

**The Vascular Society of Great Britain & Ireland
Minutes of the Annual General Meeting
28th November 2018 SEC, Glasgow**

1. APOLOGIES FOR ABSENCE

None received.

2. MINUTES OF PREVIOUS MEETING

Minutes from the 2017 AGM were signed off as a true record of the meeting.

3. MATTERS ARISING FROM THE MINUTES

All dealt with.

4. PRESIDENT'S REPORT – MR KEVIN VARTY

GIRFT Report and the recommendations coming out of this. Some more challenging recommendations, some good basic timelines.

NICE AAA guidelines-produced a joint statement with BSIR and VASGBI. This has been sent to all members. Looking for agreement from the membership to put this statement out as the official view of the Society.

Q's: The best option for younger fitter patient is the open surgery some merit is what NICE are saying but no recognition of this in the statement; don't think that statement should say that EVAR is the treatment of choice.

Vote taken to put statement out with current wording. Majority in favour.

5. HONORARY SECRETARY'S REPORT –Ms SOPHIE RENTON

Revised POVs document is now available.

Elected to Council-Arun Pherwani, Richard Gibbs and Paddy McCleary.

Push for equality and diversity and encouraged female members to stand. 3 females came a very close 4th, 5th & 6th. Meryl Davis (most votes) co-opted onto Council and the other 2 have been invited to join one of the VS committees.

The Society's Articles of Association allow already for co-opting however would like to make an amendment to these to ensure that equality and diversity is maintained so proposal to add a paragraph to this effect.

Q: will other diversities be looked at?

A: concentrate on gender issue at the moment and can look at others further down the line. Also GMC guidance on curriculum rewrite addresses all issues of equality and diversity and our curriculum will reflect that.

Vote taken and passed.

6. HONORARY TREASURERS REPORT – MR ANDREW GRANHAM

ASM remained stable in terms of income. Subscriptions had dropped, potentially due to retirements. 522 members contribute to NVR but just over 400 members in the Society- members to encourage others in their departments to join.

Thanks were given to Carron Burgess for all her help in chasing up members for subscription payments and the annualisation of payments. Also to Sandra Rees the book-keeper who has been tremendously effective at improving our performance.

No increase in subscriptions this year.

401 members donate to the Circulation Foundation through annual donations but only a small minority have filled in the Gift Aid form so would encourage everyone to do this.

Annual membership donation has generated £20k and this has gone towards setting patient priorities for research with the James Lind Alliance. Going forward next year's £20k will go towards seed funding for the Special Interest Research Groups.

7. AUDIT & QUALITY IMPROVEMENT COMMITTEE REPORT – MR JON BOYLE

Busy year -thanks given to all committee members for their hard work.

Tasked with responding to GIRFT and to develop a lower limb ischemic carotid improvement framework. LLQIF nearly complete, this will be sent to stakeholders and circulated to membership early in 2019. Looking at implementing this with the help of with the RCSEng Quality Improvement Team.

Further significant work on datasets will be in response to members suggestions from last year so there will be some changes for 2019.

Looking at starting to record device info within Registry - data set for 2020 and this will go hand in hand with having some longer term outcomes. GIRFT are keen on this.

Surgeon level outcomes published in July 2018-no real issues.

Annual report is now available (HQIP & NHSE slow in approving). Risk in future is that it might not be available in time for annual meetings.

Will be running the organisational audit this year mainly based on lower limb ischemia. More detailed info on complex aneurysm repair. Nearly all centres responded but not all. Access to the Bristol patient group who have looked at infographics and have tried to make them more patient friendly.

Headlines-very good ascertainment for aneurysms; carotid improving in terms of time to treatment; stalled on case ascertainment for amputation, this has dropped: Angioplasty improving but still low ascertainment rated. Some improvement but still a long way to go.

Q: asked to submit data to SSQD which is separate from NHSE, VS aware of this?

A: Not aware however NHSE have a quality dashboard team collected slightly different data to the NVR - maybe where this is coming from but necessary to supply data if requested.

Q: problem with time to revascularisation. Target 5 days based on POVs 2015.

A: LLQIF will have these targets in there, GIRFT highlighted that these have been managed poorly, main targets of QIF is to drive improvements in this area. The QIF will use measures from both NICE and POVs 2018.

Q: What are the plans for capturing device information within the NVR?

A. The speciality with the most experience collecting device data within a registry is Orthopaedics, JB has spent time with the National Joint Registry team. The main initial cost for the NVR would be the IT build costs. The audit committee is working on this with HQIP and ABHI. A sustainable model going forward may involve funding from Best Practice Tariff and industry for data access.

8. EDUCATION COMMITTEE REPORT – PROFESSOR IAN CHETTER

Aspire programme aim is to provide curriculum matched course for each year of training-almost there once ASPIRE 8 happens in Feb 2019.

Dates are available on the website. Thanks to faculty for running the courses.

New for this year have been Aspire 7 and 4 and these were supported by an HEE grant. Some monies from this is being carried forward. Lead Dean, has said that due to quality assurance and high quality feedback he thinks it probable that might get whole Aspire programme funded.

Other VS courses ran with great success: Amputation course, VAC (great feedback). Dates are available for next year, please support them.

‘So you want to be a Vascular Surgeon’ ran at Charing Cross and by Rouleaux at the ASM.

Working with SVT on an ultrasound course which is scheduled for summer 2019.

Future developments-IST programme appointing trainees at ST1 so need to provide an Aspire 1/2- planning to run this in the summer of in 2020.

Need to look at Consultant education so would welcome feedback from consultants of which courses they would find viable.

Early work looking at vascular fellowships. JCST might support post CCT fellowship. Moving towards developing own VS programme.

President thanked IC for his work as he is now moving onto the Research Committee.

9. RESEARCH COMMITTEE REPORT – PROFESSOR CHRIS IMRAY

Thanks to all the committee over the last couple of years.

Aim is to move away from being dependant on one donor. Trying to broaden the base, make it more inclusive and develop collaboration. Focussed on trying to leverage funds-match fund. Developing research collaboratives.

Congratulations to Ian Chetter- SSL appointed by RCSEng – led DELPHI process. Out to James Lind Alliance to work out exactly what should be done now and this is how the 2018 CF donations monies was spent. Will be using some of the CF 2019 donations to fund the SIGs which will hopefully develop successful NIHR bids and leverage more money.

CF/RCSEng match funded 2 awards appointed earlier this year. Looking to match fund with RCSEd. CF claudication study has allowed nurses to get involved in research. Changed approach-stronger position. Original idea put forward by Rob Sayers so thanks were given to him.

10. CIRCULATION FOUNDATION COMMITTEE – MR MICHAEL JENKINS

Funding brings in around £40k and extremely grateful to membership for their donations. Crucial when we go out to other grant bodies to be able to say that a large proportion of our membership donates. Plea to complete Gift Aid form as this could bring in an extra £4k p.a.

Website-looking at ways to upgrade our presence online. Year on year there has been an increase in activity. More mobile devices are being used to access the platform and the most popular search is for peripheral arterial disease. Looking at developing an app. Search engine optimisation and tagging words is crucial to our position on searches.

Newsletter-moved away from paper based- share as much as you can.

Claudication & Exercise project (funded by grants for James Tudor and Garfield Weston). This has happened in 5 areas and is almost finished. Hopefully this has fed into the scientific project looking at circulation and exercise.

James McCaslin did a series of radio interviews promoting the CF name.

You can help by using SAVOO as your search engine and encouraging everyone else to do this. If downloading patient info leaflets donations can be made via Justgiving.

Thanks to all the committee members for their hard work and to everyone who has fundraised for the CF and thanks to Carron Burgess for her help and support.

Kevin Varty announced that Mike Jenkins has been elected president for 2021.

11. PROFESSIONAL STANDARDS COMMITTEE – MR PAUL BLAIR

Professional Standards Committee report is included in the yearbook. We welcome confidential enquires from colleagues and these are treated in confidence.

Themes this year have been Service reconfiguration review-recommendations made previously have not been implemented so having to review the reviews; and professional issues that are wide ranging however there seems to be an increasing level of frustration within some Trusts with interventional colleagues.

Encourage members who are experiencing difficulties to contact the committee sooner rather than later.

12. PRESIDENT ELECT'S REPORT – PROF IAN LOFTUS

2019 ASM will be held in Manchester on the 27-29th November.

13. ANY OTHER BUSINESS

None.

Date of Next Meeting
27th November 2019 Manchester CCC