

news

Message from the President

Our future is bright! Anyone who has any doubts should attend one of the events which our Trainees' Section organise—the enthusiasm of our younger colleagues and trainees is infectious, and for the foreseeable future, their opportunities are also bright. The BSG workforce has increased dramatically in the past 10 years; the increase in numbers of consultant posts advertised is second only to the expansion in acute medicine and gerontology. Several factors have contributed to this: the rising demand for endoscopy and screening for cancers are probably principal among them but undoubtedly our ongoing participation or contribution to 'the acute take' and the rising tide of patients with liver disease requiring admission have also contributed to the need for providers to recruit more gastroenterologists.

However, the variety of workload that makes gastroenterology such a popular career choice also produces significant work pressures and service demands. We know that many of you are feeling the pressure of these demands, and there are many competing demands on your time and expertise. Sometimes new initiatives are announced which appear to pile the pressure on an already overstretched service, and some of you are unhappy about this. Patient satisfaction with their experiences, and your happiness with your services, are intertwined. At the Trainees' Section away day earlier in the year, I discussed with them how to achieve a state of 'happiness' in their career. Among the more intriguing pieces of information or opinion I found while researching 'happiness' was that a Wellcome funded neuroscience unit at UCL¹ has produced a formula for happiness, or 'momentary subject well being' as they call it. Although their model refers to inequality and 'fairness', it possibly boils down to the equation 'happiness=expectation minus experience'. This is important for us because as we strive to produce value driven services of high quality and excellent patient experience, this can be so easily undermined by expectations rising (or being driven up) at a rate or



*Professor Martin Lombard,
BSG President*

to a level that is unachievable or unsustainable without vastly increasing our resource. How can we respond to these demands without being overwhelmed?

It is obviously important that we do not lose sight of our objectives—to improve access to diagnostic opinion and investigation to improve clinical treatments and outcomes. This has been the principle guiding our response to a recent consultation document in 'straight to test' (STT²) lower gastrointestinal investigations. Although this initiative applies to NHS England, there will be parallel models relevant in the devolved health services and we all share the same objectives. We must continue to assert the central role of gastroenterology in the diagnosis of cancers (almost 30%) and in the 'acute take' (almost 20%), and emphasise our values in providing a quality service. As I have indicated previously, this means that our models of service must adapt and evolve. Even so, increasing demand without resource can jeopardise the quality of service to which we all aspire, not least by its effect on workforce morale. Therefore, we should continue to strike a balance between our aspirations and our ability to deliver them, and we hope we can continue to represent your views and persuade policy makers in a way that supports both.

1. Rutledge *et al. Nature Com* 2016;7:11825.
2. STT: BSG statement: <http://www.bsg.org.uk/clinical-guidance/endoscopy/bsg-position-statement-straight-to-test-pathways-for-lower-gi-endoscopy.html>

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Liver matters

It is excellent news that on 24 October 2016, the Scottish courts decided that minimum unit pricing (MUP) of alcohol could be justified under EU law. Scotland first passed legislation to implement MUP in 2012 but have been facing ongoing legal challenges driven by sections of the alcohol industry. In January 2016, the European Court of Justice ruled that it was for the Scottish Inner House of the Court of Session to decide on MUP, but could only agree it if 'proportionality' could be proved. The ruling by Lord Carloway was that MUP can be justified as an 'appropriate' and 'proportionate' restriction on the free movement of goods, as no other means, such as taxation, can be used more effectively to achieve the expected public health gains. A further step closer but we wait to see if there is further response from the alcohol industry. However, heartening news for Wales and Ireland to support their own MUP efforts.

Continuing the alcohol theme. The BSG is a member of the Alcohol Health Alliance (AHA). AHA is keen to bring political attention to the burden on liver services in the UK through inviting MPs to visit local hospitals in their constituencies. A planned 'month of action' will give MPs the opportunity to visit teams and see first hand the health impacts of cheap alcohol. Some of you may already have been approached about becoming involved. For those who may be involved

this seems a sensible time to remind you that the *Lancet* Commission has produced a list of parliamentary constituency 'liver profiles' detailing the impact: <http://www.liver-research.org.uk/liver-profiles/constituency-liver-profiles.html>

Likewise, if wishing to target the areas with the highest prevalence of alcohol problems, data on alcohol related harm (by unitary authorities) in England can be found at <https://fingertips.phe.org.uk/profile/liver-disease/data> The third *Lancet* Commission report will be published at the end of November, and a meeting with ministers and involving the CMOs of all four nations will take place on 16 December at the Royal Society to discuss the impact of the *Lancet* Commission, and in particular alcohol and obesity.

Despite the above positives, I report that the Hepatitis C Trust lost its legal challenge on the issue of NHS England's decision to cap access to new antivirals for hepatitis C. Mr Justice Blake ruled that NHS England's decision to roll out access to the treatments via a 'monthly run rate' was 'legitimate' and 'rational'. I refer you to the Hepatitis C Trust website for more information (<http://www.hepctrust.org.uk/>).

Mark Hudson, BSG Vice President, Hepatology

Endoscopy matters

BSG UK endoscopy continues to lead the way in many areas internationally. One very important BSG collaboration is with JAG, and we are delighted that the current endoscopy committee secretary, Siwan Thomas-Gibson, will take over as chair of JAG in January 2017. BSG would like to thank John Stebbing for his excellent work as JAG chair for the past 5 years, and we look forward to working with Siwan in her new role. One major BSG and JAG collaboration over the past few years has been the development of the UK National Endoscopy Database (NED), which is also backed by AUGIS and ACPGBl. NED will automatically upload endoscopy data from endoscopy reporting systems in individual hospitals onto a national database. Once fully deployed NED will collect over a million procedures per year from over 300 sites. Coverage will include NHS, private and independent sector endoscopy units.

Once fully operational, NED will:

- Automatically calculate key performance indicators for OGD, flexible sigmoidoscopy, colonoscopy and ERCP, against a national benchmark, reducing the need for local audit.
- Provide individuals with their key endoscopy performance data (aggregated across hospitals if they work in more than one hospital), facilitating appraisal and revalidation.
- Capture JETS data automatically—no need for trainees to double enter procedural data.
- Provide a valuable resource for UK endoscopy evaluation and research.

All the major endoscopy reporting system manufacturers have engaged with the project, and those not linked up so far are modifying their systems to allow a mandatory minimum dataset to be automatically uploaded. NED is already live at several pilot sites, with several thousand

procedures already uploaded. Roll out to first wave sites will commence within a few weeks with the aim of achieving full national coverage by April 2018. This project has involved a huge amount of work and demonstrates the very best of UK collaboration across organisations and with industry. NED will be the leading endoscopy database in the world, and BSG would like to express our thanks to Matt Rutter, Tom Lee, Paul Dunkley and the rest of the NED project team for their superb work. We look forward to seeing full delivery of the project.

One ongoing area of clinical and research interest is the application of advanced endoscopic imaging into clinical practice. Led by James East, ESGE have recently published an excellent technology review (*Endoscopy*, November 2016) of advanced endoscopic imaging (NBI, FICE, I-SCAN, confocal) throughout the gastrointestinal tract that focuses on clinical utility, and emphasises the need for training and the use of validated classification systems. The BSG Endoscopy Clinical Research Group held an optical diagnosis research workshop in September to discuss research ideas with the aim of developing collaborative UK studies in this area.

The UK continues to deliver two colorectal cancer screening programmes. The Bowel Scope programme of one off flexible sigmoidoscopy for 55 year olds is currently being rolled out throughout the country with the aim of full coverage by 2018. The Faecal Occult blood based screening programme has now been underway for 10 years and will undergo a major change in 2018 when FOBT testing is replaced by Faecal Immunochemical Testing (FIT). FIT is much more palatable to patients and resulted in a 7% increase in uptake compared with FOBT in pilot studies. We support this initiative which will benefit patients, but there is likely to be an associated increase in colonoscopy demand within the Bowel Cancer Screening Programme, and screening centres should be preparing for this.

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Endoscopy quality remains at the very top of the BSG agenda. UK standards for colonoscopy are now published in *Gut* online and upper gastrointestinal standards will be published in 2017. Quality is, however, about far more than setting standards, and in March 2017, BSG Endoscopy will launch its Endoscopy Quality Improvement Programme (EQIP). EQIP will cover all areas of gastrointestinal endoscopy and will seek to support endoscopists in improving their endoscopic skills. BSG will soon be advertising for regional quality improvement

leads to promote and support quality improvement in their geographical areas.

BSG's second Endolive UK meeting will take place on 2–3 March 2017. This will be a fantastic meeting and further details can be found in this newsletter.

Colin Rees, BSG Vice President, Endoscopy

A strategy for the BSG: 2016–2021

The mission of the BSG is to support its members to provide the best care and achieve the best outcomes for patients with gastrointestinal and liver diseases

The BSG is in many respects a very established organisation in the working lives of healthcare professionals in the UK with an interest in the field. It has grown significantly from the club that was formed in London in November 1937, to what was known in 2007, and further still to what we know today. As the organisation and environment evolve it is right that its strategic direction and objectives keep pace with the needs of patients, the profession and the system. As such, this organisational strategy has been developed with the input of the BSG trustees, council and executive to ensure the Society achieves its objectives over the next 5 years. A summary can be viewed on the homepage of the BSG website with a fuller version in the members' section (<http://www.bsg.org.uk/mybsg/my-admin/index.html>). It is intentionally ambitious to keep pace with the demands of today's environment but builds on the traditional core of the Society's structures and activities. Central to the current mission of the Society set out above is the fact that the BSG is a charity established to support people (patients) with

gastrointestinal and liver diseases. As a membership body, it supports the clinical and scientific community (comprising a range of healthcare professionals) to directly impact and improve the care delivered to patients. In the strategy, a series of strategic objectives fall under three central pillars: 'leadership and member/patient services', 'service improvement and advancing knowledge' and 'developing the organisation'. Each pillar is intended to reinforce the other with the support of members and employed staff. To achieve its mission, the BSG must be a leader and advocate for its members and the patients they serve. It must improve the quality of services provided to patients and advance the field for the benefit of all. It must continue to develop itself structurally to achieve the former.

Under each pillar lies a series of more operational activities and plans to achieve the strategic objectives. Some of these are already underway and others will require the input and involvement of all members to make them a reality for services and patients on the ground. I look forward to working with you to achieve it.

Richard Gardner, CEO, BSG

Apply to be BSG Vice President, Endoscopy

Applications are now open for the role of BSG Vice President for Endoscopy, succeeding Professor Colin Rees. A 2 year appointment, the Vice President is a member of the BSG's key committees (executive, council and strategy group) and is a member of the BSG's board of trustees for the second year of their term. In addition, the Vice President also serves as chair of the BSG's Endoscopy Section Committee.

This is the principal leadership role for the endoscopy interested community of BSG and a key support role to the President on key matters and decisions in this important part of our specialty. The role must also lead BSG engagement and interaction with partner organisations, such as JAG, ESGE and various NHS fora pertinent to endoscopy/diagnostics.

For informal discussions and questions about the role, please email r.gardner@bsg.org.uk or Colin.Rees@stft.nhs.uk. There is a 2 year total commitment to the role with fairly frequent attendance required at committee meetings. A job description is available on request. Interviews by a panel of officers, council members and trustees will take place in early May 2017. The post commences following the annual meeting in June 2017.

Please send a brief CV (maximum of 2 pages) and a statement of application detailing why you would like to be appointed to the role, to Richard Gardner (r.gardner@bsg.org.uk). Applications will close at 5pm on **Monday 6 March 2017**.

Apply to be BSG Secretary

Applications are now open for the role of BSG Secretary. A total 4 year appointment, the Secretary is a member of the BSG's key committees (executive, council and strategy group) and is a member of the BSG's board of trustees for the second part of their term. The role is split between 2 years as Secretary and 2 years as Senior Secretary. The Senior Secretary is in overall charge of the BSG Annual Meeting with the Secretary contributing significantly to the

organisation. In addition, the Senior Secretary also serves as chair of the Programme Committee.

This is a crucial role for the Society and its principal meeting. The role also involves active contributions to a range of key membership issues and areas such as education and clinical services. For informal discussions and questions about the role, please email r.gardner@bsg.org.uk, Jayne.Eaden@uhcw.nhs.uk or Nick.Thompson@nuth.nhs.uk. The role

requires fairly frequent attendance at multiple committee meetings. A job description is available on request. Interviews by a panel of officers, council members and trustees will take place in early May 2017. The post commences following the annual meeting in June 2017.

Please send a brief CV (maximum of 2 pages) and a statement of application detailing why you would like to be appointed to the role, to Richard Gardner (r.gardner@bsg.org.uk). Applications will close at 5pm on **Monday 6 March 2017**.

BSG Annual Scientific Meeting, Manchester, 19–22 June 2017: abstract submission and early bird registration now open

I am delighted to announce that the BSG 2017 Annual Meeting will be returning to Manchester Central, from Monday 19 to Thursday 22 June. If you are a member of the BSG you will benefit from heavily discounted registration fees! For the first time, I have also introduced a new 'unit registration fee' which is open to three BSG nurse members of any grade. This represents excellent value for money as each nurse can attend the whole 4 days for only £100 if they register by the early bird deadline. Additionally, delegates attending the BSG's Endolive UK meeting in March 2017 will also receive a 20% discount on registration fees if they register before that all important early bird deadline (17 March 2017).

The Monday postgraduate masterclass will focus on 'Dealing with dilemmas'. The theme for the day is how to approach those problematic diagnostic and management challenges which we face in everyday practice. What do you do when a patient sits down in front of you and says "Doctor I'm fat but I hardly eat a thing" or "I haven't opened my bowels for three weeks!?" Is medical marijuana all smoke and mirrors? Find out the answers from leading UK and international speakers on Monday. Trainees will then take you on an interesting journey when they 'Walk with giants'.

New for 2017 in the exhibition area is a hands-on endoscopy village where you will be able to watch demonstrations, try out new technologies and discuss with experts how to perfect your technique. The exhibition will open earlier than in previous years on Monday evening with a drinks reception to facilitate early engagement with our sponsors.

If you have limited time and cannot attend the whole conference, you will be interested to hear that for the first time we are having themed days. For example, Tuesday and Wednesday host all the hepatology sessions, and if you are an IBD enthusiast, you should be there on Wednesday and Thursday. It is important to check out the programme to ensure you do not miss the sessions you are most interested in. As in previous years, the main scientific programme (Tuesday–Thursday) will include basic and clinical science symposia, state of the art lectures, free paper sessions, clinical updates, moderated poster rounds and the industry exhibition.

We have teamed up with a few of our national and international colleagues to bring you the 'Best of UEG at the BSG', 'BAPEN at the BSG',

the 'Best of IBD at DDW' and 'Liver societies at the BSG'. All sections of the BSG are busily contributing to the programme and once again many sections are collaborating to bring you joint symposia which reflect real life practice. The topic for the Thursday scientific translational masterclass is cancer and immunology. The three sessions will take an in depth look at gastric, liver and colorectal cancers, and how defects in immunology play a part. Our nurse section has decided on novel themes for their symposia, and there are some intriguing titles, including 'Sex, drugs and rock n' roll' and 'Game of thrones'. Once again, they have elected to keep their sessions on Tuesday and Thursday, which frees up nurses to attend dedicated specialty lectures on Wednesday.

The annual conference allows us to make new friends, meet with old ones and network with colleagues. An important part of the meeting is the opportunity to relax at the conference party on Tuesday night, once again led by our enthusiastic Trainee Section. The conference in Liverpool saw record levels of attendance. Let's try and beat that record! Please submit your research, put the date in your diary and try to attend as much of this exciting meeting as possible. I look forward to seeing you all there.

Key deadline dates:

Abstract submission deadline:	24 February 2017
Early bird registration deadline:	17 March 2017
Abstract notification:	28 April 2017

All presenting abstract authors can register at the early bird rate until 8 May 2017! For details on abstract submission, registration and any further information on BSG 2017, please visit: <http://bsg2017.org.uk/>



*Dr Jayne Eaden,
BSG Senior Secretary and chair
of the Programme Committee*

Enhancing the delivery of research in clinical gastroenterology and hepatology: updating the BSG clinical research strategy for the next 5 years

On behalf of the research committee of the BSG, I am delighted to be able to highlight the development of an updated BSG clinical research strategy. In 2010, Professor Mark Hull developed an ambitious and comprehensive strategy document which shaped the face of current gastroenterology

and hepatology research to date. Developed through a consultation process with various key stakeholders, the 2010 strategy set out a number of research priorities. Its success can be measured in the funding awarded to BSG members and in the successful delivery of projects.

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Since 2010 there have been several changes to the research committee and its subgroups, restructuring of the clinical research groups from their original clinical studies groups being perhaps the most significant. The current clinical research groups will have a pivotal role in developing the 2017 research strategy document and shaping the research priority areas for the next 3–5 years.

In the current political and financial environment, it is crucial for the BSG membership and researchers to work collaboratively to develop and deliver investigator led projects within the UK. Perhaps now more than ever we need to have a clear strategic plan to embed research into clinical practice; to support all BSG members to expand research activity; and to ensure that support is present in their institutions to deliver this.

The importance of embedding research into clinical practice has also been highlighted by the Royal College of Physicians. The publication *Research for all* has suggested that research activity allows physicians to keep knowledge up to date, enables development of new treatments, changes ways of working and thus improves the health and quality of life of patients. Consultants participating in research are also able to: (i) improve knowledge of current literature, (ii) interpret and communicate benefit and risk and (iii) develop professional skills of team working, mentoring and communication.

The development of the new BSG research strategy will be undertaken by a working group consisting of representatives from the clinical research groups and members of the BSG executive committee.

We intend to seek input from all key stakeholders with the overall aim of increasing the quantity of high quality clinical gastrointestinal and hepatology research performed nationally. Development of a clinical research strategy will involve:

- identifying barriers and levers to research activities among BSG members;
- increasing the number of BSG members actively involved in research;
- working in parallel with increasing clinical trial activity by BSG members in the NIHR comprehensive research networks;
- supporting ongoing funding for research activities by BSG members;
- informing funding bodies of the BSG priorities for funding, to improve disease understanding and healthcare;
- increasing interaction with the public and patient groups;
- determining mechanisms to support trainee engagement with research.

The BSG research committee always welcomes new ideas and input from any BSG member or partner organisation, and can be contacted at research@bsg.org.uk. I look forward to being able to provide the full strategy document to council members and the wider BSG community in 2017.

Matthew Brookes, Chair, Research Committee

BSG Endolive UK—Birmingham ICC, 2–3 March 2017

The BSG's Endolive UK 2017 will be held at the Birmingham ICC on 2–3 March 2017, and will headline the live endoscopy event in the UK next year. Endolive UK 2015 was the largest live endoscopy meeting ever held in the UK, with more than 500 delegates meeting to watch live endoscopy from the best endoscopy units in the UK, and to debate and discuss best practice in endoscopy. The focus again will be on all of us learning how best to deliver excellence, both as individuals and within our endoscopy teams. We will be doing so in an interactive, engaging and stimulating way, involving live endoscopy, lectures based on 'when to, how to', symposia and meet the expert sessions.

The live endoscopy sessions will be transmitted in high definition from up to six endoscopy rooms in two of the premier centres in the UK—St Mark's Hospital, London, and Glasgow Royal Infirmary. All forms of diagnostic and therapeutic endoscopy will be demonstrated, including gastroscopy, colonoscopy, ERCP, EUS and small bowel enteroscopy, covering scenarios common to usual clinical practice as well as the latest innovative approaches. We will be joined by an outstanding UK and international faculty, including Professors Michael Bourke, Thomas Roesch, Raf Bischoffs and Marco Bruno.

At Endolive UK 2017, the new Endoscopy Quality and Improvement Programme (EQIP) will be introduced, which will also help us to drive forward the quality of service we deliver. With the programme tailored to the needs of both endoscopists and nursing support, including a dedicated nurse's forum, we believe that Endolive UK 2017 will hold huge appeal for all those involved in endoscopy. Registration fees are extremely competitive, and recognising that endoscopy is a team effort, an endoscopy team group booking may hold particular attraction. Attendees at Endolive UK will also receive a 20% reduction in registration fee for the BSG annual meeting in June.

Finally, we expect Endolive UK 2017 to be challenging, inspiring and fun, and we look forward to seeing you and your colleagues in Birmingham in March next year! Please go to <http://www.endolive-uk.org.uk/> and sign up today!

George Webster, Chair of Organising Committee and BSG Council Member

BSG funding opportunities for educational projects in low income countries 2016

The BSG's international agenda continues to develop, and builds on the links and projects led by members and supported by the BSG. Continuing the activity we have supported in recent years, the BSG wishes to fund a number of educational projects to promote the practice of

gastroenterology and hepatology in the developing world and low income settings (eg, sub-Saharan Africa, Asia). The project must take place within 12 months of the funding being awarded. Potential projects might include an educational or training course, or a meeting on,

for example, the practice of gastroenterology and/or endoscopy. However, other types of educational projects will also be considered.

The project can address the needs of medical undergraduates up to senior gastroenterologists. Similarly, projects for nurses and other AHPs will also be considered. Projects that offer strong prospects of sustainable and long term partnerships will be particularly welcome. It can cover the full range of gastroenterological and hepatological disease in adult or paediatric practice, including infectious and non-communicable diseases. Costings are expected to be reasonable (eg, economy airfare, etc). The maximum budget for each project should be no more than £10 000. The funding is *not* intended for equipment other than that which is required for training or is educational in its use.

Eligibility—The applicant partnership must include a current member of the BSG. At least one member of the partnership will usually be in current practice in the UK.

Applications—Please complete an application which you will find under 'Funding opportunities' on the BSG website (<http://www.bsg.org.uk/international/funding-opportunities/index.html>), and send to John Hayward (j.hayward@bsg.org.uk) by **Monday 23 January 2017**.

Recent examples of work funded can be found on the 'Past workshops' section of the BSG website (<http://www.bsg.org.uk/international/past-workshops/index.html>).

Krish Ragnath, BSG International Secretary

Obituary: Dr Basil C Morson, CBE

Dr Basil Morson, one of the most eminent (if not the most eminent) gastrointestinal pathologists worldwide, died peacefully at home in West Sussex on 13 October 2016. He was exactly one month shy of his 95th birthday. He had been a long term member of the BSG and was the first pathologist to be President of the BSG.

His achievements in gastrointestinal pathology and surgery are legendary. This is extraordinary, given that he was the only consultant pathologist in a small specialist hospital, St Mark's Hospital, London. He achieved this fame by dynamism and commitment to clinical research in gastrointestinal pathology. Indeed, it is hard to find a disease of the gastrointestinal tract about which Basil Morson has not been an initial describer or has not had a major influence in the

understanding of its pathology. This particularly applies to colorectal cancer, inflammatory bowel disease, intestinal polyps and diverticular disease, but his earlier work was also very influential in our understanding of the development of cancer in Barrett's oesophagus and in the stomach.

A full obituary may be found under pathology section news on the BSG website (<http://www.bsg.org.uk/sections/pathology-news/index.html>)

Neil A Shepherd, Professor of Gastrointestinal Pathology and Consultant Histopathologist



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