

**MINUTES OF VADS FORUM HELD AT
11:30AM ON WEDNESDAY, 18TH SEPTEMBER 2013 AT
THE ASSOCIATION OF ANAESTHETISTS, LONDON**

PRESENT: Dr E Jessop, Medical Adviser, NHS England, **Interim Chair**
 Mr N Al-Attar, Surgeon, Golden Jubilee Hospital, Glasgow
 Ms T Baker, Transplant Business Manager, Harefield Hospital, Middlesex
 Dr N Banner, Cardiologist, Harefield Hospital, Middlesex
 Mr S Clark, Surgeon, Freeman Hospital, Newcastle
 Prof J Dark, National Clinical Lead for Governance and Organ Utilisation, NHSBT
 Mr J Dunning, Surgeon, Papworth Hospital, Cambridge
 Dr J Lannon, Statistics & Clinical Studies, NHSBT
 Dr S Lim, Cardiologist, Deputy for Dr J Townend, Queen Elizabeth Hospital,
 Birmingham
 Dr G MacGowan, Cardiologist, Freeman Hospital, Newcastle
 Mr C Myers, Commissioning Manager, NHS Scotland
 Dr J Parameshwar, Cardiologist, Papworth Hospital, Cambridge
 Dr S Shaw, Cardiologist, Wythenshawe Hospital, Manchester
 Mr A Simon, Surgeon, Harefield Hospital, Middlesex
 Mr M Stokes, Duty Office, ODT
 Mrs H Thomas, Statistics & Clinical Studies, NHSBT
 Mr S Tsui, Surgeon, Papworth Hospital, Cambridge
 Mr R Venkateswaran, Wythenshawe Hospital, Manchester

IN ATTENDANCE:

Mrs L Drakett, ODT (Observer)
 Mr N Howell, Fellow in Cardiothoracic Transplantation, Papworth Hospital
 (Observer)
 Miss T Monday, ODT (Secretary)
 Mr B C Ramesh, Fellow in Cardiothoracic Transplantation, Newcastle (Observer)

APOLOGIES:

Prof D Collett, Associate Director of Statistics & Clinical Studies, NHSBT
 Prof J Neuberger, Associate Medical Director, ODT
 Dr G Parry, Cardiologist, The Freeman Hospital, Newcastle
 Ms K Redmond, Surgeon, Mater Misericordiae University Hospital, Dublin
 Dr J Townend, Cardiologist, Queen Elizabeth Hospital, Birmingham
 Dr M Winter, NHS National Services, Scotland
 Mr N Wrightson, VAD Co-ordinator, Freeman Hospital, Newcastle
 Prof Stephan Schueler, Consultant Cardiac Surgeon, Freeman Hospital, Newcastle

1 Introductions & apologies

E Jessop welcomed everyone to the meeting.

2 Minutes of the meeting held on 12th April 2013 – VADS(M)(13)1

2.1 The minutes were agreed and approved as a correct record.

2.2 Action Points

Several fixes and improvements are being made to the VAD database, and the new version will be released to centres soon. Paediatric centres are also now able to submit data using this database.

2.3 Matters arising not otherwise on agenda

There were no other matters arising.

3 NHSBT – Brief overview of recorded activity

Members received papers on long and short-term ventricular assist device activity. The following points were highlighted:

Long-term activity

- One year survival on long-term support remains lower than hoped, and will be important if considering applying for funding for destination therapy. There was discussion regarding the higher survival rates for Papworth.
- Regarding Figure 7, it was questioned whether those with a patient profile 1 should be receiving long term VADs rather than short-term.
- H Thomas was also asked to investigate the four patients implanted with long-term devices with patient profiles of 5, 6 or 7. In particular, it should be investigated whether these are patients with high PVR or who meet one of the other criteria for being implanted with a VAD whilst off the transplant list. Those patients with hypertension are likely to satisfy listing criteria if they have a VAD, however this is not always the most suitable way forward for these patients.
- It was suggested that international comparisons are made for patients on long-term support. In particular for patient profile outcomes 4 to 7. This may tie-in with the proposed project looking at factors influencing survival following VAD implant.
- **Short-term activity**
- One year survival following short-term support was considered good at approximately 50%.
- H Thomas was asked to clarify whether the Berlin Heart cases in paragraph 15 of the short-term report were Incor or Excor devices. G MacGowan confirmed they were Excor.
- Age-related survival is to be addressed.

H Thomas was thanked for her work on this.

4 Brief update on activity from each centre

Activity data was presented on behalf of all centres:

	Implanted since April 13	Currently alive on VAD	Transplanted from VAD since April 13
Papworth	6	13	3
Newcastle	9	50	1
Harefield	10	42	7
Glasgow	2	4	2
Manchester	3	12	1
Birmingham	3	8	2

Harefield reported that they had stopped using the HeartMate II device for a period due to concerns about increased rates of thrombosis, but after a review with the company and another VAD centre, they have begun using this device again. They also reported one case of a device breakage that is still being investigated, and the conclusion of the Synergy Circulite trial at their centre.

5 Group Discussion

Members agreed that this forum is effective for shared learning. The following were discussed:

- Detailed questioning needs to take place when considering potential patients for VADs who are not listed for transplant.
- Clarity is needed regarding whether advance agreement from the commissioners is required when implanting a VAD in a patient who is not on the transplant list but meets one of the agreed exceptional criteria (high PVR, salvage from ECMO or ST device, increasing renal dysfunction).
- E Jessop will investigate the issue of funding for patients supported beyond one year (this funding was agreed when median waiting time to heart transplant was four months, now much longer). He indicated that any application for funding beyond one year would require a case being made to the relevant Clinical Reference Group.
- Policy indicates that a VAD is a bridge to transplant.
- Use of VADs as destination therapy would have to be discussed through the Clinical Reference Group initially.
- Clarity is required in the Service Specification document being revised by the CRG regarding funding for VADs beyond one year, and 'Special permission requests'. This will also have to be fully costed.

6 Any other business

- J Lannon to work on a template for reporting centre activity, and VADs Forum chair to circulate this before the next meeting.
- The Collaboration Audit workshop is scheduled for January 2014.
- T Baker reported that the QIDIS programme has produced a reference algorithm for the treatment of VAD patients for first responders such as paramedics.

7 Date of next meeting

To be scheduled in line with the spring 2014 CTAG meetings.

September 2013