

# Understanding the Needs of the National Working Groups

**Heart Rhythm UK / BHRS**

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# Heart Rhythm UK Members 2013

167 consultant physicians - €90

132 physicians in training

191 physiologists

37 nurses

10 industry members

Affiliated to :     British Cardiovascular Society  
                          EHRA  
                          HRS  
                          Arrhythmia Alliance

Heart Rhythm UK Exam

Low nos with EHRA exam

Few with IBHRE

# UK Healthcare

## National Health Service

- care “from cradle to grave”
- strong history in training and education
- suffering under financial crisis
- high arrhythmia disease burden
- low device and ablation rates
- big geographical variation

Small voluntary private sector

# Heart Rhythm UK – future challenges

## Finances

NICE guidance crucial for commissioning  
patient money goes to patient groups  
society income from subscriptions & exam

## Strong partnerships

industry

patient voice

Arrhythmia Alliance

Atrial Fibrillation Association

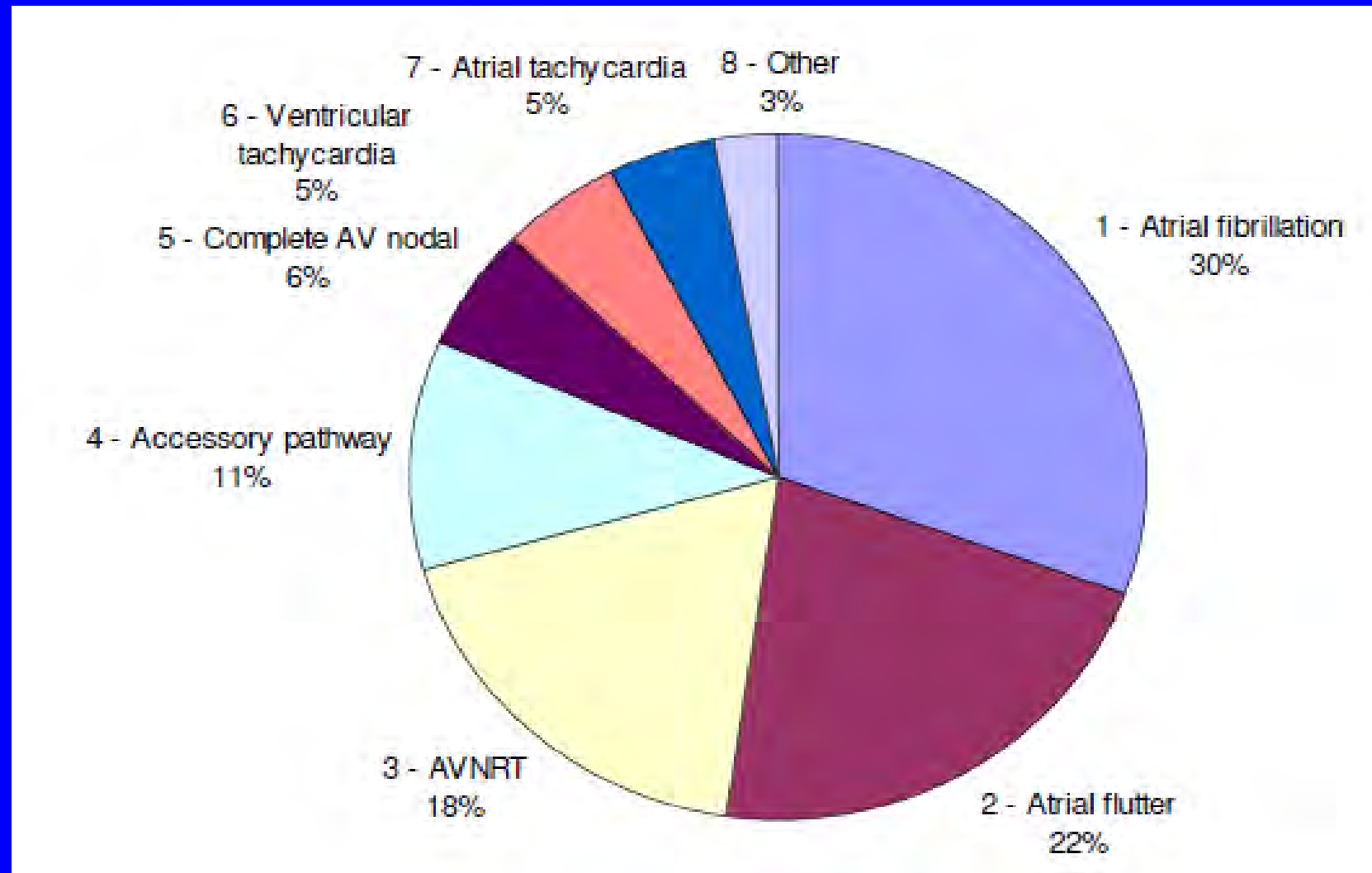
# Arrhythmia Care UK – future challenges

The Future

Training:

what are the future EP docs going to be doing?

# UK Ablations 2010



# Arrhythmia Care UK – future challenges

## The Future

### Training:

what are the future EP docs going to be doing?

AF, flutter, slow pathways, AP's

what are we training them to do?

the EP of 20 years ago?

What is our specialty?

is it “small-print” and unimportant?

is it mainstream and exciting?

The tip = symptomatic AF

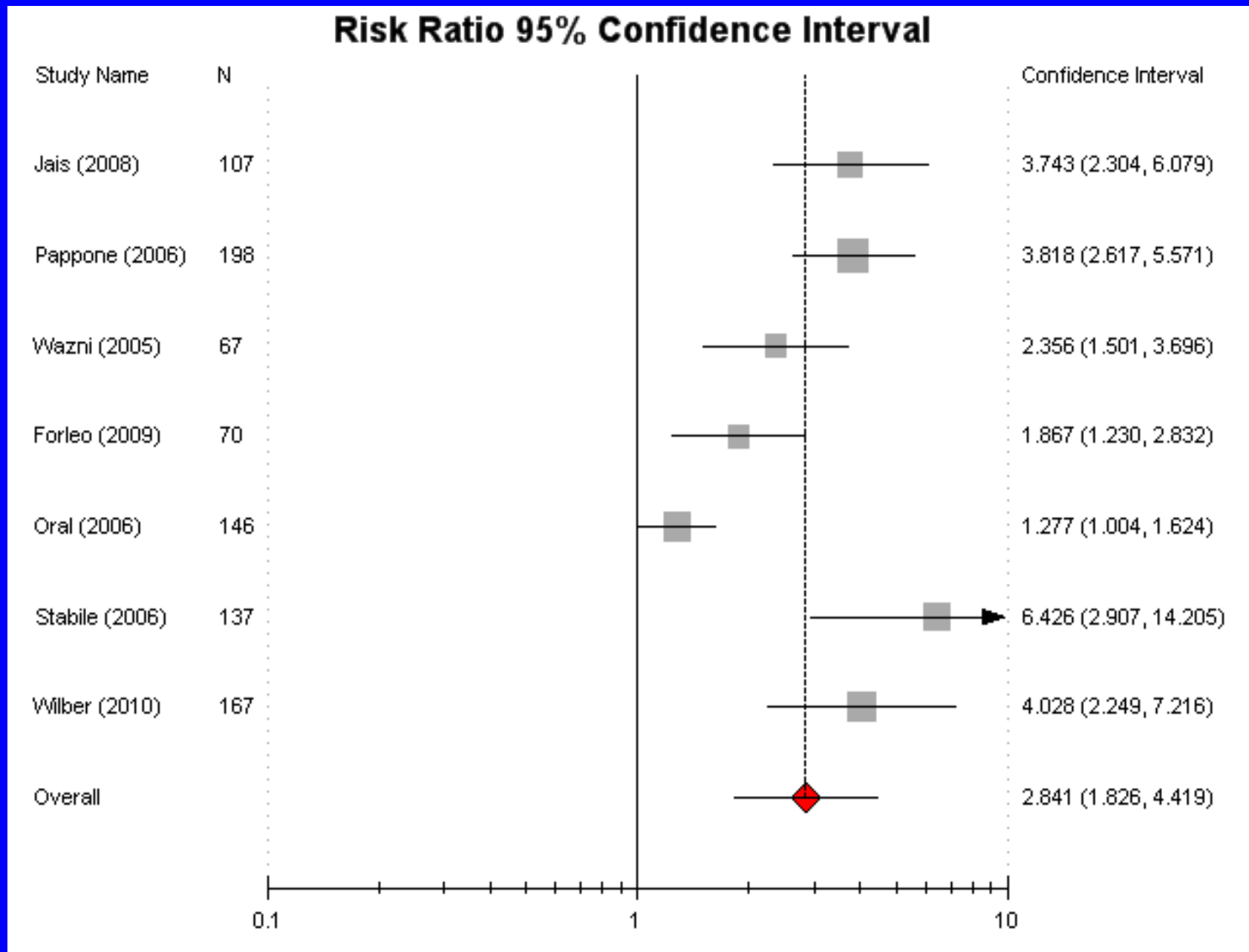
Symptomatic but undiagnosed AF

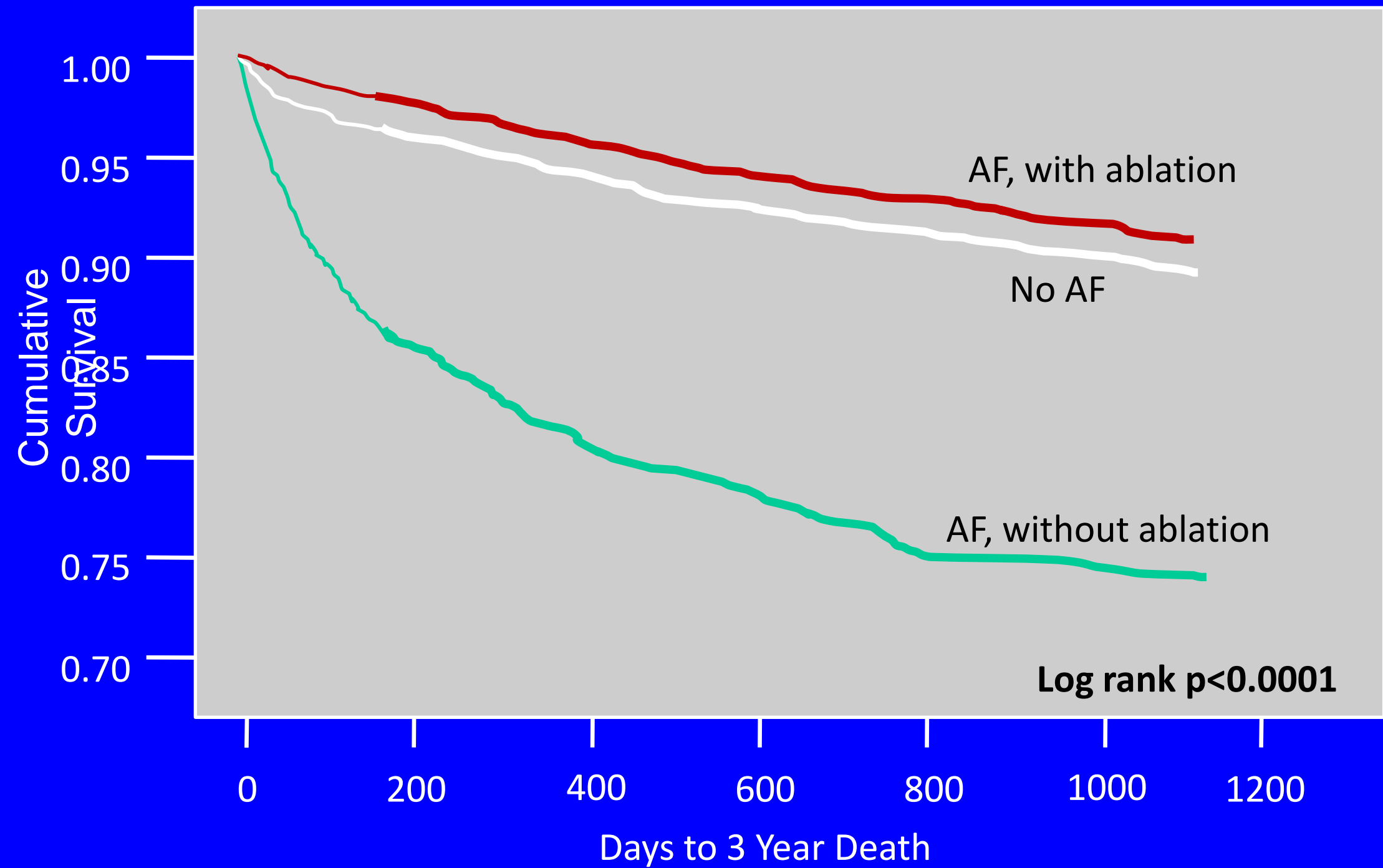
asymptomatic AF



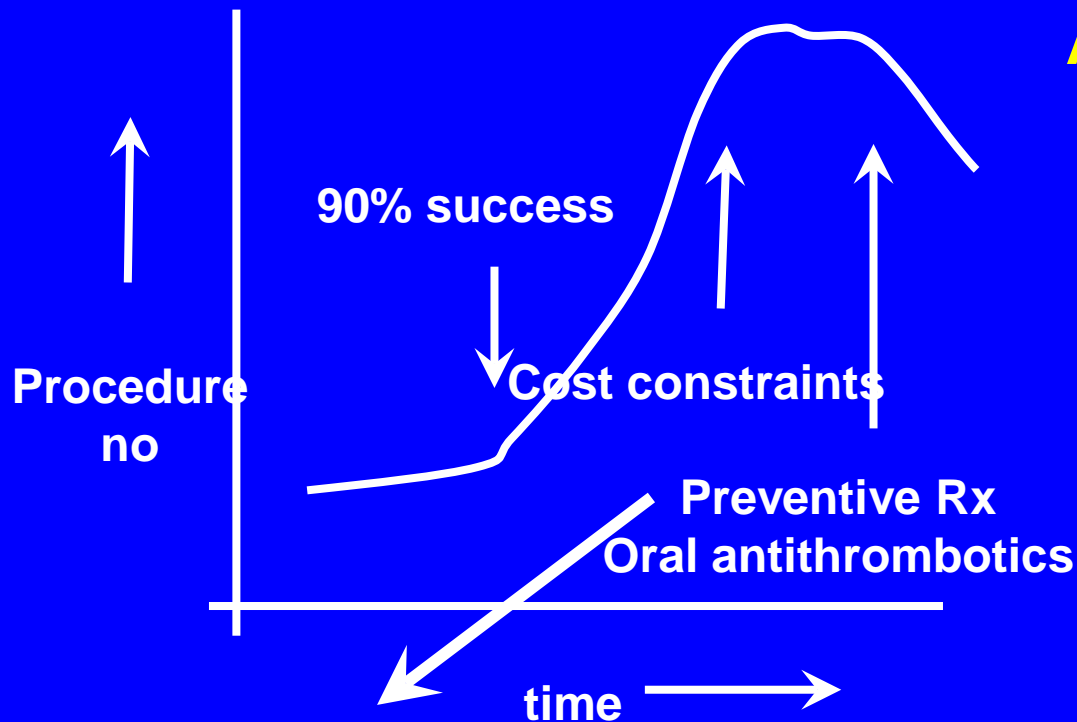


# Catheter ablation vs AAD





# AF ablation - prospects



## AF ablation in the UK

200,000 new cases per year

40 EP centres

if did nothing but AF

500/year

20,000 procedures

(<10% of the incidence)

Upstream therapy

# Public sector budget cut warning

16 March, 2010

Councils and public sector workers should prepare themselves for “considerable pain” as funding cuts of £500m begin to take hold from next year, the spending watchdog has warned.

Health Service Journal



# Catheter Ablation of AF: *Is it affordable?*

## 2 scenarios

- 1) 1-2 cases per day  
Pre-op imaging (CT/MRI)  
TOE  
4 catheters  
Complex mapping system  
Multiple staff  
ICE  
3-5 hour procedure  
3 days in hospital  
1.7 procedures per patient  
Postop CT MRI  
Multiple 7 day Holters

**Cost – enormous**

**is this going to be cost effective ?**

# Catheter Ablation of AF: *Is it affordable?*

## 2 scenarios

- 2) Cath list: 14/8/09 EDGH start 9.00  
persistent AF ablation  
persistent AF ablation  
paroxysmal AF ablation + flutter ablation  
paroxysmal AF ablation  
cor angio  
cor angio + R coronary stent  
finish 4.40pm

No preop / postop imaging / TOE

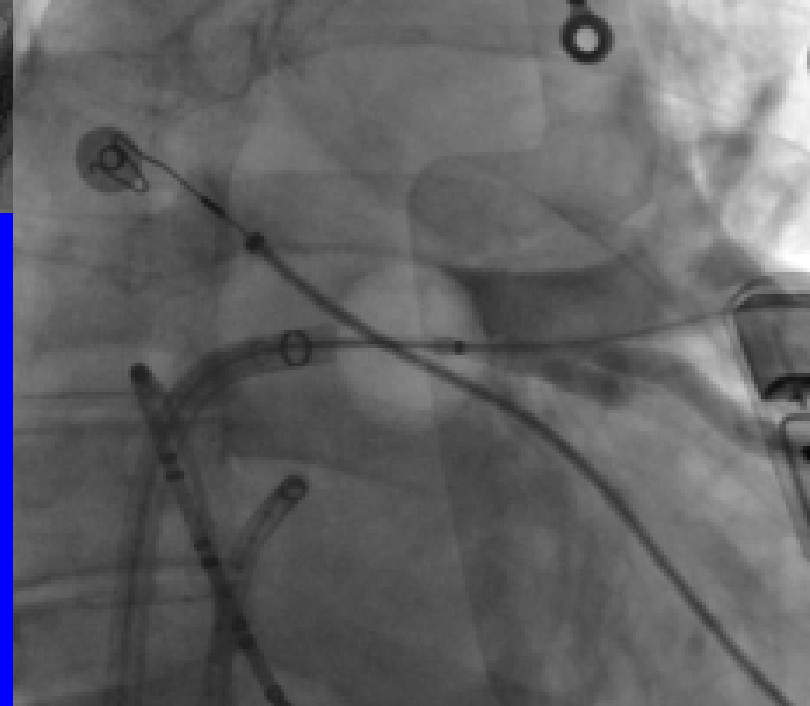
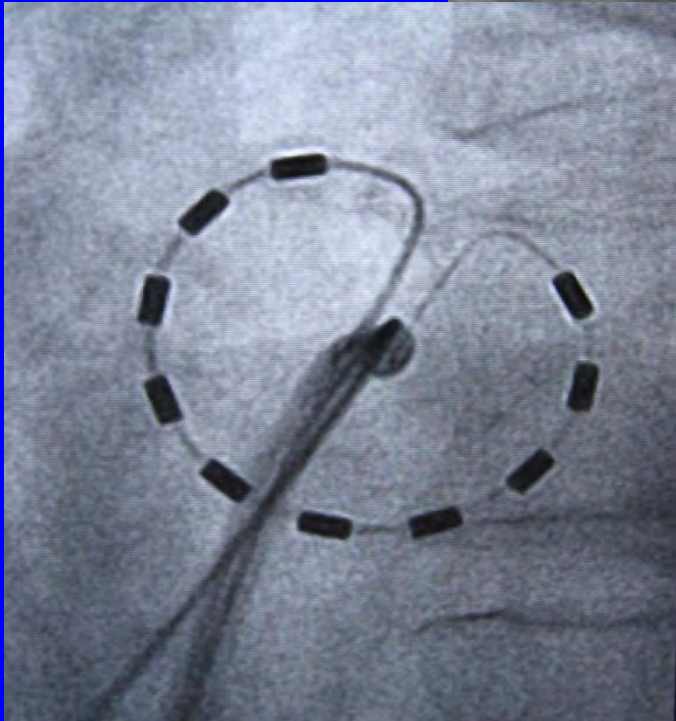
No complex mapping system

Done on warfarin

60% as day case

4 staff

# AF ablation



# AF Ablation in the UK – future challenges

3 possible solutions to the vast numbers:

- 1) rationing – the current solution
- 2) mega centres – 20-30 EP labs
- 3) EP done everywhere

is EP really a 3<sup>o</sup> centre specialty?



# Ablation in the UK – future challenges

The “Fortnum & Mason” model of EP

industry & the profession has bought into this vision of EP

I favour a “Walmart” model

– “pile ‘em high and sell ‘em cheap”

AF ablation works and it’s better than drugs.

10 fold increase in supply needed

# Is EP a purely tertiary speciality?

## A personal view on EP training:

It needs to be overhauled !

Currently

starts with EP signals

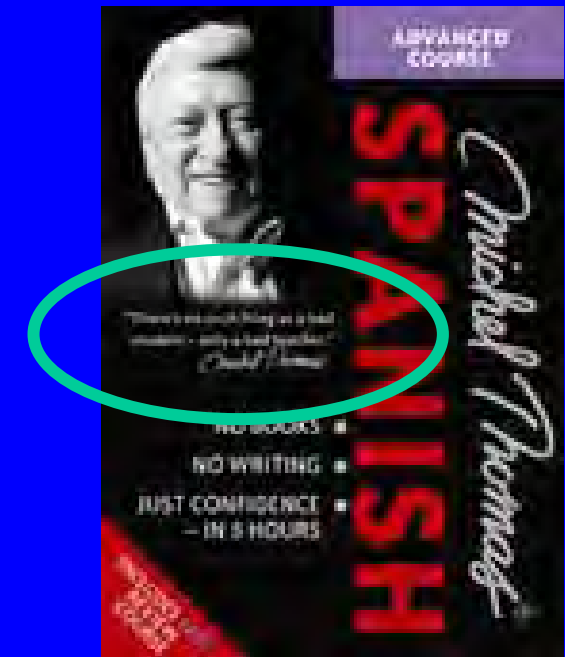
ends with transeptal & AF ablation

Should be

- 1) anatomy
- 2) transseptal
- 3) mapping systems
- 4) EP signals

“There’s no such thing as a bad student - only a bad teacher”

Michel Thomas



# Heart Rhythm UK

October 2013 will become British Heart Rhythm Society (BHRS)

Facing major challenges

funding constraints  
of the Society  
by the NHS

AF ablation – the game changer

low device usage

training needs to change

Thank you