

PCCS: critical thinking for times ahead

The Primary Care Cardiovascular Society (PCCS) has come a long way since a small group of us met in an inauspicious hotel in middle England in the mid 1990s, to discuss the formation of a group through which to develop a network of general practitioners (GPs) with a particular interest in cardiovascular disease and its management. It seemed extraordinary that such a group was not already in existence since cardiovascular disease was then, and continues to be, the number one cause of morbidity and mortality in the UK. But cardiovascular disease was then not such a high priority on the political agenda in the mid 1990s.

The Primary Care Cardiology Group held its first scientific meeting and AGM at University College, Oxford, in 1997. Subsequently, the name was changed to encompass all aspects of vascular disease. The membership criteria were extended to include all clinical practitioners with an interest in community cardiovascular disease, the Constitution was agreed and the Primary Care Cardiovascular Society was born.

General practice perspective

Six years on we have a well-established Society with some 1,500 members that provides a general practice perspective on cardiovascular disease management for policy makers and expert bodies. The PCCS is recognised as a respected voice within the cardiovascular community in its own right as a registered charity, and through its affiliation to the British Cardiac Society, its membership of the National Heart Forum, and as a registered stakeholder of the National Institute of Clinical Excellence (NICE).

It must be acknowledged that the establishment and development of the PCCS would not have been possible without the generosity of multiple pharmaceutical companies. They provided unrestricted educational grants to fund the running of the Society. The support of *The British Journal of Cardiology* must also be recognised, providing an outlet for the reporting of the Society's activities, and subsequently becoming the Society's official publication.

In 2003, we are working in a very different environment from that of six years ago. The National Service Framework

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***Fran Sivers
Executive Director,
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for coronary heart disease, despite its critics, has been a major force in establishing cardiovascular disease at the forefront of political and medical agendas.

So where do we go from here? The PCCS, having successfully established itself, needs to make some significant changes in order to continue to grow and represent the interests and demands of its membership. Two major challenges face the Society – new sources of income and new projects. To date, the Society has relied heavily on pharmaceutical company sponsorship, but with company mergers, drugs going off patent and diminishing budgets more tightly controlled, it is apparent that a major challenge for the future is where to locate alternative sources of funding.

One obvious source of revenue would be to introduce a membership fee, which has been discussed but avoided so far. To make our meetings more profitable and extend the range of outputs from such events are other options that we are exploring. Another possibility is to increase the range of activities of a more commercial nature in which the Society is involved. But all these options will need a significant increase in manpower resources to be successful. Much of what has been achieved within the PCCS to date is a result of goodwill on



the part of the Board members, a handful of committed PCCS members and the Secretariat. We want to encourage other members to become actively involved to introduce new ideas and initiatives, to spread the workload and promote the on-going growth and development of the Society.

GPSI training course

The PCCS has plans for the future. Through the efforts of Board member Jan Procter-King, a training course for GPs with a special interest (GPSI) in cardiovascular medicine, is currently being piloted in conjunction with Bradford University. If successful, it is hoped that similar training courses will be established at other locations throughout the country. Deputy chairman Terry McCormack has devoted a huge amount of time and effort to the development of a multimedia modular training course providing updates in all aspects of cardiovascular disease. The first module of this on prevention should be launched in the first half of 2004.

Recently, the PCCS has seen the formation of its first special interest group, the Primary Care Anticoagulation Society. It is intended to set up other special interest groups for such

areas as metabolic disease, cardiovascular disease risk reduction and disease prevention in the future. Education and appraisal are other options put forward, but none of these will be possible without commitment and support from PCCS members. Regional subgroups of Society members are also being considered to increase involvement in local activities.

Call to recruit committed enthusiasts

There is plenty of scope and much for the Primary Care Cardiovascular Society to achieve in the future. But the Society can't do it without more input from committed enthusiasts. If you believe you have something to offer the PCCS, don't just sit there thinking about it, write to me with your ideas. I look forward to hearing from you.

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