

NEWS

■ **Stent for Life Forum 2014, 27 February-1 March 2014, Prague (Czech Republic) First Announcement.**

Stent for Life Initiative invites you to the 3rd international SFL conference dedicated to STEMI patient management in Europe and beyond. With participants from 25 countries, this exceptional conference encourages the participation of interventional cardiologists, government representatives, patient organisations and industry partners.

■ **Don't miss the Hot Line:**

Registries on prevention and treatment on 3 September from 14:30 to 15:45 in Room Baku (The Hub) - Central Village. Attend the talk on "reperfusion therapy for ST-elevation acute myocardial infarction 2010/2011: current status in 37 ESC countries".

■ **Meet EAPCI at PCR**

London Valves! London (UK) 15-17 September. Discover the ESC eLearning platform and find out more about such EAPCI programmes as the CathGo database, the 2014 Training and Research Grants programme and much more.

EAPCI Focus on the British Cardiovascular Intervention Society (BCIS)

An interview with the President, Simon Redwood

What does the EAPCI membership mean for a national society?

The EAPCI is very important part of our daily work. It is our international professional guild providing a vision and instruction for the present and future developments within interventional cardiology. It is such a successful organisation that its membership is no longer a predominately European affair but now worldwide. BCIS members are very well represented with 260 members (55%) of the 475 consultant BCIS members also being EAPCI members, making us the second largest European group being represented. We also have BCIS members on several committees, including Training and Education, Website and Communication, Scientific Programme, Database, Relations and New Initiatives.

BCIS are very actively involved in EuroPCR, the flagship EAPCI meeting, with many BCIS members being on faculty of the Course. This year we not only transmitted 12 live cases to the meeting during eight different session from two sites (St Thomas' Hospital in London and Edinburgh Heart Centre Royal Infirmary in Edinburgh), but also presented in seven 'How Should I Treat' symposia, amongst others!

There are also many other EAPCI activities which are of great appeal to our members. These include the Young Interventionalist Initiative, Fellowships and the EAPCI Fellows meeting hosted yearly in London by Professor Carlo Di Mario. Finally, the EAPCI has endorsed the PCR London Valves annual meeting, the largest valve meeting worldwide, which for us is great recognition of our scientific endeavours and the quality of our patient care, teaching and research.

What are the current issues related to the national society?

The National Health Service in the UK has come under some scrutiny in recent years with increasing demands on resources with an ever growing population, nevertheless it is an excellent healthcare system and we are fortunate to have excellent facilities and access to



Simon Redwood, president of the British Cardiovascular Intervention Society (BCIS)



President:

Simon Redwood

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Mark de Belder

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<http://www.bcis.org.uk/>

Upcoming annual meeting:

BCIS Advanced Cardiovascular Intervention (ACI), London, January 2014

Founded: 1988

Members: 1,300 members (600 medical, 350 nurses and 140 technicians)

EAPCI members: 260 of the 475 consultants

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European Association of Percutaneous Cardiovascular Interventions (EAPCI)



a wide range of interventional equipment. Transcatheter aortic valve implantation (TAVI) is now widely available, with rapidly increasing rates per million population, and several centres are at the forefront of evaluating newer TAVI devices. We do, however, have some issues with commissioning of certain procedures, such as left atrial appendage closure, PFO closure and Mitraclip, but as an organisation, we are currently working to resolve these difficulties.

We recently launched a new section on our website that is dedicated to providing information for patients and the general public about percutaneous coronary intervention (PCI) within the UK. Although these web pages provide some background about coronary heart disease and treatment by interventional techniques, the primary information relates to how we assess the quality of PCI care being provided.

We have had a very comprehensive and detailed National database of all PCI procedures, the Central Cardiac Audit Database (CCAD), for a number of years now and these data are collated and analysed by the National Institute for Clinical Outcomes and Research (NICOR). Under the expert direction of our Audit Officer since 2002, Dr. Peter Ludman, the BCIS audit programme has published comprehensive information about the practice of interventional cardiology based on assessment of each hospital's activity and performance. As we have switched to primary PCI for STEMI, we also closely audit door-to-balloon and call-to-balloon times UK-wide. These analyses can be seen in the audit sections of the Society's website.

As of July 2013, we now publicly report an analysis based on each individual consultant PCI operator's activity and

outcomes. The aim is to become even more open about the way in which patients are treated, and is part of an NHS-wide increase in the transparency of reporting on the way patients are treated and the outcomes they might expect from a high-quality service.

As this is the first year of operator outcome reporting, it has been necessary to introduce a number of changes in the way PCI procedure data is collected and analysed. Great strides have been made within very tight deadlines by a large number of people including cardiology consultants, statisticians, project managers and audit staff at NICOR and across the country to try to get everything ready in time. While there will inevitably be some minor gaps in the data on this, the first public report of operator activity and outcomes, this is just the start of an important journey.

For this year we chose to report the total activity per consultant, their observed MACE rate and the upper confidence interval of their expected MACE using the North West Quality Improvement Programme (NWQIP) risk analysis algorithm (published in *Heart* in 2006). Reassuringly, in terms of outcome, there were no statistical outliers throughout the UK, and these data are available to see on our website. If (and when) we do identify outliers, we do have a formal policy - our first step will be to contact the operator and their institution in order to allow them to verify the data they submitted and work with them to investigate any issues arising. The completeness, complexity and quality of reporting will become more sophisticated every year, and we plan to introduce a more up-to-date and comprehensive risk analysis over the next two years.