

National Review of Specialist Cardiac Services

MODUS OPERANDI

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INTRODUCTION

The National Review of Specialist Cardiac Services is an independently chaired national review of clinical services that will be underpinned by rigorous systematic reviews of evidence, robust data analysis of existing service provision, examination of relevant international good practice, and public and stakeholder consultation. This modus operandi details how the independent Chair, National Review Steering Group, and the Secretariat will conduct the business of the review.

1.1 Aim

The aim of the National Review of Specialised Cardiac Services is to achieve optimal patient outcomes at population level with particular emphasis on the safety, quality and sustainability of the services that patients receive by establishing the need for an optimal configuration of a national adult cardiac service. This may consist of regional cardiac networks and network hospitals that are designated as general or comprehensive cardiac centres based on the clinical needs of the population. Such an approach is advocated in international guidelines and national policy.

1.2 Scope

The scope of the National Review is broad and national. It will examine services for adults that address elective, urgent and emergency need for hospital-based diagnosis and treatment of cardiac disease, including diagnostic and interventional cardiac procedures and the associated interdependent services. Specialist cardiac services provided on a network basis will include:

- diagnostic (invasive and non-invasive) services;
- interventional services (to manage coronary artery disease, rhythm disturbances, structural abnormalities and adult congenital heart disease);
- intensive cardiac care units;
- heart failure services;
- arrhythmia management services;
- in-patient care for chronic cardiovascular disorders;
- out-patient services;
- rehabilitation;
- teaching;
- management functions; and
- sub-specialist clinics and electrophysiological services where appropriate.

1.3 Terms of Reference

- (i) To recommend the best service configuration for a national adult cardiac service with population-based regional cardiac networks and network hospitals by:

- establishing population-based need at national, hospital group and county level for adult cardiac services
 - setting out minimum service requirements (including for relevant sub-speciality services) relating to staffing, activity, performance, and any measure deemed relevant to the scope and these terms of reference
 - setting out how service configuration and minimum operational requirements are supported by evidence, where available, and/or conform to international best practice and standards
 - examining and validating activity and related operational information from existing services within the scope to determine their ability to meet the minimum requirements set out
- (ii) To explicitly consider the sustainability of the service for the following 10-15 years, with specific regard to manpower requirements, capital requirements and clinical/technological advances
- (iii) To set out appropriate clinical governance and performance information requirements for all components of the service to ensure that:
- patients have access to service based on clinical need rather than geographic location
 - the safety and quality at each level of service including national level can be audited against evidence based safety and quality standards and reported in public
 - resources are utilised in the most clinically effective and efficient manner possible to meet service needs

2. ROLES AND RESPONSIBILITIES

The various responsibilities of those involved with this National Review are set out below. It should be noted that more detail is provided in the project plan.

2.1 The Chair

Professor Philip Nolan, President of Maynooth University, is the independent Chair.

The Chair will:

- Provide leadership and direct the work of the Steering Group to ensure the delivery of the review in a timely way;
- Present the report of the review to the Minister;

- Be available (with the support where appropriate of other Steering Group members) to meet any media obligations that may arise in the course of the review and after the publication of the report.
- Be available (with the support where appropriate of other Steering Group members) to present and inform about the review in selected international, national and regional conferences and workshops as well as in any other meetings or seminars organised by relevant bodies;
- Set and manage the agenda for each Steering Group meeting to ensure the efficient use of time for each meeting;
- Manage declarations of conflict of interest as they arise, according to the policy;
- Encourage broad and effective participation from members;
- Conclude each meeting with a summary of decisions and assignments;
- Sign off meeting minutes once approved by the Steering Group;
- Liaise with the Secretariat in regard to the creation of agendas, reports etc.; and
- Ensure that the experts on the International Reference Panel (who the Chair will jointly choose with the Secretariat) are kept informed and engaged throughout the review period.

2.2 The Steering Group

The Steering Group members are set out in the table below. These members were appointed to the role by the Minister for Health following their nomination from key stakeholders in the field.

Member	Position	Nominating Organisation
James Crowley	Incoming President, Irish Cardiac Society	Irish Cardiac Society
Geraldine McMahon	Consultant, St. James' Hospital, Dublin	Irish Association of Emergency Medicine
Jim McCarthy	Consultant Cardiothoracic Surgeon, Mater Hospital, Dublin	Royal College of Surgeons in Ireland
Peter Wright	Director of Public Health, North-West	Royal College of Physicians in Ireland
Sharon Donohue	Cardiac Physiologist, St. Vincent's Hospital	Irish Institute of Clinical Measurement Science
Tanya King	Director of Nursing, Mater Hospital	Irish Association of Directors of Nursing and Midwifery
Brendan McAdam	Consultant Cardiologist, Beaumont Hospital	Royal College of Physicians in Ireland
Ken McDonald	Clinical Lead, Heart Failure Programme	Health Service Executive
Colm Henry	National Clinical Advisor for Acute Hospitals	Health Service Executive
Pat Nash	Clinical Director, Saolta	Health Service Executive
Kieran Daly	Clinical Lead, Acute Coronary Syndrome Programme	Health Service Executive

Claire O'Brien	Clinical Director, University Hospital Kerry	Health Service Executive
Celeste O'Callaghan	Principal Officer, Policy on Acute Hospitals, DoH	Department of Health
Sinéad Donohue	Deputy Chief Medical Officer, DoH	Department of Health
Kathleen Mac Lellan	Director, National Patient Safety Office, DoH	Department of Health
Lucinda McNerney	Member of Sudden Cardiac Death Council	Irish Heart Foundation
Frank McFall	Cardiac Transplant Patient	Irish Heart Foundation
Macartan Hughes	Chief Ambulance Officer, Education & Competency Assurance	National Ambulance Service

The Steering Group will:

- provide overall governance for the review in order to ensure that the Terms of Reference are met;
- define the complete set of review questions;
- endorse the key deliverables and submit the Final Report to the Minister;
- provide the clinical expertise input for the Secretariat in regard to the systematic review tender;
- engage with stakeholders in an agreed manner;
- keep the review on track in regard to its project plan and advise when changes to the project plan are required;
- be available support the communication and dissemination of the outcomes of the review when appropriately requested to do so by the Chair;
- identify risks associated with the delivery of the review; and
- declare any conflicts of interest and know that these will be managed appropriately in accordance with the Conflicts of Interest policy.

2.3 The Secretariat

The Secretariat will be comprised of staff from within the Clinical Effectiveness Unit of the NPSO and the Office of the Chief Medical Officer (drawing on internal and external expertise when required). This Secretariat will be responsible for:

- taking care of all organisational and secretarial aspects of the Steering Group meetings (preparing and sending invitations and ensuring the follow-up of action points, writing the minutes of the meetings, ensuring that members receive the agenda and related documents in due time before the meetings);
- providing and regularly updating a calendar of activities and a work-plan;
- the identification of stakeholders;
- gathering the necessary data;
- drafting of the key deliverables (final report etc.);

- the administration of any review-related website, consultation exercises, site visits etc.; and
- preparing a press-release to be issued after each Steering Group meeting which will provide the headlines of what has been agreed. This press release will have to be endorsed by the Chair/Steering Group;

2.4 The International Reference Panel

The three independent experts that comprise the International Reference Panel will provide additional clinical and methodological expertise to the group. They will provide a review of relevant material produced by the group and propose changes and adaptations on the content or on the process in order to fulfil the overall objectives of the review. The independent experts may attend Steering Group meetings at certain key points.

3. WORKING ARRANGEMENTS

3.1 Schedule of Meetings

The Steering Group will meet on a monthly basis and will generally alternate between the final Wednesday and Thursday of every month. Meetings will take place between 14.30 and 16.30 unless otherwise specified. The first meeting of the Steering Group will mark the beginning of the 18 month process. It should be noted that it may be necessary on occasion to amend meeting times at short notice. It is also possible that some additional meetings may be required.

3.2 Location of Meetings

Steering Group meetings will be held in the Department of Health unless otherwise stated.

3.3 Documents

The Secretariat will aim to have all meeting documents issued to members (via e-mail) one week before any Steering Group meeting.

3.4 Invitees

Internal or external persons may be invited to attend meetings at the request of the Chair on behalf of the group to provide advice and assistance where necessary. It may not be necessary for an invitee to attend the whole meeting and they may be requested to leave the meeting at a certain point by the Chair.

3.5 Conflict of Interest

Members of the Steering Group will be required to read and follow the National Review of Clinical Services Conflict of Interest Policy (January 2018). They will be required to declare any conflicts of interest in writing at the commencement of the review process, and then verbally at all meetings. The aim of this approach is to protect the integrity of professional judgement and to preserve public trust for all activities of the Steering Group. A copy of all

conflict of interest declarations will be held by the Secretariat as part of record keeping. All records will be subject to Freedom of Information.

3.6 Minimum Attendance

Participation of all Steering Group members in all meetings is highly desired and members should make every effort to attend each meeting. If necessary, members will be permitted to dial in for some meetings with the prior approval of the Chair beforehand. If members cannot attend, they should inform the Secretariat before the meeting. If a member misses two meetings without an explanation, or is repeatedly unavailable, the Chair may consult with the member to confirm interest and may ultimately seek to replace the member.

4. DECISIONS

4.1 Quorum

A quorum is necessary for the transaction of business. The quorum needed for a viable Steering Group meeting will be two-thirds of the total number of members rounded down to the nearest whole number. The Chair must be present for a meeting to be quorate.

4.2 Method for Decision Making

For each of the decisions it is assumed that there is a quorum to enable decision making at the meeting. The preferred decision making method shall be that of consensus. Consensus decisions are those that signify the acceptance of all members of the group of the proposal, after discussion of various viewpoints on the proposal. Whilst all members of the group may have made specific representations on certain aspects of the proposal, which may be at variance, there is consensus agreement by the group on the proposal for decision. Where, in the opinion of the Chairperson, consensus is not possible, the question shall be decided by a majority of the votes of members present and voting on the question and, in the case of an equal division of votes, the chairperson or other person presiding shall have a second or casting vote. The decision making method, excluding those made by consensus, shall be noted on the minutes of the meeting for transparency. The decision by the Steering Group shall be final, unless new evidence emerges that may materially alter the proposal and its decision. In this instance, the new evidence should be submitted in writing to the Chairperson for discussion and decision at a Steering Group meeting.

5. COMMUNICATION

Over the course of the review, there will be a requirement to ensure that the public and stakeholders are kept informed about the progress of the review. In order to ensure transparency in the process, the Secretariat will create a Communication Plan with an emphasis on openness. This Communication Plan will have a dedicated section on media

engagement, which will be created in collaboration with the Department of Health Press Office. As there is likely to be media interest in the work of the Steering Group, in order to ensure consistency in the messages we are communicating, all press queries should be directed to the DoH Press Office. If members do speak to the media or at a conference, until such time as the final report of the review is published, they should take care not to comment on behalf of or as a member of the Steering Group, unless requested to do so by the Chair, and should ensure that any differing personal or organisational viewpoints are clearly distinguished from the work of the Steering Group.

The Secretariat will also be responsible for setting up a webpage which will include all relevant review documents (e.g. FAQs; Final report; presentations; press releases; agreed summaries of finalised Steering Group minutes, Conflict of Interest Policy etc.) and for maintaining a specific email address for all communications related to the review which is nrcs@health.gov.ie.

6. CONFIDENTIALITY

The business of the Steering Group is not strictly confidential as minutes of meetings will be published on the website. Minutes will include: attendees; a summary of the discussion; agreed actions; decisions taken; and date of the next meeting. However, draft documents should not be circulated, and the specific viewpoints articulated by different members of the group in the course of discussion should remain confidential to the group unless reported and attributed in the minutes.