recommendations form an essential part of clinical management and their implementation may be necessary before invasive treatment is undertaken.

It is of interest to note that the General Medical Council, commenting recently on the HIV infection and AIDS, added a more general note as follows: “It is equally unethical for a doctor to withhold treatment for any patient on the basis of a moral judgement that the patient’s activities or lifestyle might have contributed to the condition for which treatment is being sought. Unethical behaviour of this kind may raise the question of serious professional misconduct.”

British Society for Echocardiography
Graham Leech and Mark Monaghan write: "The hall of the Congress at Wembley was filled to capacity to hear invited presentations on problems of quantification of valve regurgitation, and left and right ventricular function.

F Wills (surgeon) and A Kent (cardiologist) from Papworth Hospital presented an informative analysis of what a surgeon wants to know and what information echocardiography can provide in the preoperative and perioperative assessment of mitral valve repair.

It has been an extremely busy year for the British Society for Echocardiography. We had a very successful winter meeting in Birmingham last November. The meeting last year included a one day postgraduate course and included a number of scientific and practical presentations on echocardiography.

Alessandro Distante from Pisa was an invited speaker at the meeting. In addition there was a technical exhibition.

At the 1993 Annual General Meeting the incoming President, M Monaghan (Kings, London), thanked his predecessor J Shapiro (Papworth) for his contribution in setting up the society, which now has over 550 members and is the largest of the groups affiliated to the British Cardiac Society. He announced that J Chambers (Guy’s, London; St George’s, London) had been selected to fill two council vacancies. The chairman of the Education and Training Subcommittee (P Wilde, Bristol), presented the final draft of the training guidelines and advised that a new body, the Consortium for Accreditation of Sonographic Education (CASE), had been set up to coordinate training in all areas of cardiac ultrasound and that our own proposals may become part of a wider training scheme.

The Research Committee is chaired by Petros Nihoyannopoulos. This committee is responsible for the scientific content of our forthcoming Winter Meeting and also for generating a number of position papers on various aspects of echocardiography which we also hope to publish. The committee is also planning a series of small workshop meetings on various specific aspects of echocardiography. For example, a meeting of methods on echocardiographic signal processing is being organised by Professor Nihoyannopoulos, and it is hoped to have this event on a wider scale.

The autumn meeting and scientific exhibition will be on Friday 19 and Saturday 20 November 1993, at the Majestic Hotel, Harrogate. The Friday scientific meeting will comprise short papers on current research. After this meeting we hope to publish a special British Heart Journal supplement. The Saturday clinical meeting will include presentations and discussion on good echocardiographic practice in various clinical conditions. Full details of the meeting, registration forms and abstract format can be obtained from the British Cardiac Society, 9 Fitzroy Square. The deadline for submission of abstracts was Monday 6 September 1993.

The British Society for Echocardiography publishes a regular newsletter for all members and this year we are planning to do this quarterly. Printing of the newsletter and handling of our membership administration is currently performed for us by Sonoscan in Manchester. We are delighted with the service that they have provided, at minimal cost, we are anxious to separate our own activities which has commercial interests in echocardiography to avoid any conflict of interest. We therefore hope to make increasing use of the facilities offered to us at Fitzroy Square.
News of colleagues
Richard Oliver has been appointed consultant physician/cardiologist at Ipswich Hospital, East Suffolk.

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NOTICES

The 1994 Annual Meeting of the British Cardiac Society will take place at the Riviera Centre, Torquay from 17 to 20 May.

International Albrecht Fleckenstein Award
In honour of Albrecht Fleckenstein and his discovery of calcium antagonism, and to mark the thirtieth anniversary of the first studies with calcium antagonists, Bayer AG, Germany, is sponsoring an award (DM 50 000). This will be presented every second year for work on calcium antagonism and calcium channel modulation in theoretical (experimental) or clinical medicine or both. This work should enhance present therapy or set new trends in calcium antagonism. Submitted papers must be in English and must have been accepted by and/or published in a peer reviewed journal within the past two years. Scientists competing for the award should not be older than 45 years and should send eight copies of their documents together with a curriculum vitae, a list of publications, and a statement from the head of their department confirming the originality of the work to the chairman of the jury: Dr Paul R Lichtlen, Division of Cardiology, Hannover Medical School, Konstanty-Gutschow-Strasse 8, D-30625-Hannover, Germany. The deadline for the first submission is 15 January 1994 and the award will be presented in May 1994.

Quality '93: Raising Quality in the NHS: What progress? This meeting, organised by the British Medical Association, the BMJ, the Kings Fund, the College of Health, and Quality in Health Care, will take place at The Brewery, Chiswell Street, London EC1 on 11 November 1993. For further details contact Pru Walters, BMA House, Tavistock Square, London WC1H 9JR (tel: 071-383 6518).