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news

BRITISH SOCIETY OF GASTROENTEROLOGY

Message from the President

Time out

Teachers do it, the construction and factory industries do it, politicians do it, even the media does it, but the medical profession is not as good as it should be at doing it—taking a break and 'recharging' our energy levels. Summer months are the time of year, at least in the Northern hemisphere, and particularly in the health service, when activity should be at its nadir (or zenith depending on your point of view), and we should all be taking a break. Last winter was frequently referred to as 'the worst ever' in our health service, and although the demands seem relentless throughout the year, no one would deny that the summer months are quieter by comparison. We can all withstand the harsh winter better if we are ready for the challenge—and it's not just 'winter pressure' anymore. The relentless nature of working in the health service, with 24/7 services, 7 day services, patient choice, etc, means that we are now in a position where the machine never stops and does not slow to idle—it has to be at full tilt all of the time. In an earlier generation, the mantra was to keep calm and carry on, that endurance builds resilience by toughing it out—I still hear some colleagues' refrain 'in our day.... keep up or give up....'.

Gastroenterology and hepatology is now the third largest physician workforce group in the health service. Although we do very well compared with other acute specialties, and by some measures we are reported to be happier than many (RCP census 2013–14), recruitment has become a challenging problem for some trusts and regions—almost 50% of advertised posts remain unfilled. This also provides an opportunity for those who are working in adverse environments to consider moving to greener pastures, and increased movement between employers and geographies is becoming more apparent in other challenged disciplines.

Part of resilience is about recharging rather than enduring, and given the demands on our services are less cyclical than they used to be, we have to be more proactive in building that 'recharge' into our culture, our workforce and our job plans if we are to sustain a high quality service and survive the challenge. The popular and business media have been promoting this in the past few years: work free zones and personal days in some organisations, internal recovery periods at work, emphasising the importance of quality and duration of sleep, and using technology to turn off, usually by turning it off. Google 'NHS resilience' and you will find lots of advice; much of it by people who have never actually done the job, made decisions when exhausted on call and emotionally drained, with empathy stocks running dry, and often the only support in that situation is our like minded team and peers. The advice given is sound: agreeing the common purpose, trusting your colleagues (and being honest about mistrust), 'walking the talk', finding opportunities for everyone in the team and promoting optimism (power of positive thinking). However, it probably also requires us to pay more attention to the habits, rituals and behaviours that may have been more commonly used in yesteryear to underpin all of that—the team lunches/suppers, outings and gatherings when coworkers let off steam together. Have you taken the team out recently? That would be better than any portfolio reflections can ever be at building all of our resilience.

Professor Martin Lombard, BSG President

Gut impact factor rises again to 16.658

I am delighted to report to our membership that *Gut*'s new impact factor has risen from 14.921 to 16.658, the highest it has ever been. We retained our second ranking out of 79 journals in the field of gastroenterology and hepatology. More impressively, we have moved up the list of the top 100 journals in the world (currently at number 88 of 11 997 ISI indexed journals). This success is testament to the hard work and dedication that the *Gut* editorial team, our publisher, BMJ Publishing Group Ltd, and our society, the BSG, have contributed over the years. We continue to produce an outstanding internationally competitive journal with a mix of top class clinical research and cutting edge translationally relevant basic science. The journal continues to lead the microbiota research theme and is globally recognised as a leader in this field, shaping the development and progress in this exciting area. We have also attracted a number of high quality endoscopy papers and maintained our strengths in publishing the highest quality original

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research articles. The BSG Guidelines continue to be of the highest calibre and are very well read and cited. For those of you who have the pleasure of going through the Research Excellence Framework (REF) exercise, *Gut* papers would score very highly.

While we celebrate our continued success, we should never be complacent. Our competitors are snapping at our heels and our target remains to become the premier journal in our field. I call on all of you to support YOUR journal by submitting your best work to *Gut*, citing the excellent research that we publish and promoting our journal at every opportunity. This is YOUR journal and we should all take pride in its achievements. Thank you all for your tremendous support and guidance.

Professor Emad El-Omar, Editor in Chief, Gut

Endoscopy matters

George Webster,
BSG Vice President, Endoscopy

Issues of 'quantity' and 'quality' dominate UK endoscopy, and represent, as always, both challenge and opportunity. Endoscopy capacity issues remain a challenge for all units, driven in part by the success of screening, formalised surveillance and the rollout of Bowel Scope (screening sigmoidoscopy). The recruitment, training and retention of clinical (formerly termed non-medical) endoscopists will remain a vital means to address some of these capacity issues. JAG and BSG have recently written to all trusts, recognising the unprecedented strain on endoscopy services. As a means to help with capacity, some flexibility around the time frame of surveillance procedures has been approved by JAG. But with 20–30% of endoscopy demand comprised of surveillance, and 30% of surveillance being performed at incorrect time intervals (or not required at all), there is an increased need to devote resources to list validation.

The *National Endoscopy Database (NED)* will allow endoscopy outcome data to be audited across the NHS, and act as an important resource for future research and practice development. A pilot study in a number of endoscopy units, and using different endoscopy reporting tools, is underway. The *Endoscopy Quality Improvement Programme (EQIP)* is being rolled out over the coming year, with agreed key performance indicators (KPIs) in UGI endoscopy, colonoscopy, ERCP/EUS and small bowel endoscopy being incorporated into clinical practice. Meetings coordinated by regional EQIP leads will be used to review these KPIs and practice plans appropriate to regional services (see item on BSG Endoscopy Quality Improvement Programme in this issue).

While an increased emphasis on unit and individual outcome data in endoscopy may feel like yet more pressure on endoscopists, the BSG is also facilitating an increasing number of training opportunities which may be tailored to individual needs, and help to improve competence, confidence and improved patient outcomes:

- *Endoscopy Village at BSG Annual meeting*. This was a huge success in Manchester, with hands-on training by UK experts on a wide range of endoscopic techniques (including EMR, stenting, ERCP). Excellent delegate feedback, and an innovation that's here to stay!
- *BSG endorsed endoscopy courses*. Explore the BSG website for the increasing range of endoscopy courses, both general and specialised, including hands-on training.
- *EndoclubNord, Hamburg, November 2017*. For the first time, a delegation from BSG will be involved on faculty at this longstanding international meeting—the largest of its type in the world. Ten BSG travelling fellowships will be awarded to BSG members, covering attendance at the meeting and then bespoke training in Endoclub Academy.
- *Regional EQIP meetings*. These will facilitate local best practice and act as an excellent forum to meet, debate and learn with clinical colleagues.

In summary, the pressures of endoscopic service remain a huge challenge, but the opportunities available for improving endoscopic performance and patient care have never been better.

Liver matters

Mark Hudson, BSG Vice President, Hepatology

July 24 this year was notable for two events. *The Lancet* Commission published their financial paper: 'The financial case for action on liver disease—the escalating cost of alcohol misuse, obesity and viral hepatitis'. The same day saw the start of the final hearing by the Supreme Court in London of the appeal in the Scotch Whisky Association's case against the implementation to bring in a 50p minimum unit price (MUP) for alcohol in Scotland. The hearing lasted 2 days but the seven justices are expected to make their judgement in the Spring. The publication of the financial case for action on liver disease is well timed and summarises both the potential financial and health benefits of the 50p MUP. Additional headlines include 62 000 years of working life are lost to liver disease every year, the greatest impact is disproportionately severe on the poorest in society. Alcohol related admissions have risen by 17% between 2010–2011 and 2015–2016. The cost of alcohol to the NHS in England is now £3.5 billion per year. The rising costs of obesity are highlighted; 63% of adults over 16 years age are overweight or obese. Obesity costs the NHS £6.1 billion per year in England, with £5.6 billion in lost productivity over 2 years in the UK. The paper is available in full on the Foundation for Liver Research website (http://www.liver-research.org.uk/). The launch was covered with media activity, including front page of *The Guardian* https://www.theguardian.com/world/2017/jul/24/monday-briefing-alcohol-deaths-on-a-huge-scale

Further liver related activity in July saw the announcement on 11 July of a UK wide inquiry into the use of imported contaminated blood in the 1970s and 1980s, with up to 7500 individuals being infected. World Hepatitis day on 28 July reminds me to inform you that the excellent hepatitis E guidelines are now available on the British Transplantation Society's website.

Finally, the LIVER QuEST pilot project has been developed into a full accreditation programme, hosted by the Royal College of Physicians. With the transformation into a full accreditation scheme, the programme has been renamed—Improving Quality in Liver Services (IQILS). IQILS will be working closely with the liver community, BSG and BASL. If you are interested in finding out more about IQILS or how you might link your liver service, please contact Madeline Corrigan, IQILS Programme Manager at the RCP (Madeline.corrigan@rcplondon.ac.uk).

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BSG Endoscopy Quality Improvement Programme

The BSG Endoscopy Quality Improvement Programme (EQIP) was launched at Endolive UK in March and pilots are being launched around the UK. The idea of the programme is to support endoscopists in best practice and use a variety of methods to improve quality. Quality improvement initiatives in ERCP (led by Kofi Oppong), colonoscopy (led by John Anderson) and upper gastrointestinal endoscopy (led by Andy Veitch) will be piloted regionally, with national pilots for small bowel endoscopy (led by Mark McAlindon) and EUS (led by Ian Penman). In addition, EQIP plans for new endoscopy technology (led by James East) and techniques (led by Pradeep Bhandari) will be developed, as well as a gastrointestinal bleeding QI programme (led by John Morris). To support and encourage regional adoption of EQIP, one lead for each region has been appointed. These individuals will work with local colleagues to support QI and adoption of best practice. Regional leads will bring on board colleagues with interest in particular areas of endoscopy to support them. An example of one approach to EQIP is development of regional ERCP network meetings where best practice is discussed and a bundle based approach to cannulation agreed regionally. Kofi Oppong has begun pilots in both the North East of England and Northern Ireland. We will provide regular updates as EQIP develops.

Professor Colin Rees

The regional leads are: *East Midlands*—Stephen Foley; *South London*—Mayur Kumar; *North East*—John Greenaway; *South West*—Trevor Brooklyn; *North London*—Edward Seward; *West Midlands*—Aravinth Murugananthan; *South Central*—Adam Bailey; *Scotland*—Umesh Basavaraju; *Northern Ireland*—Michael Mitchell; *Yorkshire*—Mo Thoufeeq; *Wales*—Neil Hawkes; *North West*—Sanchoy Sarkar; *South Coast*—Pradeep Bhandari; and *East of England*—Gareth Corbett.

GIRFT Clinical Leads: Dr Bev Oates named Clinical Lead for Gastroenterology and Hepatology

Dr Oates qualified from Birmingham University in 1993 and undertook her specialist registrar training in Mersey Region, including completing a doctorate of medicine at Liverpool University. In addition, Dr Oates has been Training Programme Director for Gastroenterology in Mersey since 2007, and National Recruitment Lead for Gastroenterology since 2009. She has been deputy chair of the BSG Training Committee since 2015 and will become chair of this committee in 2018. She is also an active member of the Specialist Advisory Committee for Gastroenterology since 2007. In November 2015, Dr Oates was named HSJ Clinical Leader of the Year. This very prestigious individual award was in recognition of her national, regional and local leadership achievements. In the same year, she was named employee of the year by her own Trust, an organisation with 5500 staff. In her own time, she has been a trustee at Wirral Hospice St John's since 2011, and deputy chair of the Board of Trustees since 2015. Dr Oates said: "I am thrilled to have been given this opportunity to join the GIRFT team. I am very patient centred in my approach and I am keen to be involved in this exciting programme to ensure high quality patient care is paramount, and that NHS resources are used to their best effect for the benefit of our patients. As the late Jo Cox inspirationally said "we have more in common than that which divides us". I know that there is a lot of great work going on in our hospitals and I am looking forward to being able to help disseminate good practice, and enable teams to reduce unwarranted variation in clinical quality, productivity and efficiency".

Dr Bev Oates, GIRFT Clinical Lead for Gastroenterology

Getting It Right First Time (GIRFT) is a national programme, led by frontline clinicians, to help improve the quality of care within the NHS by identifying and reducing unwarranted variations in service and practice. It is a partnership between the NHS Royal National Orthopaedic Hospital Trust (RNOH) and the Operational Productivity Directorate of NHS Improvement (NHSI).

BSG 2017 conference report

This year's annual conference was held in Manchester, returning following a successful conference in 2014. BSG 2017 turned out to be even better, with the largest number of delegates to any BSG annual conference—there were 2699 registrations by the end of the conference. There were 748 abstracts submitted across 12 different categories, with an overall acceptance rate of 72%, very similar to the last three annual conferences.

Just under 900 delegates answered our post-conference evaluation questionnaire, with 98% evaluating the programme as excellent or good and 85% thought the conference was good value for money. Thanks to Jayne Eaden, previous senior secretary, as the prime organiser of the conference, along with Julie Solomon of the BSG. They introduced a number of changes, including themed days, so that IBD or liver sessions, for instance, were spread across 2 rather than 3 days; this change was approved by 84% and will be continued for 2018.

There were 453 posters at the conference, and 96% thought the standard of the posters was excellent or good. For the first time, there were some electronic posters displayed; these were for the 10 highest scoring poster abstracts on each day. The e-poster displays have the potential to show much more data and can include video clips. Overall, most approved, and so this experiment will continue to next year although most posters will still be displayed as usual.

The exhibition area was busy with some unusual additions—'Colin the colon' perhaps the most unusual—and a social media suite which was almost as popular as the ice cream station by the BSG stand. A total of 98% rated the exhibition area as good or very good. This year a new and hugely successful innovation was the Endoscopy Village, which incorporated nine stations. This allowed personal tuition in different endoscopic techniques by expert trainers. The feedback was extremely positive, with the bleeding peptic ulcer and colonic polypectomy stations most popular. The village was visited most often by trainees but also by consultants and nurses. This innovation will certainly be continued and developed by the ever-enthusiastic lead, Bjorn Rembacken.

Next year's conference will be back in Liverpool where we hope the sun will shine as it did in Manchester. It will be held slightly earlier in the year, *4–7 June 2018*. We aim to build on the successes of the past few years, and for the second time there will be a day of live endoscopy to compliment the other 49 symposia. There will be a Science Masterclass on 7 June—'Diet, digestion, health and disease'. The Endoscopy Village will allow individual teaching at 10 different stations, and three of the symposia will include grand round clinical case discussions. There will be reports from UEGW and ECCO,

and the editors of our three journals will be giving their top picks of their published papers during the past year. On Monday 4 June, there will be the gastrointestinal masterclass with a theme of what to do when the evidence runs out, with topics across gastroenterology, hepatology and endoscopy. Very unfortunately, this clashes with the DDW meeting in Washington DC which has moved from its traditional May slot. However, the BSG Annual Meeting 2018 will meet all your intellectual demands, be the best place to catch up with colleagues and there should be no chance of bumping into Donald Trump!

Nick Thompson, BSG Senior Secretary

BSG International Committee launched

I am pleased to announce the members of the newly appointed BSG International Committee.

This is the first BSG International Committee and is made up of Dr N Bhala, Mr S Goddard, Dr N Hawkes, Dr M Feeney, Dr S Moreea, Professor R Playford, Dr M Rahman, Dr A Stanley, Prof R Sutton and Dr A Veitch.

We had a very interactive session at the recent annual BSG meeting in Manchester. Feedback from the recipients of the international awards 2016 was very well received. It is clear that there is an appetite to expand the activities of the international committee to serve the needs of our members. We are currently in the process of formulating a strategy document to align with the BSG mission statement and strategy that will allow us to focus and deliver some key aspects of international activity. It is anticipated that we will continue our educational activities in under resourced parts of the world, but also expand academic partnership with other gastrointestinal societies in the developed world. Watch this space for the International Section Symposium at the 2018 BSG at Liverpool.

Krish Ragunath, Chair, BSG International Committee

BSG research strategy update: supporting BSG membership in developing and delivering research

Research contributes to one of the BSG's three key pillars (http://www.bsg.org.uk/the-british-society-of-gastroenterology-%E2%80%93-mission-vision-values.html), service improvement and advancing knowledge. Dedicated time for research training and dedicated funding for research activities are therefore necessary aims that form part of the BSG's new research strategy.

As part of the new research strategy, we will be reviewing how members engage in research and the mechanisms they use to include this in their job plans. A better understanding of successful approaches to supporting clinician research may improve the support we can offer to other BSG members who are trying to find time for research. It is clear from the 'Research for all' survey (https://www.rcplondon.ac.uk/projects/outputs/research-all) that research and development (R&D) departments are an essential component of medical research infrastructure. They play a crucial role in enabling doctors to carry out research. There are disparities in the amount and type of support received by physicians from R&D departments however. Where these units work well, they can promote involvement in research and are an important source of expertise and intelligence on all aspects of the research system—from information on funding opportunities, to access to support services. It may be that a process of best practice sharing, in the understanding of the support provided by successful R&D departments to successful gastroenterology consultants, would enable us to promote funding across institutions and regions.

Speaking of funding, the financial support for research sessions for BSG members across the UK currently is complex and unclear. In particular, we do not have a good comprehension of the total support that consultants receive for their research activities outside of dedicated academic appointments, or their sources. Looking forward, we must ensure that the future of gastroenterology and hepatology research is protected by supporting the ongoing research activities of our members. In addition, many consultants express a desire to do research but find barriers which are insurmountable. In the short term, best practice sharing between institutions and a process of support for new appointments may encourage ongoing research activities by clinical researchers. The close working relationship that exists between the BSG Research Committee and our CRN specialty partner committees will continue to support this work.

It is also important to ensure that BSG members who are not consultants are supported through the new BSG research strategy. We will aim to outline mechanisms to support BSG trainees and nurse members in research active careers. Indeed, the medium to long term target should be to encourage and enhance research active clinical trainees through the integration of research activity into the specialty training programme. Research confident and research active trainees are likely to be able to transfer their skills into consultant posts, which will have a promotional effect on research engagement and recruitment in the medium to long term. Current trainee attitudes to research are mixed. Our 2016 survey highlighted a number of factors that could influence trainee engagement; these factors will be outlined further in the final research strategy document later this year.

Several opportunities to promote and develop research active members and enhance performance will be outlined in the new research strategy, including:

- Supporting new consultant appointees by linking them to research active clinicians in the same region or network.
- Encouraging collaborative recruitment across regional and/or national networks by developing trainee research networks. Work in the area has already begun, with the first BSG supported national trainee research network symposium being held in March 2017 in Birmingham. Further such events will take place to continue to support these networks.
- Engage trainees with the NIHR CRNs; work has already started in this area, with newly appointed trainee national research specialty leads in both gastroenterology and hepatology as well as some regional leads.
- Developing a closer collaboration with industry to enable investigator led and investigator initiated commercial funding for key priority areas.
- Developing better links with the funded CRN nurses in gastroenterology departments and encouraging them to join BSG and share their experiences with clinical nurse members.
- Supporting and promoting the development of more nurse principle and chief investigators.
- Facilitating research networks through the BSG website and offering peer support and review at BSG conferences.

In developing the new research strategy, we hope to not only highlight new research priority areas but also continue to promote an ever growing research active membership.

Matthew Brookes, Chair, BSG Research Committee

IBD Registry Roadshow wins prestigious award

The IBD Registry's 2016 Roadshow has won a prestigious industry award for 'Excellence in healthcare collaboration and partnerships'. The Communiqué Awards recognise outstanding work in healthcare communications nationally and internationally, rewarding programmes or initiatives that have made a real difference to patients and stakeholders.

The judges said: "This collaboration was ... a really constructive partnership. The teams anticipated the problem, and delivered simple, smart solutions which ultimately improved care for patients with IBD"'

The IBD Registry was set up to improve patient outcomes by collecting long term data at the point of care. With no NHS mandate or funding, the registry's success depends on gastroenterologists, many of whom are BSG members, being sufficiently convinced of its value to them and their patients. IT solutions for different parts of the NHS have had to be developed, making the process of joining the registry complex in some circumstances.

The Registry team and the BSG partnered with the Royal College of Physicians, Crohn's and Colitis UK, Janssen, Shire, Takeda and Tillotts to encourage registry participation through a targeted regional roadshow, focused on listening to clinicians' needs and co-designing local solutions.

A total of 140 clinicians attended six meetings chaired by regional IBD leads. Experts helped clinical teams to understand the transition from IBD Audit to Registry, and early adopters demonstrated the local utility of registry data. The approach allowed delegates to look at set up from a local and regional perspective, while feedback from the frontline gave the registry team a better understanding of local challenges.

The collaborative approach made limited resources very effective and contributed to increased uptake and participation. By the end of 2016 there were 80 live sites (up from 8 sites in November 2015), and 22 758 patient records (up from 8037).

The successful formula was repeated with a 2017 Roadshow, with now 200 registered sites and over 27 000 patient records. The future looks bright for both IBD patients and the registry.

BSG Chief Executive, Richard Gardner, commented: "The workshops facilitated by Dovetail for the BSG provided the time and space to hear from early adopters and also put in place concrete and realistic plans to implement the IBD Registry in a way that would meet both the needs of their patients and themselves. The simple process of seeing a way forward and how to execute it has been powerful, as has been the opportunity to share common issues and solutions. The sharp rise in sites, and the intangible 'feel' in the community, has been evident".

Huge thanks and congratulations to all involved in the award, especially the 2016 Roadshow chairs, speakers and sponsors:

Stuart Bloom, IBD Registry Chair
Claire Munro, Dovetail
Richard Gardner, BSG Chief Executive
Nicola Brett, Dovetail

Pearl Avery
David Barker
Stuart Bloom
Keith Bodger
Mick Collins
Simone Cort
Fraser Cummings
Richard Driscoll
Richard Gardner
Kay Greveson
Barney Hawthorne
Tariq Iqbal
John Mansfield
Ben Morison
Rafeeq Muhammed
Kajal Mortier
Susan Murray
Glynn Owen
Aimee Protheroe
Ian Shaw
Jeremy Thorpe
Jessica Watts

BSG to pilot regional Transformation and Sustainability Networks

The BSG is launching two pilot Gastrointestinal and Liver Transformation and Sustainability Networks in the Midlands and North West, with inaugural meetings in November 2017 (details below) chaired by BSG officers and CSSC regional representatives. Members in these regions are encouraged to attend with colleagues.

The networks aim to support STPs and local stakeholders from all parts of the health and care system with an interest in gastrointestinal and liver conditions, to embrace a Quality Improvement led approach to improving patient outcomes and experience within available budgets. This follows the continued success of the Regional Transformation and Sustainability Network meetings already established in mental health, diabetes and rheumatology. It is hoped that a successful model in gastroenterology can be rolled out to other regions in time.

Developed by the BSG and Wilmington Healthcare, the network meetings will bring together like minded people from across healthcare, local authorities, the third sector and other relevant stakeholders to demonstrate how the expertise within the BSG can support the transformation and sustainability of services for people with gastrointestinal and liver problems. The meeting will provide a platform to showcase good practice, foster focused local discussion and closer collaboration between all parties who can make a difference through integrated planning and care delivery.

Date: Tuesday 14 November

Venue: Holiday Inn Coventry, Hinckley Road, Coventry, CV2 2HP

Draft programme: http://bit.ly/2vYGY5k

To book your place for the Midlands event: http://bit.ly/2xoQ3XR

Date: Tuesday 21 November

Venue: Holiday Inn Haydock, Lodge Lane, Newton-Le-Willows, Haydock, WA12 0JG

Draft programme: http://bit.ly/2uKWNZl

To book your place for the North West event: http://bit.ly/2uFJGwx

Notices

New Appointments

Abdul Wahab
Medway NHS Foundation Trust

Nauman Zakir
Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Edmund Michael Hartley Derbyshire
Royal Liverpool and Broadgreen University Hospitals NHS Trust

Richard Charles Warburton
East and North Hertfordshire NHS Trust

Ian Reilly
Countess of Chester Hospital NHS Foundation Trust

Kamal Patel
St George's University Hospitals NHS Foundation Trust

Suzanne Donnelly
London North West Healthcare NHS Trust

Maria Saunders
Torbay and South Devon NHS Foundation Trust

Vivek Haresh Chhaya
Western Sussex Hospitals NHS Foundation Trust

Charlotte Mary Ford
Western Sussex Hospitals NHS Foundation Trust

Fergus James Quentin Chedgy
Brighton and Sussex University Hospitals NHS Trust

Thawab Al-Chalabi
Lewisham and Greenwich NHS Trust

Annika Sabine Charlesworth
Lewisham and Greenwich NHS Trust

Mina Hanna
Lewisham and Greenwich NHS Trust

David George Graham
University College London Hospitals NHS Foundation Trust

Owen Ronald Woghiren
Royal Free London NHS Foundation Trust

Vikram Sharma
Barts Health NHS Trust

Kevin John Fagan
Plymouth Hospitals NHS Trust

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