

### **Adult Cardiac Sub-Committee (ACSSC) Report for EXECs:**

**Harikrishna Doshi: Co-Chair: SCTS Adult Cardiac surgery subcommittee: Consultant Cardiac and Transplant surgeon, Golden Jubilee National University Hospital, Glasgow**

**Giovanni Mariscalco: Deputy Chair: SCTS Adult Cardiac surgery subcommittee: Consultant Cardiac surgeon, Glenfield Hospital, Leicester.**

**Engagement with NICE:** SCTS, via the ACSSC has engaged with NICE as stakeholders on various guidance and technology assessments.

**Ongoing:** Interventional Procedure: IP2042: ACSSC is currently involved with NICE for providing Professional Expert Advice for Insertion of a catheter-based intravascular microaxial flow pump for cardiogenic shock (IP2042)

### **Engagement with Health Technology Wales Request for expertise:**

Health Technology Wales (HTW) is a government funded, but independent, health technology assessment organisation. They assess non-medicine health technologies and issue independent, authoritative guidance based on evidence and expertise to health and care providers in Wales. Their work informs commissioning by NHS Wales and within social care services and supports decision makers to make evidence-informed decisions. As part of their appraisal process, they invite experts in the field of a particular topic to take part in an expert review of the work. This involves a critical reading of a draft of our Evidence Appraisal Report (EAR) and providing comment, either on specific issues/uncertainties that their research team need help clarifying, or the general content of the report and its robustness – They provide a response document with some key questions to assist with this. Guidance document with a little more information about the process is provided and stored in folder for the project. They are currently undertaking a reassessment of Transcatheter aortic valve implantation for people with severe symptomatic aortic stenosis who are at intermediate surgical risk, along with the new topic of Transcatheter aortic valve implantation for people with severe symptomatic aortic stenosis who are at low surgical risk. SCTS via ACSSC is currently involved in providing the expert review.

### **Type B Aortic dissection and Aortic Toolkit:**

Dr Dawn Adamson, is a National Speciality Advisor for Heart Disease NHS England, and Chair of NHSE Heart Attack and OOHCA Expert Advisory Groups. He is currently finalising the NHSE / combined societies second toolkit for aortic dissection designed to address the management of Type B aortic dissection, but to then go forwards into the wider scope of aortic pathology. This includes surveillance of post op patients, the management and surveillance of aortic dilatation including that that was found incidentally on other scans etc. SCTS via ACSSC is involved in reviewing the toolkit and provide feedback.

### **NCEPOD investigation into 'Aortic catastrophes':**

SCTS has been approached by Mr Marcus Brooks (Vice president for the vascular society of Great Britain & Ireland) and Dr Collin Bicknell (Chair of the British Society of Endovascular Therapy Annual Meeting committee) from Imperial College. They are working up a proposal for an NCEPOD (National Confidential Enquiry into Patient Outcome and Death) investigation into 'Aortic catastrophes'. Their aim is to build on work done by the Vascular Society, RCEM and ACTSs to improve the emergency care of people presenting with an acute non-traumatic aortic emergency; ruptured aneurysm (rAAA) or acute aortic dissection (aAD). The plan is to widen the scope of a NCEPOD investigation to all non-

traumatic emergencies as the challenges around detecting infrequent events, referral pathways, timely transfer and treatment by specialist aortic multi-disciplinary teams using the right operation (specifically access to endovascular repair for rAAA and a specialised aortic surgeon for TAAD) and essential to achieving the best clinical outcomes. They are looking at data which would highlight areas of best practice and where improvements are needed. They have sent their draft proposal. If they are successful, they will need multi-professional support for NCEPOD to adopt this proposal. SCTS via ACSSC has reviewed and supported the proposal.

#### **Aprotinin project:**

SCTS has been asked by the Medicine and Healthcare products Regulatory Agency (MHRA) to look into our current practice of label use of Aprotinin during cardiovascular surgery. In 2013 restricted indication was implemented for the use of Aprotinin following conclusion of a European review of the benefit and risks of antifibrinolytic therapy following cardiopulmonary bypass. This allowed lifting of the license suspension for Aprotinin which was implemented in 2007 due to safety concerns. A condition of the reinstatement for Aprotinin required implementation of a registry which was a mandatory requirement (Nordic Aprotinin Patient Registry, NAPaR). This was implemented to monitor the pattern of use of Aprotinin with supply of Aprotinin to cardiac centres who committed to participate in the registry. The NAPaR registry has come out with its outcome which suggests that while cardiac centres in 9 European countries used Aprotinin, in the majority of the patients (52.2%) were treated in the UK. The registry also found that only 20% of the patients treated with Aprotinin in UK centres underwent isolated coronary artery bypass whereas 80% undergoing the high risk procedures including aortic surgery, valve surgery and surgical treatment of endocarditis etc. the one where Aprotinin was used. Thus, SCTS via ACSSC has undertaken review of current practice and came up with statement regarding the use of Aprotinin. This has been submitted to Execs on 16/01/2026.

#### **RAMP Discussion:**

Reception arrangements for military personnel (RAMP) are the provisions and measures needed to ensure that military and other eligible personnel can receive timely medical care within the National Health Service (NHS) following repatriation to the UK. RAMP procedures can be scaled to match the level of demand. RAMP planning is considered routine Emergency Preparedness, Planning and Resilience (EPPR) business. The importance of timely preparation has, however been re-emphasised in the recent Strategic Defence Review. Joint NHS-MoD planning exercises have been conducted throughout 2025 for RAMP Operate and Ramp Medium, with further activity planned in 2026 for RAMP Large. At present, baseline assumptions are modest, but future planning requires us to consider how cardiothoracic surgery and our wider teams would contribute to a more complex and higher-volume response. SCTS is leading the discussions and ACSSC is providing the required support.

#### **Endorsement of SDCEP Antibiotic Prophylaxis Against Infective Endocarditis implementation advice:**

Mr Syed Rana and Mr N Moorjani were SCTS representatives on the SDCEP (Scottish Dental Clinical Effectiveness Programme). Short Life Working Group was formed to revise its Antibiotic Prophylaxis against Infective Endocarditis Implementation Advice. The SLWG comprised representatives from all stakeholders - cardiac surgeons, cardiologists, dentists, public health physicians, and others had a series of well-organised meetings to update the advice supporting NICE CG64 Prophylaxis against

infective endocarditis. The published advice would apply across the UK. SCTS has endorsed the guideline.

### **Job Description Review:**

In accordance with the 2005 NHS Good Practice Guidance, the Royal college of Surgeons (RCS) helps NHS trusts in appointment process of a new Substantive Consultant Surgeon by helping in creation of a high quality job description (JD), providing constructive comments to ensure issues are addressed before the document is finalised and the post is advertised. This role is undertaken by the College Regional Specialty Professional Advisors (RSPA) and Specialty Associations (SA).

For Cardiac surgery, this work is undertaken by SCTS through ACSSC. During last year, ACSSC has been involved in review following upcoming Substantive Consultant's post across UK

- University Hospitals Coventry and Warwickshire NHS Trust
- Guy's & St Thomas' NHS Foundation Trust
- Oxford Heart Centre, John Radcliffe Hospital
- Royal Sussex County Hospital
- University Hospital of Wales
- University Hospitals Plymouth NHS Trust
- Barts Health NHS Trust
- Hull University Teaching Hospitals NHS Trust
- Humber Health Partnership, Hull University Teaching Hospitals

### **Change in the working of ACSSC & Future directions:**

ACSSC has provided robust support to SCTS Execs team in various areas over the years. Continuing on to the fabulous work of the predecessors and adjusting to the newer challenges, it was felt during the ACSSC full committee meeting in Belfast that we need to introduce strategic changes in working of ACSSC. Following further discussions, the structure of the committee has been revamped and core group and wider group have been identified. Two Core members post have been advertised and generated good response. We are awaiting shortlisting and interview to be completed by June. The Chair and Deputy Chair have decided to have weekly update meeting regarding various on going projects and once Core members are in place, monthly 'Core Group' meetings will be introduced with wider committee meetings twice a year.

The ACSSC has agreed to develop repository of template documents addressing key operational and professional topics within cardiac surgery. These would include areas such as job planning, "Surgeon of the Week," and "Surgeon of the Day" models, among other workforce and service-delivery arrangements. Given the significant professional, organisational, and interpersonal sensitivities associated with these subjects, the repository would provide carefully developed, adaptable templates to support consistency, transparency, and best practice across units.