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Election statement:

The BSG is so important, with increasing pressures from growing demand, workforce shortage and widening inequalities. My strategy would be for the BSG to provide strong and practical leadership to support our members delivering the best care. I would champion consistent pathways and evidence based care, which continues to be provided by the BSG guidelines and clinical standards, reducing variation - supporting quality improvement across the UK. I would like to lead a Society that is outward facing, collaborative and focussed on supporting members.

My consultant life has been in a District General Hospital, I understand the pressures and rewards of delivering care in these settings. As President I would bring an inclusive and diverse insight to the role recognising that most liver disease is managed in District General Hospitals and Primary Care. Better networking between primary and secondary care, and secondary and tertiary centres will lead to an elevation in national standards of practice and improvement in patient centred care with a bigger investment in the recognition and management of preventative medicine. More collaboration, streamlining the patient journey.

The BSG is an advocate, championing QI and the health of the nation, encouraging embedding of innovation and research with influence.

My strategic vision acknowledges the great wealth of care and dedication that goes on all over the country looking after people with gastrointestinal disease. By listening to and representing all BSG members we would work to strengthen collaboration across all career stages and professional groups. More joined up health provision from Primary through to Tertiary and into community care?

The BSG does great work on guidelines and pathways, service development and provision. Our society is in a position to advise on the numbers of nurses and doctors needed to run a service. This is not just to provide care of the population but also to protect those delivering, to help prevent burn out and retain staff. Tips on how to collaborate with the bigger centers, promotion of pre-written business cases, how to share or adapt staff, where to cut waste or even guides on when to reduce services - such as parallel planning for endstage disease.

Not just the population, but also the workforce is aging. How will we continue to engage all our workforce whilst encouraging more to join? I am hoping to dovetail into our current president elect with her strategic vision by looking at the services, pathways and support for all sites.

The concerns of the resident doctors are always on the BSG agenda. We need to continue listen to their voice and be their advocate, offering support and guidance, whilst encouraging them to help us work through major obstacles. Looking at what makes a job attractive would be valuable insight to any trust recruiting, this work could be available from the BSG with the trainee committee.

I am keen to work more closely with our nursing colleagues, and would change some of the BSG committee structure to facilitate this. Every committee should have a nurse representative seat.