

Minutes — Heart Failure Working Group

MEETING DETAILS			
Meeting title	Heart Failure Working Group		
Date and time	14/06/2018		
Venue	CSANZ NZ ASM, Wigram Airforce Museum, Christchurch		
Chairpersons	Raewyn Fisher, Julie Chirnside		
Minutes	Julie Chirnside		
Present	Mayanna Lund, Raewyn Fisher, Julie Chirnside, Sue Cooper, Felicity (Fliss) Rankin, Chris Murphy, Janet Dunbar, Helen McGrinder, Taylesia Dwyer, Emma Reeves, Rob Doughty, Nigel Wilson, Selwyn Wong, Gerard Devlin, Paul Peacock, Laura Davidson, Maggie Coghlan-Talbot, Andrew Tv, Katherine McLean, Claire O'Sullivan, Lia Sinclair, Kate Ramsden, Wendy Bryson, Daman Kaur, Paula Broughton, Jane McAneney, Naila Rahman, Sarah Pinfold, Jane Clarke, Maria Matthews, Inge Wright, Richard Troughton, (one page of attendance record missing at the end of the meeting)		
Apologies			
ITEMS DISCUSSED			
No.	Item	Discussion/Action	Responsibility
1.	Minutes of last meeting	<ul style="list-style-type: none"> Agreed as true and accurate by Helen McGrinder, seconded by Naila Rahman. 	
2.	Chair Report: PHARMAC update – medical therapy	<ul style="list-style-type: none"> FERINJECT: Raewyn reported that Ferinject is funded now for community use as well as for in hospital use. Waikato use a flowchart to guide who requires Ferinject. This is now funded for patients with symptomatic heart failure, but it requires a Special Authority. A trial of oral iron is not required. EPLERENONE: Raewyn reported very recent news that 25 mg Eplerenone will be available from 1/7/2018. 50mg Eplerenone will be available from 1/10/2018. Indications are: HF with EF < 40%, and either intolerant to optimal dosing of Spironolactone (judgment call), or clinically significant adverse event on optimal Spironolactone dose (at prescriber's discretion). It will require a Special Authority which will apply lifelong. GPs can apply for and prescribe Eplerenone. We should be educating prescribers re safe use in renal impairment and hyperkalaemia. ARNIs: Raewyn reported that Sacubitril/Valsartan (ENTRESTO) will likely be available later this year. At this stage it is still unknown what the criteria will be. 	
3.	Chair Report: PHARMAC update - devices	<ul style="list-style-type: none"> Gerry Devlin was asked to comment on inequities in access to devices. He will liaise with the EP Working Group to review (or write) guidelines to address inequity. Mayanna Lund suggested the HF Registry short form (ANZACS-QI) would be a powerful tool to lobby for equity. 	Gerry

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4.	Chair Report: Regional and National Networks	<ul style="list-style-type: none"> The role of the CSANZ HFWG is different but complementary to the networks. It will be useful to know what is happening from the Networks across the country. The Networks and working groups can share work and avoid duplication, and have a unified voice for advocacy. An interest group can evolve to share ideas and education opportunities. Raewyn requested that someone from each hospital email through who the local contact for their Network will be. Mayanna suggested to send out an email of those hospitals that didn't respond to the MDT survey and request contacts from those hospitals. 	<p>Raewyn and Julie</p> <p>HFWG members</p> <p>Julie</p>
5.	Terms of Reference review	<ul style="list-style-type: none"> The TOR was emailed out to the Working Group prior to conference. Raewyn suggested making three amendments which include: that the Guiding Principles add "or at risk of HF"; to make membership more inclusive by deleting two previous clauses; and make application procedures easier by including this may be done at the annual meeting. No objections were raised to these suggestions. The Updated TOR will be finalised and emailed out to the HFWG following completion of conference. 	<p>Kayla Kurta (CSANZ) and Julie</p>
6.	Co-chair Vacancy	<ul style="list-style-type: none"> Julie will have completed two consecutive terms as Co-chair in June 2019. Calls for nominees will be sent out in March-April 2019. 	<p>Julie</p>
7.	Attendance record and updating contact list	<ul style="list-style-type: none"> Attendance record for today's meeting indicating if attendees wish to be a member of the HFWG and if they consent to their email contact details being made available on the HFWG page on the CSANZ NZ website. http://cardiacsociety.org.nz/working-groups/heart-failure http://cardiacsociety.org.nz/heart-failure-wg-members-area Pre-conference 51 members. 	<p>Julie to email today's list to Kayla Kurta (CSANZ) to update HFWG page.</p>
8.	MDT resources in Heart Failure management survey results	<ul style="list-style-type: none"> Julie presented the results to the HF session prior to the business meeting. Limitations - moderate response to survey 57%, and survey style limitations. Summary: Few HF services are cardiologist led. Inpatient services have better access to MDT members in the wider hospital context than outpatient services. The majority of prescribing is by nurses. Main resource requests: Dedicated HF team/cardiologist/nurses/allied health staff – increase FTE; CNS prescribing and titration protocols; administration/support staff for bookings/data/research/audit; Heart Failure Rehab programmes in the community Regional contacts are needed, as a number of hospitals didn't respond to the survey. Two nurses reported they had responded, but didn't appear in the survey results (Julie will follow up). PS: A survey was received from Kew Hospital in Invercargill but omitted from the results. This took the response rate to 59% (22/37). 	<p>Julie - attempt to update contacts at hospitals that didn't respond</p> <p>Raewyn to feed the survey results and feedback to Network</p>
9.	Other Business	<ul style="list-style-type: none"> Mayanna reported that the NZ committee strategic plan included working groups developing a role as research networks. There has been a goal set to have a successful HRC grant by 2020. 	<p>Mayanna</p>
		<p>NEXT MEETING: CSANZ National meeting Wellington 2019</p>	