Vol 25 No 1
Spring 2017

news

BRITISH SOCIETY OF GASTROENTEROLOGY

Message from the President

THIS year, 2017, is the 80th year of the BSG. According to the ONS, the average life expectancy in the UK is currently 81.3 years, so with any luck we will soon beat that. To reach our 8th decade, whether as individuals or as a professional society, is no mean feat, and current wisdom is that to do so requires a good foundation/pedigree, a sound constitution, a limit to 'bad habits' and all things in moderation. To be happy in our 8th decade, if we can translate NHS advice for mental wellbeing to the BSG, involves connecting, being active, learning, giving and taking notice—or as a previous enlightened US president might have said "ask not what the BSG can do for you...".

Although many consider the highlight of their year to be the BSG Annual Meeting, it has astounded me how much activity the BSG (your own peers) undertakes for all of us all year around. At our recent executive meeting, we reviewed more than 80 active 'inhouse' projects, from workforce reports to mentoring schemes, from quality improvement programmes to patient information, from website improvement and content to educational standards, examinations and approval processes. All of these activities are undertaken by you and your peers on a voluntary and collaborative basis, and all supported within a modest subscription cost. So, the BSG is a *network* of connected people who already are *active*, and *giving*, *taking notice* and *learning*, and it is a happy place to be!

For your New Year resolutions, I would encourage you to get stuck into sticky toffee pudding! That is the name coined by my local sponsoring chief executive for STPs. Although STP (Sustainable Transformation Plans: available at https://www.england.nhs.uk/stps/view-stps/ ...or, for the alternative, try http://www.bbcgoodfood.com/recipes/3682/ultimate-sticky-toffee-pudding) is the latest attempt to 'reform the previous reforms' in NHS-E geography, there will be similar schemes in our other nation services. The idea is to develop a collaborative system in how healthcare is provided—our forefathers may have heard something similar in 1948, then called 'the NHS'. STPs have been touted by some as a way to make finances sustainable; it will be up to clinicians to make this work for patients in the way we would want for our own families.

Professor Martin Lombard, BSG President

There are a myriad of local opportunities to get involved and influence this process, and I believe that gastroenterologists are the most pragmatic, creative and participative clinicians who can contribute most to this. We want to hear of examples of how you have changed local practice and models of care, and the impact this has had on your local services and populations. We will find ways for you to share this with other BSG members or to learn from those you wish to emulate. And we also want to encourage you to give up one thing in your service in 2017: that could be barium enema, 'watchful waiting' or repeating endoscopies, but exercise your choice to do the right thing and do it right first time.

Endoscopy matters

On 2–3 March 2017 the UK's second Endolive UK meeting will take place. This will be the largest live endoscopy event held in the UK and will feature the best of UK endoscopy. Live cases will be delivered from St Mark's London and Glasgow Royal Hospital and will cover the breadth of gastrointestinal endoscopy. Live cases will be supported by state of the art presentations, all delivered by an outstanding UK and international faculty. At the time of going to press, delegate numbers were approaching 500. George Webster and the organising committee have done an outstanding job in pulling this event together. We look forward to seeing you at Endolive UK.

At Endolive UK, the BSG Endoscopy Quality Improvement Programme (EQIP) will be launched. EQIP is an ambitious plan to improve the quality of UK endoscopy and will be rolled out over the next 5 years across the country. Early work will include the following.

- Regional quality improvement pilots in ERCP (Kofi Oppong), upper gastrointestinal endoscopy (Andy Veitch) and colonoscopy (John Anderson).
- National quality improvement plans for endoscopic ultrasound (Ian Penman) and small bowel endoscopy (Mark McAlindon).
- BSG EQIP strategy for new technology (James East).
- BSG EQIP strategy for new techniques (Pradeep Bhandari).

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- BSG EQIP strategy for live endoscopy (George Webster).
- BSG EQIP programme for management of gastrointestinal bleeding (John Morris).

As part of the EQIP programme, BSG is looking for endoscopy enthusiasts to serve as regional EQIP leads. These leads will work with the national EQIP team to promote quality improvement regionally and support relevant regional EQIP initiatives. Those interested in these roles should apply by responding to the advert below.

Regional EQIP leads

As part of EQIP, the BSG is looking to appoint regional EQIP leads. These individuals should have a passion for endoscopy and a desire to support improvement in the quality of endoscopy in their region. The leads will work with the national EQIP team to promote quality and quality improvement measures. Each lead will be encouraged to enlist regional colleagues to support them in championing quality improvement in the various endoscopy disciplines. These are non-remunerated posts but resources will be available to support quality improvement measures.

If you wish to apply for one of these posts, please send a single page CV and a covering letter, explaining why you would like to undertake this role, by 27 March, to H.Ellison@bsg.org.uk

Wales	South Central
South London	South West
North London	East Midlands
Yorks & Humber	West Midlands
North East	East of England
South East Coast	Scotland
North West	Northern Ireland

Colin Rees, BSG Vice President, Endoscopy

Liver matters

December 2016 saw the launch of the third *Lancet* Commission report, 'New metrics for the *Lancet* Standing Commission on liver disease in the UK'. The original 10 recommendations have been reduced to 8, limiting overlap. Improving expertise, earlier identification and screening of high risk individuals in the community, developing specialist liver services and review of liver transplantation remain at the centre of the report. It is encouraging to note the 59% increase in WTE hepatologists in England, from 122 in 2010 to 193 in 2016. The survey provides liver services and workforce information for all four nations. There is much to be learned from the activity and progress in Wales and Scotland. Overall, in Scotland, death rates for alcohol related liver disease have been decreasing since their peak in 2002–2003. The full document listing each of the recommendations is available here: http://www.bsg.org.uk/clinical/news/new-metrics-for-the-lancet-standing-commission-on-liver-disease-in-the-uk.html. The BSG remains actively involved. One aim for 2017 is to use the workforce information to identify where and how enhanced training in hepatology can potentially be delivered.

Under the chairmanship of Professor Graham Foster, one of the potential aims of the HPB CRG in 2017 will be to build a dataset to inform on the activity, care, funding and outcomes of patients with cirrhosis. This is a huge challenge, but if successful, better understanding will allow the development of policy to improve services.

Public Health England has published a preview of the updated edition of the 'Atlas of variation in liver disease'. The information allows you to look at the burden of liver disease, mortality and many other aspects in your local area or region. Slides summarising the findings can be downloaded here http://www.endoflifecare-intelligence.org.uk/view.aspx?RID=981. The new website address for the Atlas series will be available on https://fingertips.phe.org.uk/profile/atlas-of-variation. The BSG Liver section continues to work hard on reviewing NICE appraisals, including liver disease quality standards and alcohol use disorders: diagnosis and management of physical complications.

In January 2017, as part of the AHA alcohol awareness week, many BSG members hosted local MPs to their units, allowing them to see and experience at first hand the many patients with alcohol related liver disease in our hospitals. This has been well received and thank you to those who participated.

Interviews for national recruitment to the advanced hepatology training posts were conducted on 26 January. This year, 17 advanced training posts in hepatology have been offered, to commence in September 2017.

The Annual Meeting will be upon us soon, with an excellent liver programme on 20–21 June.

Mark Hudson, BSG Vice President, Hepatology

IBD matters

10 years of UK National IBD Audit

The Royal College of Physicians hosted a meeting on 3 February to celebrate 10 years of the IBD Audit. Tributes were paid to the late Keith Leiper from Liverpool who chaired the audit group from the start, and to Ian Arnott and Ian Shaw for their leadership of the audit and quality improvement in later years. This work has stimulated and measured dramatic service improvements across the UK. Now that it is formally closed, the work will continue, but in a different form. Crohn's Colitis UK has agreed to coordinate a wide group of stakeholders to form a UK IBD strategy group to oversee ongoing work ensuring that IBD services continue to grow and improve.

IBD Registry

The IBD Registry now has over 22 000 patients entered, and 85 hospitals are set up. Is your centre using the system yet? The IBD committee remains strongly committed to the registry. It represents the most practical means of providing database functionality for all IBD services, ensuring that basic clinical data on your patients can be entered in the course of day to day care, and are available for clinical use. As the best way to collect national data, it lies at the heart of future audit and quality improvement work. If you have not yet signed up to use the registry, do consider this, and look at how your service can benefit. At present, the audit of biologics data continues through the registry. The registry is moving to a self-funding model, and your contribution of data will help to realise this. Do sign up to the registry roadshow meetings in your region in May.

Quality improvement

The BSG is committed to promoting high quality clinical services, and the quality improvement project in liver disease is being extended to other areas of gastroenterology. With rapid developments in drug technology, therapeutic monitoring, patient self-directed management and informatics, it is important that we ensure these changes benefit our IBD patients across the UK.

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We are looking at a small number of important quality improvement measures with the primary goal of driving up standards of care across IBD services, with data collection through the registry and with the endorsement of a UK IBD strategy group.

IBD Research Group

The IBD Clinical Research Group (CRG) meets regularly by teleconference to peer review research proposals and provide constructive suggestions and/or BSG IBD CRG endorsement. We are particularly keen to be supportive of any investigator led projects and would welcome such projects both at an early stage of workup and prior to funding submission. The other initiative over the past 2 years has been an annual IBD investigator workshop meeting. The aim is to gather research active teams and share best practice, discuss forthcoming studies and look to the future research environment. Our next IBD investigator meeting is in Cardiff on 16 November 2017.

NICE guidelines

Guidance from NICE on ustekinumab, mesenchymal stem cell injections for fistulising perianal Crohn's and calprotectin monitoring in established IBD is expected this year.

With the new format of the BSG 2017 meeting in Manchester, an exciting IBD programme is planned, and we look forward to seeing you at the IBD symposia on Wednesday and Thursday. An ECCO regional IBD workshop will take place in Cardiff on 17 November.

Barney Hawthorne, IBD Section Chair

BSGNA matters

The BSG Nurses' Association (BSGNA) committee has been working on your behalf on a number of projects supporting other BSG sections and the nurses' section. This is the first year BSGNA has a position in its own right on BSG council, a privilege and recognition of the work that we do for BSG and the nursing community.

To encourage new members, there has been a restructuring of the membership fees—membership can be as little as £15 for students. There is now a group registration fee for units to send several members of staff to educational events and conferences at reduced rates. It has never been a more opportune time to join the BSG. For further information, please see http://www.bsg.org.uk/sections/bsgna-general/bsgna.html

Workforce document

We are finalising the workforce document, which aims to support services to decide on the right staff to support quality care for patients undergoing gastrointestinal endoscopic investigations. This is expected to be completed by June 2017.

BSG Manchester Conference

The BSG conference in June will be held in the marvellous city of Manchester. This year, the BSGNA keynote speaker is Tommy Whitelaw who has demonstrated how carers can become champions to support and drive improvements in how care is delivered to patients and support families. Working with Alliance Scotland http://www.alliance-scotland.org.uk, Tommy and the team have persuaded thousands of nurses, doctors and care workers to pledge promises to improve care. Come and listen to Tommy's story and see what a difference you can make.

The nurses' section is hosting sessions on functional disease: liver disease; nursing free papers; and managing in today's healthcare and the challenges it brings. All of these sessions will be interactive, and we hope they will stimulate questions from our audience.

This year we are participating in joint sessions with other sections of the BSG, including endoscopy, liver section and IBD. There are prizes for the best poster and abstract free papers for nurses and allied healthcare professionals. It would be great to see some of the fabulous work being recognised and promoted at conference. In addition to lectures, there is the opportunity to visit the endoscopy village for some hands-on training with equipment and 'dummies'. There are industry stands to see the latest developments in equipment and accessories—always a must for nurses to see the latest technology.

We hope that you will come and join us in Manchester to experience the BSG conference. Further information can be found at http://www.bsg.org.uk/events/bsg-annual-meeting-2017.html

Regional groups

We have had very active and superb regional group activity in the south and Thames Valley group, East Anglia group, Midlands group and North East of England group. Viv Wilkin is arranging a regional meeting in Scotland this April. Further information is available on the BSGNA web pages. We would very much like to support further activity of regional groups elsewhere in the UK. If you are putting on regional educational events, we would love to hear about them and put them on our webpages. Please forward details of your events. Sara Brogden is our regional group link; if you would like to start up or support an educational event in your region, please contact Sara (Sara.Brogden@uclh.nhs.uk).

Decontamination guidance documents

Helen Griffiths and Tina Bradley have been working hard with the three main endoscope manufacturers to develop a decontamination guidance document. Helen has been key in developing various workshops to educate and identify training needs for staff working in this key area to ensure safe patient care. On behalf of BSGNA, I would like to express our thanks to both Helen and Tina for their dedication to improving decontamination practices.

Education and training workshops have been delivered which delegates have positively evaluated. Further events will be offered in the coming year. Further information can be found on the BSG web pages. If you have any questions, please contact Dr Helen Griffiths (helen.griffiths1@nhs.net).

Supporting nurse education gastrointestinal nurse organisations

BSGNA hosted a meeting of gastrointestinal nursing organisations on 2 February 2017; this is the first time we have held a meeting of this type. There is enthusiasm to work together to develop nurse education and many ideas to support nurses in delivering quality care to patients. This is very much a work in progress. We hope to work with our partner nursing organisations and will keep our members updated with future plans.

Education funding

We know how difficult it is to find funding for education. We are looking at different ways to support educational events more locally in the coming year and would like to hear from you. For those with specific projects who need additional funding, we would be open to requests for support. Keep us updated too!

If you have any news that you would like to share, please contact Madhoor Ramdeen (Madhoor.ramdeen@esth.nhs.uk). If you would like to support BSGNA and contribute to our work as part of our committee or as part of a project team, please contact Irene.dunkley@nhs.net or Laura.Dwyer@aintree.nhs.uk

Irene Dunkley, Chairperson BSGNA, Laura Dwyer, Vice Chairperson

BSG International Committee launched

It is my pleasure to announce the appointment of the first BSG International Committee. After a competitive interview process, 10 members from the BSG have been appointed to the committee. I am proud and honoured to have a multidisciplinary team of committed individuals. The committee members will be introduced during the international section symposium at the Annual Meeting in June 2017. I will be working with the newly formed committee on a strategy document that will aim to streamline and consolidate all of our international activities. I am writing this newsletter from Dhaka, where a team from Wales have supported developing interventional endoscopy and ERCP services in Bangladesh, supported by the BSG, and have jointly organised a scientific programme at the 24th Annual Bangladesh Gastroenterology Society meeting. Watch this space—more to come from the international committee.

Krish Ragunath, Chair BSG International Committee

BSG Annual General Meeting: Manchester, 19–22 June 2017

The BSG Annual General Meeting will be held in Manchester, 19–22 June 2017. The venue suits our purposes well and was a popular venue when the society first held their meeting in Manchester in 2014. Registration fees have been revised, with a significant increase in fees if delegates are not members of the BSG. This is in line with other societies such as EASL, and hopefully will encourage delegates to become BSG members. For the first time, there is a direct link to join the BSG from the registration site.

The conference abstract submission, online interactive programme and registration sites are now open on a brand new conference website that was launched in November. For details on abstract submission, registration and any further information on BSG 2017, please visit http://www.bsg2017.org.uk/

The key deadline dates are:

- Early bird registration: 17 March 2017
- Abstract notification: 28 April 2017

Programme

The programme has been finalised with a good balance of basic and clinical science symposia, state of the art lectures, free paper sessions, video symposia and clinical updates throughout the week. I have reduced the number of parallel sessions to six, and have introduced themed days (eg, Tuesday and Wednesday for liver, Wednesday and Thursday for IBD, etc). This should aid attendance for those who find it difficult to attend the whole meeting.

There is a good choice of sessions, and many sections have come together, providing 11 joint symposia to enhance shared learning. We have also liaised with other societies and there will be some joint symposia with these societies (BAPEN at the BSG, Best of UEG, and Best of IBD from DDF). Some sessions will be interactive, and live Twitter feeds will be displayed on screens around the venue.

The 'gastroenterology masterclass' will provide a state of the art lecture, cutting edge updates and interactive sessions on how to approach problematic diagnostic and management challenges which we face in everyday practice. It is entitled 'Dealing with dilemmas'. This is followed by the trainee sections' novel symposium on 'Walking with gastroenterology giants'.

The topic for the Thursday scientific translational masterclass is cancer and immunology, with three sessions dedicated to oesophageal, gastric and colorectal themes. Core will also feature strongly, having two sessions in the main programme in addition to the patient symposium.

Abstracts and prizes

There are 12 abstract categories. The exhibition space at Manchester has been increased to ensure that posters will be displayed in a landscape format (not portrait). Moderated poster rounds will take place each day, with a prize of £50 for the best poster in each category each day. We are currently investigating the possibility of having electronic posters for the first time. There is likely to be a hybrid solution for 2017.

A decision has been taken not to have late breaking abstracts for two reasons. The judges will only have finished scoring regular abstracts before they would be called upon to score late breaking abstracts due to the proximity of the deadlines to the meeting taking place. Also, only seven late breaking abstracts were submitted for the basic science category when the system was trialled in 2014.

There will be prizes for the best clinical science oral (free submission to *BMJOG*), the best basic science oral (£350 sponsored by *Gut*) and the best patient benefit in gastroenterology oral (£250 sponsored by *Frontline Gastroenterology*).

Sponsorship

Sponsorship efforts continue apace with a focus on obtaining sponsors for the new 'Hands on endoscopy village'. This will be a dedicated learning area in the exhibition hall where delegates will be able to practice their skills on pig models, watch demonstrations, try out new technologies and discuss with experts how to perfect their technique. In addition, there will also be a video library for delegates to view 'how to' videos.

Social programme

The social programme includes the conference party, led by the Trainees' Section, on Tuesday night at the Birdcage bar (tickets £15). I am told that 'Noasis' will be playing all your favourite Oasis hits.

Changes for the BSG 2017 conference

- Registration fees are being revised, with a significant increase in fees if delegates are not members of the BSG. This is in line with other societies, such as EASL.
- Delegates can become BSG members direct from the conference registration site.
- There are six parallel sessions and themed days to aid attendance for those who find it difficult to attend the whole meeting.
- The exhibition will open on Monday evening (approximately 17:30–18:45) with a drinks reception which will allow early engagement with delegates and promotion of satellite symposia by industry.
- Two lunchtime sponsored satellite symposia on Tuesday and Wednesday lunchtimes will be facilitated by having a slightly extended lunch break on those days.
- Standalone breakfast and evening sponsored satellite symposia (again to aid attendance).

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- Hands on endoscopy village.
- Conference Facebook page to facilitate marketing.
- Desk allocated to BSG within the registration area for BSG membership sign up.
- CPD scanner, freebies, coffee and ice cream at the BSG stand to increase footfall.
- Possible for delegates to have a digital passport stamp as a sponsorship opportunity. When delegates collect all 'stamps' on visiting stands, they will be entered into a prize draw to receive a reward (eg, iPad).
- Electronic posters.
- Successes from BSG 2016 will continue (eg, hot food, Delegates' Digest, live Twitter feed, pocket programme, App, delegate bags).

Jayne Eaden, BSG Senior Secretary and Chair of the Programme Committee

BSG Workforce Report October 2016 commentary

On 30 September 2016, there were 1455 substantive gastroenterologists and hepatologists in the UK, a 2.9% expansion from 30 September 2015. Over the past 10 years, the mean annual expansion has been 4.9% per year. The average CCT output of 99 per year over the past 5 years is sufficient for 5.7% expansion in 2017, once predicted retirements are replaced.

It is estimated by the Royal College of Physicians (RCP) that we need six wholetime equivalent consultant gastroenterologists (doing GIM) working 11.5 PAs per week for a population of 250 000 or 1:41 700; or 1:39 200 adjusted for 14% LTWT working (1610 in total, 155 more). This should be achievable in 2–3 years with 5% expansion per year. While two parts of the UK already have this level of consultant workforce (London and the North East), other areas have a much lower number for an equivalent population (eg, South East Coast/South Central). This estimate does not take into account tertiary services, so is likely to be an underestimate in areas that offer them.

Gastroenterology and hepatology represents the third largest medical specialty (with geriatric medicine and cardiology being larger). Most consultants are aged 40–44.9 years. Nearly 1 in 5 (19%) of consultants are women, with a higher proportion of women among younger consultants (28.0% of 35–39.9 year olds, 12% of 55–59.9 year olds) and regional variation.

There have been many service changes in the past 4 years that were not included in the RCP workforce estimate that have resulted in an unprecedented demand for gastroenterology and hepatology consultants. Examples include gastrointestinal bleed on-call rotas, 7 day services, increased hepatology burden, bowel scope screening, change to FiT testing in bowel cancer screening, the desire for increased primary care access to endoscopy and an expanding and aging population who are high service users. Trusts are trying to appoint new consultants to meet this demand. In England and Wales (data for Scotland and Northern Ireland unavailable), the number of attempted consultant appointments has shown an extraordinary increase from an average of 92 in 2008–2011 to 172 in 2015 (87% increase). There has been a 22% increase in successful appointments, reflecting an increase in the average CCT output from 77 in 2007–2011 to 99 in 2012–2016. This increase in CCT output has unfortunately been insufficient to match the huge demand, and therefore the number of unfilled posts has risen dramatically from an average of 19 in 2008–2011 to 83 (48%) in 2015 (437% increase).

Gastroenterologists and hepatologists have typically retired at 63 years. However, 30% of consultants over 50 years of age hope to retire earlier than originally planned because of recent NHS and state pension changes. This could limit future expansion and has not been planned for.

Since the abolition of locum appointment for training (LAT) posts in England on 1 January 2016, Health Education England has supported the over recruitment of NTNs to compensate for trainees going out of programme to try to minimise gaps in rotations (1.36 NTNs per clinical training post as a rough guide). Gastroenterology remains a popular specialty, filling 100% of NTN and LAT posts in 2016. By comparison, the fill rate of all medical ST3 posts was 82% in round 1 and 52% in round 2. Rotation gaps in other medical specialties, and therefore gaps in the medical on-call rota, impact on the workload and specialty training of our trainees and may require consultants to act down. The low medical ST3 fill rates are due to an inadequate number of core medical trainees (CMTs). There are no plans to increase the number of CMT posts, as there are an inadequate number of foundation doctors to fill even the existing number of CMT posts.

Jeremy Hunt announced 1500 more medical school places in 2018 to help tackle the shortfall of junior doctors. Over a quarter (26%) of trainees are currently in London. Geography is the most important factor for trainees when choosing a consultant post, with only a third willing to move from the region in which they trained. Ideally, therefore, these additional medical school places should be established in areas with under provision and recruitment difficulties, although the decision about where the places will be is awaited.

The Shape of Medical Training Review implementation may give gastroenterology the opportunity to convert existing gastroenterology clinical fellow posts to numbered gastroenterology medical registrar posts (third year of internal medicine stage 1 training). This may increase the gastroenterology CCT output in the future to rebalance the workforce deficit.

For more details please refer to the full workforce report on the BSG website: http://www.bsg.org.uk/training/general/workforce-reports.html

Melanie Lockett, Workforce Lead, BSG

Quality improvement: an update

I am pleased to report that since I last wrote for this newsletter in Autumn 2016, there has been progress in the BSG Quality Improvement project. You may recall that the aim of the project is to try to answer the question "what does a good gastroenterology unit look like?" and support teams to improve services for patients. Healthcare providers that achieve quality standards should feel a well deserved sense of satisfaction that patient care has improved but it is equally hoped that a culture of constant improvement can be instilled through services nationally. We are very aware of the need to ensure that the time involved for teams to provide evidence is not too burdensome or an interference with good clinical care.

We have adopted the domains and standards from Liver QuEST (https://www.rcplondon.ac.uk/projects/outputs/liver-quest) as the template for which other disease areas can use to determine their standards and measures. The reason for adopting Liver QuEST is because it has gone through a rigorous development process and is mapped to the British Standards Institute PAS (Publicly Available Specification) 1616 'Provision of clinical services specification' (http://shop.bsigroup.com/ProductDetail?pid=000000000030324182) that has been developed through the Clinical Services Accreditation Alliance.

The domains are: leadership, strategy and management; operational delivery of the clinical service; systems to support clinical service delivery; patient centred care; clinical effectiveness; risk and safety; and staffing a clinical service.

As a start, the following BSG sections have agreed to use these domains to populate their standards and measures: inflammatory bowel disease, neurogastroenterology and motility (functional gut disorders), small bowel and nutrition.

The BSG Quality Improvement project is very much a work in progress, and we are at the start of our journey, albeit a little further on. I am indebted to my colleagues who have engaged with this project with enthusiasm. As the project develops, we will test our approaches with colleagues to ensure they are practical and implementable for services. We look forward to working with members of the BSG in this project and welcome any feedback that you may have by contacting me directly.

Tony Tham, BSG Quality Improvement Lead and Deputy Chair, BSG Clinical Services and Standards Committee

Obituary: Dr Tim Heymann

Tim Heymann died on 18 October 2016, shortly after his 55th birthday. He had been a consultant gastroenterologist at Kingston Hospital for 20 years, but had pursued an eclectic career, dedicated to improving clinical services and outcomes for patients.

He graduated with a BA from Cambridge University in 1983, where he was President of Christ's College Medical Society, and qualified in medicine 3 years later from St Thomas' Hospital. He trained in gastroenterology at Kingston, Charing Cross, Newham and the Royal London Hospitals, finding time to gain an MBA with distinction from the European Business School in 1991. In 1996 he was appointed a consultant at Kingston, where he introduced many innovations, including pioneering local services for hepatitis C and capsule endoscopy, and electronic patient records. Despite a busy clinical workload in gastroenterology and acute medicine, he also held many leadership roles both within his trust and nationally. In 1997, he joined the Health Management Group at Imperial College Business School as a visiting fellow, and was promoted to honorary senior lecturer in 2000, and then reader in 2006.

Tim was a natural leader and educator who used his eclectic skills and talent for organisation and management to redesign and improve local services in his trust. At Imperial College Business School, he developed courses at both undergraduate and masters levels that were focused on helping clinicians and managers work together to tackle the challenges of delivering healthcare in an efficient effective manner.

At a national level, he served on the board of NHS Direct as a non-executive director, and on the Prime Ministers' Better Regulation Commission and on its smaller successor body, the Risk and Regulation Advisory Council. In that role, he contributed to cross governmental work on obesity, arguing for a rational risk orientated approach. In 2015, his expertise in healthcare management and regulation was recognised when he was appointed to the board of Monitor as a non-executive director.

At the BSG, he chaired the society's Information Committee, coordinating the society's contributions to work on HRGs, Choose and Book and Payment by Results, and promoting the development of minimum reporting standards for endoscopy and inflammatory bowel disease. He also served on the society's Clinical Services and Standards, Programme and Independent Practice committees.

Tim won many prizes and awards throughout his career, gaining first class honours in each year at Cambridge, winning clinical prizes at St Thomas', and many subsequent awards for teaching. He took great pride in excellence, and always strove to improve the care of his patients. Entrepreneurial but collaborative, he developed a track record of working with others to transform the way people take charge of their own wellbeing and the way in which healthcare providers deliver care. An innovative educationalist, he was a respected teacher whose work on medical leadership was recognised internationally.

It was typical of his altruistic nature that he asked Christ's College to set up a fund in his memory to support travel projects for their medical students. The web page for donations is https://cafdonate.cafonline.org/2260#/DonationDetails

He is survived by his wife Amanda, and their three children, Theo, Jo and Nicholas.

John Williams

Notices

New Appointments

Noor Jawad
Barts Health NHS Trust

Sim Yee Lim
Bedford Hospital NHS Trust

Rishi Chandel
East and North Hertfordshire NHS Trust

Ioannis Gkikas
East Lancashire Hospitals NHS Trust

Christopher Meaden
East Lancashire Hospitals NHS Trust

Natalie Phillips
Imperial College Healthcare NHS Trust

Evangelos Russo
Imperial College Healthcare NHS Trust

Alexandra Jane Kent
King's College Hospital NHS Foundation Trust

Leonard Paul Griffiths
North Bristol NHS Trust

Rebecca Palmer
Oxford University Hospitals NHS Foundation Trust

Asimina Gaglia
Royal Liverpool and Broadgreen University Hospitals NHS Trust

Alan William Steel
Royal Liverpool and Broadgreen University Hospitals NHS Trust

Jonathan David Landy
West Hertfordshire Hospitals NHS Trust

Martin John Veysey
Hull York Medical School, Hull

Janet Camilla Dearden
Barts Health NHS Trust

Sushma Saksena
Barts Health NHS Trust

Heather Lewis
Imperial College Healthcare NHS Trust

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Published by the BMJ Publishing Group
In conjunction with the BSG
Executive Editor: Richard Gardner (r.gardner@bsg.org.uk)
Production Editor: Christopher O'Shea (Christopher.oshea@bsg.org.uk)
Howard Ellison (h.ellison@bsg.org.uk)