

news

Message from the President

Many of you have seen the television pictures of the wobbly legged runner who was helped across the line by someone he had never met before in the London Marathon. Perhaps some of you were even participating? When interviewed later, he said he was a seasoned runner, had prepared really well and he hoped the medics would explain to him what went wrong. There are so many parallels to be drawn here with our services: supply and demand, effort, endurance, expectation, persistence, resilience, training, etc. Another parallel, however, is addressing what we don't understand, what we don't know and learning how to do things better.

As medical students, and as doctors in training, most of us have some exposure and some training in research methodology and the nature of research. Thereafter, research seems sometimes to be regarded as a luxurious extra or the exclusive domain of the academics. Certainly the funding and reward streams in 'higher education' institutes are such that this tends to be reinforced and too often the only valid output is measured as presentation or abstract, publication or citation index. Yet every day in clinical practice we encounter situations where the best way of doing something is not clear, where an individual patient's symptoms or pathology is not explicable, and where we over-investigate or monitor the natural history of an illness until the outcome, or need for intervention, becomes clearer to us. You are the people best placed to ask the questions "what, how, when", because they are obvious to you every day and, therefore, you are also the very people who need to undertake the research. The questions you encounter every day are too important to ignore, and are using up increasing amounts of resource that we should all target more appropriately. To borrow a quote from elsewhere "the standard you walk past is the standard you accept".

The National Institute for Health Research and the Clinical Research Networks are just one mechanism whereby 'jobbing clinicians' can become engaged in research—suppose instead the



*Professor Martin Lombard,
BSG President*

'output' of your research meant that you could run a more efficient or effective service by not doing so many non-diagnostic endoscopies or not ordering in series a sequence of ultrasound, CT scan, MRI and then just end up with a 'watch and wait' situation with interval scans (ie, a time trial for your patients). Much of what we now do in gastroenterology has been improved or modified by clinical research carried out by our forebears who were on the frontline of clinical practice, so why do we not follow their lead? Some of your colleagues do, and you need to find them and collaborate with them. For the past 2 years, approximately 650 000 patients in the NHS participated in research or trials, and NIHR spend in excess of £1 billion every year on health research and almost one-third of that in frontline delivery of trials. Unfortunately, gastroenterology and hepatology accounts for only a very small proportion of that, but it is there for our asking! Our research committee is devising a strategy with four themes—endoscopy, food and function, liver and IBD, something for everyone—and we would strongly encourage you to get involved and ask the questions that matter to you and your patients on a daily basis. Maybe Bob Dylan was not thinking of our specialty when he wrote "the answer my friend is blowin' in the wind" but at least he was asking lots of questions. Are you?

Gastroenterologist wins MasterChef 2017

Dr Saliha Mahmood-Ahmed, a North Thames SpR in gastroenterology working at Watford General, won the 2017 MasterChef title.

The final of the BBC show aired on 12 May, with Dr Mahmood coming out on top in the final three contestants. She won the popular cooking competition for amateur chefs alongside the pressures of training in gastroenterology and a young family.

Warmest congratulations from all at the BSG. Truly mixing gastronomy with gastroenterology!



Dr Saliha Mahmood-Ahmed

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Endoscopy matters

March 2017 saw delivery of the hugely successful Endolive UK meeting. Over 600 delegates in Birmingham saw over 40 live cases presented from St Mark's and Glasgow. Feedback on the event was outstanding, and live endoscopy training is now firmly established at the core of BSG activity. George Webster did a superb job in leading the organisation of this event and provides a more detailed report in this newsletter.

The UK has long been a world leader in endoscopy quality and training, and Endolive UK saw the launch of the BSG Endoscopy Quality Improvement Programme (EQIP). This programme will be rolled out across the UK over the coming years and looks to improve the quality of UK endoscopy still further. A key part of supporting quality is the development of high quality guidance and (where evidence is weaker) position statements.

As a result of improvements in endoscopic equipment and endoscopist quality, serrated polyps are now commonly found, but clinical management pathways are under developed. The BSG Endoscopy Section commissioned a working group, led by James East, which has issued a BSG position statement on this subject. The key recommendation was to offer a one-off colonoscopy at 3 years to patients with a serrated polyp 10mm in size, a serrated lesion with dysplasia or a traditional serrated adenoma (<http://gut.bmj.com/content/early/2017/04/27/gutjnl-2017-314005>).

A recent MHRA safety alert on the use of intravenous hyoscine butylbromide (Buscopan) advised caution in its use. BSG has issued advice regarding Buscopan use and summarises: "Endoscopists should be aware of the potential harmful effects of Buscopan and avoid its use in patients with tachycardia or existing cardiac comorbidity. Local protocols should reflect these

considerations. In the vast majority of patients however, Buscopan use is safe and there are significant potential beneficial effects in terms of increased lesion detection which outweigh potential risks". The full statement can be found here: bit.ly/2oxxZzX.

The BSG Annual Meeting takes place in Manchester in June, and we will be delivering a comprehensive endoscopy programme. We are honoured to have Professor Joseph Sung, one of the world's leading endoscopists, delivering the Endoscopy Foundation Lecture, and Dr Mark McAlindon giving the Hopkins Lecture. The UK continues to lead many areas of world endoscopy, and I am delighted that George Webster will succeed me as Vice President for Endoscopy and continue to support the outstanding endoscopy work being delivered by BSG members.



Professor Colin Rees,
BSG Vice President, Endoscopy

Did you know? Endoscopy and donating blood

That patients are unable to donate blood for 4 months after any natural orifice endoscopy and until they have informed them of the diagnosis?

The reason is twofold. Firstly, there are certain diagnoses that would prevent them from donating blood ever again, one being IBD, and secondly, because there are case reports of patient to patient transmission of viruses such as HBV and HCV linked to gastrointestinal endoscopy and poor decontamination of endoscopes. These viruses can be successfully inactivated with high level

disinfection but there is always the 'risk' that decontamination has not been carried out successfully, and we do not measure the success of each decontamination cycle on a day to day basis.

Donors have access to detailed information on health and travel restrictions to donating at <https://my.blood.co.uk/knowledgebase/>

Dr Helen Griffiths

Liver matters

A significant development is to confirm that babies born on or after 1 August 2017 will receive Infanmix at 8, 12 and 16 weeks as part of the routine childhood immunisation schedule. Therefore, babies will be offered protection against hepatitis B virus in addition to protection against diphtheria, tetanus, pertussis, polio and Hib. The UK has lagged behind other countries with universal hepatitis B vaccination. This is a significant step forward. Keeping to the hepatitis B theme, EASL have produced new practice guidelines on the management of hepatitis B which are available on their website. A WHO report on hepatitis B at the EASL conference indicates that worldwide HBV infection rates are falling.

The BSG Liver Section remains very active, reviewing NICE consultative documents, including quality standards in liver disease, and sofosbuvir

and velpatasvir for treating chronic hepatitis C. Of course, many of you will be aware that obeticholic acid (OBCA) has been recommended, within its marketing authorisation, as an option for treating primary biliary cholangitis in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid. OBCA is recommended only if the company provides it with the discount agreed in the patient access scheme. The response to OBCA should be assessed after 12 months and only continued if there is evidence of clinical benefit. How the use of OBCA will be regulated and monitored remains in discussion.

The Lancet Commission on Liver Disease is putting together its fourth report with updates on metrics from its recommendations and a focus on

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the wider need for government action. A key component within the Lancet Commission is the engagement of primary care. Leading the joint RCGP/BLT initiative is Dr Jez Thompson with whom the BSG is working closely. The three main projects he is working on include a toolkit for GPs to audit their own liver disease practice, eLearning modules and a programme of regional workshops to foster links between primary and secondary care. I will do my best to keep you updated with dates and progress in these initiatives.

The Public Health England Liver Disease Profiles have been updated to include a new indicator for hospital admission episodes for alcohol specific conditions 2008/9 to 2015/16. The profiles can be accessed here <http://fingertips.phe.org.uk/profile/liver-disease>.



*Dr Mark Hudson,
Vice President, Hepatology*

BSG Annual Meeting 2017

By the time you read this article you should be all registered and good to go to Manchester Central for our annual meeting, which will be celebrating the 80th anniversary of the BSG.

Monday will see the postgraduate masterclass on 'Dealing with dilemmas', giving advice and guidance on how to diagnose and manage those challenging cases, such as sphincter of Oddi dysfunction, intractable reflux and what to do with a patient who says, "Doctor I'm fat but I hardly eat a thing"! An endoscopy quiz follows, and then the trainees' symposium on 'Walking with gastroenterology giants'. The exhibition will open on Monday evening with a free drinks reception and entertainment from the Sizzling Swingsters jazz band. This will allow early engagement with our industry partners in a convivial atmosphere.

The scientific programme provides plenty for you to choose from with all of our sections having worked hard to bring you an exciting line-up of topics and speakers. Check out the interactive programme or the conference App for details of all the symposia and abstracts. The popular Delegates Digest returns for those of you who prefer pen and paper. For the first time, we are having a maximum of six parallel sessions and themed days to aid attendance for those who find it difficult to attend the whole meeting. Another change for this year are the *lunchtime* sponsored satellite symposia on Tuesday and Wednesday, which will be facilitated by having a slightly extended lunch break on those days. We also have standalone breakfast and evening sponsored satellite symposia.

The 2017 conference also sees the new hands-on Endoscopy Village, where you can practice your endoscopic skills under the guidance of experts who will be there to optimise your techniques and give you valuable tips. Also new for 2017 are e-posters for the prestigious abstracts of distinction. Pop along to the poster area to see what they're all about! Poster rounds will take place between 12:30 and 13:30 each day, with £100 prizes for the best posters in each category per day.

Be ready to be interviewed at the BSG stand to give us live feedback on the conference and test the new BSG website, which will be launched later this year (see Cathryn Edwards' piece below, 'Taking the digital challenge!'). The

stand is a hub to network with your colleagues, make new friends and scan your membership badge to gain your CPD for the conference while grabbing a coffee or ice cream! The social media suite will be on hand to get novices started and provide tricks for advanced users of Twitter, Facebook and Instagram. We will also be holding drop in sessions on the BSG's Quality Improvement Programme. Don't forget to attend the hugely popular trainees' party on Tuesday evening. This year we have Noasis headlining at the Birdcage. It promises to be a top night out, guaranteed to deliver a true Mancunian experience to celebrate the BSG's 80th year!

At the close of the conference I will demit as the Senior Secretary and hand over the reins to the very capable Nick Thompson. I have enjoyed being the BSG Secretary immensely and have been privileged to have worked with some of the most dedicated and knowledgeable clinicians I have ever encountered. I have also enjoyed working with the BSG office staff who do so much behind the scenes to ensure the organisation runs smoothly. The BSG is a fantastic organisation that is constantly striving to improve and support its members. I am sure it will continue to go from strength to strength under the expert guidance of our presidents!



*Dr Jayne Eaden,
BSG Senior Secretary*

Taking the digital challenge!

In the Spring edition of the newsletter, President Martin Lombard highlighted the professional initiatives in gastroenterology and hepatology by members of the BSG throughout the year. The varied nature of these projects and their relevance to our daily professional lives is immense, but outside of our national conference, we could do better in raising awareness of the Society's activity to our members and the wider public.

"It has astounded me how much activity the BSG undertakes for all of us all year round". President Martin Lombard, BSG Newsletter, Spring 2017

In the digital age, when audiences search online for 'specialty content', they are typically seeking out information, guidance and education around clinical practice, research and professional development. The Society, as the 'voice' of

gastroenterology and hepatology in the UK, needs to link itself visibly to this content by making it easy to access relevant information and support.

We are currently addressing this by renewing our website (digital platform) and looking at how the Society uses all social media channels to bring the BSG together as a 'virtual community'. Making website content compelling, relevant and more easily navigated is a key objective of the project, as is making communication with you more relevant and useful.

To do this, we need your help and feedback!

- Help us by ensuring your membership details are up to date (this takes just minutes to do online <https://members.bsg.org.uk/mybsg> or by email J.basset@bsg.org.uk)

- Beta test the demonstration website at BSG Manchester 2017 and support the web editorial team as they revise, update and commission new content for the site. Our web editors are Matt Kurien (mattkurien@hotmail.com), Andy Latchford (andrew.latchford@nhs.net), Kay Greveson (kaygreveson@msn.com), Ben Disney (bendisney@doctors.org.uk) and Daniel Gaya (daniel.gaya@nhs.net)



*Dr Cathryn Edwards,
President Elect*

Report from Trainees' Section

The aim of the Trainees' Section is to promote and safeguard gastroenterology training in the UK through inclusive and transparent representation of trainees' needs at a national level. The committee are discussing several key issues on your behalf, including the new junior doctors' contract and how we can prevent a negative effect on gastroenterology training, the increasing cost burden of gastroenterology training and the difficulties trainees nationwide are experiencing in receiving the quality of endoscopy training required. We provide trainee representation on many BSG and external committees, which allows us to keep these important matters high on the agenda of the key stakeholders.

This academic year we have hosted a variety of events for BSG trainees. February saw another successful BSG Management and Leadership weekend (<http://www.gastro-managementweekend.co.uk>). Feedback was exceptionally strong, and the course provided valuable insight into leadership styles, skills for developing business cases, CV and interview preparation, and the future ahead as consultant gastroenterologists. In December, the BSG Taster Course (<http://www.gastro-tastercourse.co.uk>) was equally popular, with delegates from medical student to core medical trainee providing an introduction to the huge variety within our specialty. Last year's BSG Education weekend (<http://www.gastro-educationweekend.co.uk>) was held in Cardiff in October, with the inspirational Professor Parveen Kumar headlining on the Friday evening and a medley of nutrition, hepatology and endoscopy talks over the weekend. Please look out for the upcoming advertisements for this year's education weekend in Newcastle.

At the BSG Annual Meeting in June, we will 'Walk with gastro giants' at the end of Monday's postgraduate day; a chance to see some key figures who have

helped to shape our field. The Trainees' Section launch the first #FOAMED film festival in Tuesday's symposium, where you can see innovative educational videos and vote for your favourite for the 'people's award' (<https://gastrofoamed.com>). In addition, the conference will see the launch of our 'introduction guide' for new ST3s, which we hope will help to smooth the transition to registrar level specialty training. The section also hosts the BSG conference party, which is open to all conference delegates and has the Manchester themed Noasis performing—450 tickets have sold out for the past 2 years so get yours early!

I look forward to meeting many of you at our upcoming events. Please do take the time to say hello and find out more about the Trainees' Section committee. In the meantime, if you would like to bring any training (or non-training) issues to our attention, please contact your local BSG trainee representative via the BSG website.



*Dr Louise China,
BSG Trainees' Section Chair*

Dr George Webster appointed BSG Vice President, Endoscopy

Dr George Webster, consultant gastroenterologist and hepatologist and clinical lead for HPB medicine at University College London Hospitals, has been appointed as the next Vice President Endoscopy of the BSG.

Commenting on the appointment George said, "I am delighted to have been appointed as Vice President (Endoscopy) of the BSG. The last 2 years under Colin Rees' leadership have seen significant progress in UK endoscopy, including two highly successful Endolive UK meetings, the introduction of live endoscopy within the BSG Annual Meeting and the roll-out of BSG Endoscopy Quality Improvement Programme (EQIP). All of these confirm the BSG's commitment to supporting and enabling UK endoscopists to deliver the highest quality of endoscopic care for our patients. I am honoured to be involved in this ongoing process".



*Dr George Webster, BSG Council and
incoming Vice President, Endoscopy*

Endolive UK 2017 review

The BSG's Endolive UK 2017 was held at the Birmingham ICC in March. It was the largest live endoscopy event ever held in the UK, with more than 620 delegates, and excellent industry engagement and sponsorship. All forms of diagnostic and therapeutic endoscopy were demonstrated from the Glasgow Royal Infirmary and St Mark's Hospital, London. The focus of the meeting was on demonstrating the latest advances in endoscopy, and to debate and discuss how to deliver optimal patient outcomes in endoscopy. In addition to the live endoscopy sessions, this was also achieved through clinical updates from the UK and international expert faculty, symposia and 'Meet the experts' breakfast sessions. A dedicated nurse's forum was very well attended, with presentations

on specific endoscopy nurse roles and career development. The BSG Endoscopy Quality Improvement Programme (EQIP) was formally introduced, aimed at setting key performance indicators by which excellence in service delivery may be demonstrated. Delegate feedback from BSG Endolive UK 2017 was outstanding, with 97% grading the meeting as good or excellent. This large biannual meeting is now established as a major event in the BSG's education programme.

Dr George Webster

Dr Stuart McPherson appointed BSG Honorary Secretary

Dr Stuart McPherson, a consultant hepatologist from the liver unit in Newcastle, has been appointed as the next BSG Secretary, to start in June 2017. Stuart said, "I am delighted to be appointed as the BSG secretary. This is a fantastic opportunity. I am looking forward to working with the whole BSG team to support the continued development of the society across all aspects of gastroenterology and hepatology".



*Dr Stuart McPherson,
incoming BSG Secretary*

Gut Microbiota for Health Expert Panel

The Gut Microbiota for Health Expert Panel represents a group of multidisciplinary members (gastroenterologists, nurses, dieticians and scientists) with expertise and interest in the gut microbiota and its role in health and disease. The group is under the auspices of the BSG Research Committee.

The group was formed in 2013 and has now grown to over 40 members who meet twice a year, arrange meetings and workshops on key topics related to the microbiota, and publish articles in high impact journals, as well as writing articles to enhance understanding with the public. As the group has grown, it is now dividing into themed groups, but maintains the over-arching meetings to ensure continuity and sharing of expertise and interest.

The goals of the group are: to increase awareness and understanding among clinicians of the gut microbiota and its impact on health; be a 'go to' address for clinicians (GPs, gastroenterologists, nurses and allied health professionals) for defining what is currently reliably known in this field; and drive scientific and academic interest in the gut microbiota in gastrointestinal and liver disease.

In particular, the group aims to:

- map the science and reach consensus on what is known and what is not yet known
- draft consensus statements on areas of interest for UK GPs
- identify gaps in knowledge and research foci
- identify research and development areas in this field that would advance understanding and lead to patient benefit.

The group has been successful in achieving several publications for the clinical and scientific audience, as well as the public. The group published a

major scientific review in *Gut*, 'The gut microbiota and host health: A new clinical frontier' (Marchesi, *et al. Gut* 2016;65:330-9; <http://gut.bmj.com/content/65/2/330.info>), which is in the top 5% of all research outputs scored by Altmetric. In this article, the group outlines: the current understanding of the gut microbiota; dietary modulation of the microbiota; assesses the role of probiotics, prebiotics and polyphenols; and describes obesity related diseases, liver disease, inflammatory bowel diseases and colorectal cancer and the microbiota.

The article 'The ecologist will see you now' (http://www.bsg.org.uk/images/stories/docs/research/ecologist_article_bsg_core_2014.pdf) outlines for the public some of the fascinating facts about the microbiota: "we're not individuals, we're ecosystems full of bacteria and understanding how these microbes interact with our bodies is set to transform medicine".

The group has contributed to two successful BSG research workshops: 'The microbiome, dysbiosis and GI disease' (11 April 2014) and 'Faecal microbiota transplantation: bench, bedside, courtroom?' (11 September 2015).

The group is now focussing on a review for primary care professionals, explaining the current understanding of the gut microbiota's impact on gut disorders, and is aiming to disseminate information about the group to ensure it represents a broad and relevant range of expertise.

It is also aiming to make a significant contribution to the governance of faecal microbiota transplantation (FMT) in the UK by setting up a registry of groups conducting FMT in the UK.

It has been a privilege and a pleasure chairing this group over the past 3 years.

Professor Ailsa Hart, outgoing Chair

Winners announced: RCP Excellence in Patient Care Awards

The winners of the Royal College of Physicians' (RCP) Excellence in Patient Care Awards have been announced. The awards aim to recognise and celebrate the impressive work of RCP members, fellows and their teams in contributing to excellent patient care both in the UK and internationally.

The Newcastle Liver Unit, including Vice President Hepatology, Mark Hudson, and newly appointed Secretary, Stuart McPherson, recently won the Quality

Improvement Award for outstanding clinical activity that contributes to excellent patient care by applying best practice and aiming to improve performance through the development of a care bundle for patients admitted with decompensated cirrhosis. This care bundle (<http://www.bsg.org.uk/care-bundles/care-bundles-general/decompensated-cirrhosis-care-bundle-first-24-hours.html>) is nationally recognised as best practice for these patients. Congratulations to Mark, Stuart and the team involved.

Obituary: Dr Charles Henry James Swan, 1937–2017



Charles Swan died on 9 February in his 90th year. He was a greatly respected physician, gastroenterologist, teacher, colleague and friend. He graduated in Birmingham in 1961. His postgraduate gastroenterological training was largely in the Midlands. He trained in gastroenterology in Birmingham with Dr W T Cooke and spent a year in New York with Professor J B Glass on a Wellcome Travel Grant.

He received his MD in 1969 and was a Fellow of the Royal Colleges of both London and Edinburgh.

He was appointed consultant physician with an interest in gastroenterology at Stoke-on-Trent in 1992. During this time, he developed his specialty to a national standard and greatly expanded the staffing infrastructure. He was actively involved in management, and was the first clinical director of medicine. He served a term of office as President of the Midlands Gastroenterology Society. With colleagues in Shrewsbury, Stafford and Wolverhampton, he established a 'Gut club' in the early 1970s; one of the first. He retired in 1997. In his retirement, he became director of the local hospice and indulged in his hobbies of golf and outdoor pursuits.

He was a very active member of the BSG and BSDE (British Society of Digestive Endoscopy) before the societies merged. He was Vice President of the

BSG (1991–1993), delivered the Endoscopy Foundation Lecture (1991) and received the President's Medal in 1996. He was a regional advisor to the RCP (1985–1990), Member of Council (1992–1995) and Chairman of JAG (1994).

It is, however, his legacy as an educator for which he will be particularly remembered. In 1997, recognising the need for a programme of formal training in endoscopy, he established, with industry help, the Stoke 'hands on' upper GI endoscopy course (1977) and subsequently the colonoscopy course (1982). He later encouraged John Green to develop the ERCP course (1988). Initially they were annual and very labour intensive. There were no digital images but only side 'teaching arms'; eventually, large television cameras were attached, and finally the digital age arrived to everyone's relief. These courses were unique. They set the standards and provided the format for those now delivered in the regional centres in the UK and in many centres around the world.

It was his outgoing personality, sense of humour and natural communication skills that made him such a brilliant teacher, and his enthusiasm, drive and capacity for hard work enabled him to lead a hugely productive and wide professional life. He will be greatly missed and fondly remembered by all who knew him.

Dr Edwin Swarbrick, Former BSG Vice President, Endoscopy

Notices

New Appointments

Katie Axe

Aneurin Bevan LHB

Asma Fikree

Barts Health NHS Trust

Klaartje Kok

Barts Health NHS Trust

Rhys Owain Butcher

Blackpool Teaching Hospitals NHS Foundation Trust

Muhammad Toqeer

East Sussex Healthcare NHS Trust

Khalid Said Aly Keshk

Great Western Hospitals NHS Foundation Trust

Chiradeep Raychaudhuri

Hull and East Yorkshire Hospitals NHS Trust

Prakash Gupta

Milton Keynes Hospital NHS Foundation Trust

Waqar Ahmed

Pennine Acute Hospitals NHS Trust

Andreas Koutsoumpas

Royal Free London NHS Foundation Trust

Nuala Roisin O'Shea

Royal Free London NHS Foundation Trust

Ching Yin Lam

Sheffield Teaching Hospitals NHS Foundation Trust

Monira Rahman

Surrey and Sussex Healthcare NHS Trust

Syed Muhammad Ali

Warrington and Halton Hospitals NHS Foundation Trust

Maud Nelly Lemoine

Imperial College London, Faculty of Medicine, Division of Medicine

Marianna Mela

Norfolk and Norwich University Hospitals NHS Foundation Trust



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Published by the BMJ Publishing Group

In conjunction with the BSG

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