

news

Message from the President

Christopher reminded me that I'm due to write another piece for the newsletter. Christopher is one of those unsung heroes in the BSG who works in the background making sure our organisation hums. There are other BSG people whom some of you are in contact with through section, committee or membership work (Howard, Julie, Simone, Christine, Janet or John, all wonderful people who harmonise our melodies), or when you want something done that requires approval (Richard providing a solo), and some others who work for us on contract externally whom we never meet. The BSG is not just them, it could not function without them, but most of all, the BSG is you. The NHS is similar to the BSG; there are many people you rely upon every day, your secretary/PA (if you are lucky enough to still have one), the booking clerks, receptionists, porters, lab technicians and others, but those are not the people patients book in to see—you are. But you know and I know that you cannot function without their support, without the infrastructure that facilitates the clinical consultation, enables it and sustains it wherever and whenever it happens. The way people experience our service is hugely impacted by how effective and how pleasant all of those staff are, but the ultimate impact on clinical outcome is usually more dependent on you and on what you do. The fact is that the BSG and healthcare systems are both simple and complex at the same time, but you are the people in the system who are central to the purpose of the system and therefore you should have something to say about it, and the powers that be should and will listen to you.

So, what are you saying about your NHS and what have you to say about your BSG? If you are not saying anything, those organisations have to assume you have nothing to say or that you are happy for others to say it on your behalf—are you? You may think you have a lot to say, you mutter if often to your tea, your coffee,



*Professor Martin Lombard,
BSG President*

your cat or your spouse, but you need also to listen to what you say. You are the only person who has heard everything you have ever said and reflected upon everything you have ever thought. Many other people have heard parts of it, your wife or your parents or your best friend, but you have been there for all of it—do you rate any of it? Do you question the premise on which it is based? Do you follow through? Challenge yourself, are you doing or saying enough?

Take a blank sheet of paper, like I have just done. Write down what is good about your service, your NHS, your BSG. Now write down what would you change to make it better. Then write down the steps required to get it there, and the myriad issues stopping that happening. Who are you going to see about it? Which unsung heroes are going to enable and facilitate it for you? Make an appointment to see or write to your Chief Executive, your pro-VC, your MP or email your President—they need to hear what you have to say if you are ready to say it. You and what you do are and should be in their purpose—you are important. You are one of the heroes, but you are also the one who needs to do the singing! We are listening.....make yourself heard.

Endoscopy matters

It hardly needs stating that endoscopy increasingly occupies the days and minds of UK gastroenterologists, as we continue to endeavour to deliver excellent care amid ever increasing clinical demands. The BSG is committed to supporting members in delivering excellence in endoscopy care, and we hope that the BSG highlights below might help us all in this career long goal!

Live endoscopy

The UK continues to be a world leader in education (eg, 4 of the top 15 universities in the world are from the UK), and we believe the same can be true for endoscopy! Live endoscopy courses have a vital role to play in this, allowing all endoscopy team members to

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observe, learn and debate aspects of endoscopic care. This includes 'when' and 'how', but also 'when not to'. There has been a fruition of endoscopy courses in the UK over the past few years. New requirements have been agreed to ensure that BSG endorsed courses offer excellence in endoscopy training, and the minimum 10% reduction to BSG members also ensures the best value for money!

BSG Annual Meeting Liverpool 4–7 June 2018

No reason to go to DDW in 2018, as all the action will be in Liverpool! Endoscopy will be playing a prominent role, as always, and with exciting innovations. As well as two endoscopy symposia, dedicated to obesity (endoscopic approaches to weight reduction, safe endoscopy in the obese, endoscopic management of post-surgical complications) and practice changes in colonoscopy (new polyp surveillance guidelines, impact of FiT) we will be involved in the nurses' symposium, with interactive sessions on training of non-medical/clinical endoscopists. The *Endoscopy Village* was a great success at BSG 2017, and will be delivered again, with nine hands on stations covering the whole of endoscopy, and training by the best endoscopists in the UK. On Thursday 7 June, *BSG Endoscopy Live* will be coming from Aintree, with the best endoscopists in the UK demonstrating and teaching how to deliver the best care in endoscopy. We will also have important updates on the National Endoscopy Database and JAG training proposals. So, book this in your diaries today!

EndoClub Nord

EndoClub Nord in Hamburg is the largest live endoscopy congress in the world, with more than 2000 delegates attending. This year saw a major collaboration with BSG, with five UK endoscopists on the international faculty, delivering live endoscopy as well as commentary. The meeting was live streamed via the BSG website to endoscopy communities worldwide, including China, India, Israel, South Africa, Greece, Egypt and the Czech Republic, and was facilitated by the BSG faculty providing English commentary. Ten competitively selected UK fellows were sponsored by BSG to attend the meeting, and then stay on for further training within the EndoClub Academy. I hope many of you were able to check out '*EndoClub on Air*' via the BSG website—either live or the following weeks after the meeting on 3 November.

Endoscopy Quality Improvement Programme

The Endoscopy Quality Improvement Programme (EQIP) was launched at BSG Endolive in March, and aims to help all of us improve our performance and outcome (in upper GI endoscopy, colonoscopy, small bowel, ERCP and EUS). Regional leads have been appointed to coordinate meetings to discuss, debate and agree standards of care, based on key performance indicators, often culminating in bundles of care. Several regional EQIP meetings have been held already, with excellent local engagement and agreed plans. The regional structure will allow all of us to be involved in improving the service we offer, with network collaboration and support. Consultant upskilling courses are being increasingly

offered to support the programme (eg, in ERCP) and will be advertised through the BSG website.

National Endoscopy Database

Very exciting times ahead for the National Endoscopy Database (NED). A pilot is in place to see that relevant anonymised endoscopy data may be uploaded, along with the parameters (including GRS) that correlate with optimal care. When introduced across the NHS and private providers, NED will record 2 million endoscopy procedures a year, and provide a huge clinical resource, informing standards of care and allowing large population based studies of endoscopy to be delivered for patient benefit.

Guidelines

Important endoscopy related guidelines and position statements have been published in 2017 by BSG, including those related to quality standards in UGI endoscopy, the management of Barrett's with low grade dysplasia, the management of bile duct stones and serrated colorectal polyps. Find out more on the BSG website!

Endoscopy research

The BSG Clinical Research Strategy is an ambitious programme, and endoscopy represents one of the four clinical research groups. It aims to help build on the success of UK endoscopy teams in delivering and receiving sponsorship for high quality research, including large endoscopy related randomised controlled trials. NED is expected to be a rich source of data for research programmes over the coming years.

In summary, notwithstanding the clinical pressures associated with endoscopic practice, there are encouraging opportunities for training, education and support to improve the endoscopic care we provide, and we very much hope you will take the chance to access these.



*Dr George Webster,
BSG Vice President, Endoscopy*

Liver matters

In September, the second Atlas of Variation in risk factors and healthcare for liver disease in England was published. We continue to observe wide variations in outcomes for liver disease in the country. The trends in mortality from chronic liver disease between 1995 and 2014 suggest that in the latter years the rate and number of deaths may have plateaued. However, there is still a significant 7.7-fold difference between the lowest and the highest areas of people dying early (ie, <75 years of age). In addition, there has been a doubling of hospital admission rates for cirrhosis—54.8 per 100 000 to 108.4 per 100 000 over the past decade. There is also a 7-fold difference in the rate of alcohol specific admissions across the country, the majority of higher rates clustered in the more deprived areas. One striking observation in the most deprived quintile of the country is that people with liver disease will die 9 years earlier than those in the most affluent fifth.

One initiative to reduce such variation in care and improve outcomes for liver disease is Improving Quality in Liver Services (IQILS), which held an open meeting at the RCP on 5 October. For more about IQILS and how to get involved, see below in this newsletter.

On 23 October, the Welsh Government announced the intention to introduce minimum unit pricing for the sale of alcohol. This is similar to the bill passed



*Dr Mark Hudson,
BSG Vice President, Hepatology*

in Scotland in June 2012. However, this has not been introduced as it has been tied up in a succession of court challenges with claims that it breaks European law. It is envisaged that minimum unit pricing in Wales would result in 53 fewer deaths and 1400 fewer hospital admissions each year. We will be watching this development with great interest.

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Comment from the RCP: Improving Quality in Liver Services

In September, Public Health England launched the second Atlas of Variation in risk factors and healthcare for liver disease (bit.ly/2xmXts6). The report showed that the rate of people dying early from liver disease in some parts of England is almost eight times higher than others.

This variation is clearly unacceptable, and it is through improving standards that we can work to improve the care patients receive, irrespective of where they live. In October, we at the Royal College of Physicians (RCP) launched our new liver accreditation programme. This scheme is designed to tackle inequalities, such as those above, and raise the general standard of liver services across the country by ensuring services are working towards seven key standards. Currently 19 services have registered with the accreditation scheme.

These standards cover all aspects of a clinical service, from providing person centred care to the effective staffing of a service.

Improving Quality in Liver Services (IQILS) follows on from the successful LiverQuEST pilot project. IQILS and LiverQuEST were both named as a model that could be used to reduce variation in care by the recent second Atlas of Variation in risk factors and healthcare for liver disease (bit.ly/2yXT3Xn).

It was hugely encouraging to see the scheme mentioned in the Atlas of Variation and to also see such enthusiasm and support for the scheme at our launch

event from those in the sector. Organisations including the British Liver Trust (BLT), PSC Support and Children's Liver Disease Foundation have supported the scheme and are involved in ensuring it remains patient focussed. We believe services should provide patient centred care, working to involve patients at every stage.

The IQILS scheme is also supported by the British Association for the Study of the Liver (BASL) and the BSG, and has been shaped in partnership with the wider liver community. IQILS is open to all liver services across the UK, enabling them invaluable access to a new online tool, expertise and up to date guidance on improving standards and enhancing patient experience. It is through cross sector support that IQILS can make a difference in driving up standards, and we are excited to see the scheme grow and incorporate even more liver services in the future.

More details regarding the scheme and how to sign up can be found at <https://www.iqils.org/>. Alternatively, contact Madeline Corrigan, IQILS Programme Manager, at the RCP (askiqils@rcplondon.ac.uk).

Madeline Corrigan, IQILS Programme Manager

Notice of upcoming BSG officer positions

Following the conclusion of the BSG Annual Meeting in 2018, the terms of a number of positions on the BSG Executive and key committees will come to an end. In advance of this, I would like to give notice to members of these roles and indicative timelines for their appointment.

- President Elect (2018–2020; going on to serve as President 2020–2022)
- Treasurer (2018–2023)
- Vice President, Hepatology (2018–2020)
- Chair, Research Committee (2018–2021)
- Chair, Education Committee (2018–2020)
- Secretary, Clinical Services and Standards Committee (2018–2020; going on to serve as Deputy and Chair; total 6 year appointment)
- Deputy Chair, Training Committee (2018–2021; going on to serve as Chair for 3 year term).

Each of these is a significant leadership role in the Society, with a key role in enacting the BSG strategy and sitting on both the BSG Executive and Council (depending on the respective progression) as well as the specific committee role in question. Certain roles also sit as trustees of the BSG (President Elect, Treasurer and Vice President, Hepatology).

Formal advertisements, job descriptions and specific timelines will be circulated to members in the New Year with a view to the appointments being made in advance of the 2018 Annual Meeting. Interviews will take place through the Spring with a panel chaired by a lay trustee. For early expressions of interest or to discuss any of these important roles in the Society, please contact Richard Gardner (r.gardner@bsg.org.uk).

Richard Gardner, CEO, BSG

Newly elected members

Following the appointment of George Webster as Vice President for Endoscopy, elections recently took place to fill his elected positions on BSG Council and the Endoscopy Committee. Following the recent election, we are pleased to announce that Dr Mark Pritchard has been elected to BSG Council and Professor Pradeep Bhandari to the Endoscopy Committee. Our congratulations to both as well as our thanks to those that put themselves forward.

Richard Gardner, CEO, BSG

BSG guidelines: where are we now and where are we going?

BSG guidelines are one of the many success stories of our society. What is the evidence for their success?

- There is strong demand from our members to provide guidelines to underpin best practice for our patients.
- NICE accreditation was awarded to the guidelines in 2013, and we are currently making excellent progress towards the reaccreditation process, with formal renewal due in 2018.
- Data from the BMJ Publishing Group indicate that the guidelines are the most cited/downloaded articles from *Gut*, thereby significantly contributing to the journal's highly coveted impact factor which, as I am sure you are aware, has recently risen to 16.658, second only to *Gastroenterology*, which is the highest impact factor GI journal in the world.
- High profile among other international organisations such as United European Gastroenterology where our guidelines prominently figure in their standards and guidelines repository.

The guidelines have inevitably evolved since their inception in 1996 and continue to undergo development. Much of this has been driven by NICE standards and the introduction of guidelines methodology tools, such as AGREE II and GRADE, to assess levels of evidence and the strength of recommendation.

However, we must not rest on our laurels. There is much discussion at the executive level within our Society as to the future of the guidelines. Some specialist societies have decided that all guidelines will be produced by NICE (eg, British Cardiac Society).

The overwhelming feeling at the BSG is that we should retain our independence from NICE—some of their documents are seen as opaque and not user friendly. However, I do believe that the guidelines process needs to be developed further and professionalised, with more support given to guidelines development groups (GDG). Some members of our GDGs have vocalised a need for external support with literature searches and utilising online development platforms to aid with systematic reviews. This is a project we are piloting with encouraging results. However, such external support unsurprisingly comes at a financial cost.

I think it is important to clarify the guidelines development process for our members as it is currently unclear to many colleagues and I am keen to encourage YOU to participate in the process. In order to facilitate this, the BSG website is currently being redesigned and will provide details on guidelines production, including examples utilising video blogs.

We also wish to use social media to promote guidelines which are used by BSG members, trainees and other stakeholders. Having spent so much time producing guidelines, I am keen that they are championed, and we wish to do this by exhibition posters at the national meeting and oral presentations of new guidelines by the Sections.

What does the future hold? There are a number of developments, including the following.

- The advice document for the production of guidelines is currently being revised to include quality improvement, a patient summary and key performance indicators.
- We have recently met with NICE to consider collaborating on future guidelines while retaining editorial independence.
- Redesign of the BSG website to promote guidelines/development of a mobile app to refer to guidelines.
- Engaging with other international organisations (eg, AGA, UEG) to work jointly on the production of guidelines.

I am extremely grateful to all colleagues who give up their valuable time to work on guidelines, whether they sit on GDGs or participate in the review process. Lastly, I must acknowledge the excellent work of Simone Cort at the BSG offices who provides outstanding support to the whole process and without whom our coveted guidelines would not be produced.

Please do contact me if you have any suggestions or comments (Andrew.Douds@qehkl.nhs.uk)

*Dr Andrew Douds, BSG guidelines lead/guidelines editor
Gut and BSG CSSC Secretary*

Will you be a 2018 BSG research champion?

The Research and Academic Development Committees of the BSG are seeking research champions to advise and mentor up to three gastroenterology trainees at the BSG Annual Meeting in 2018. Research champions would meet with self-nominated trainees to discuss research, future projects, career and fellowships opportunities, etc. The trainees and their champions will have access to the trainees' meeting area, where they can meet to exchange scientific ideas and opportunities. We hope that this will facilitate links between established researchers and future research active trainees, with the eventual development of a nationwide research champion network, with opportunities for our trainees, similar to those supported at the UEG week, through the young GI network programme.

The champions and trainees will have the option to maintain an informal link for up to 1 year after the Annual Meeting to support further discussions around opportunities related to research active careers.

We are asking research champions to self-nominate for this role. At this stage, we are asking BSG members to register their interest by email (research@bsg.org.uk). Please include your work region and area of research interest, along with a brief research relevant CV. The only initial commitment would be to a meeting with up to three trainees at the BSG Annual Meeting at Liverpool ACC (4–7 June 2018).

Dr Matthew Brookes, Chair, BSG Research Committee

*Professor Rebecca Fitzgerald and Professor Simon Leedham,
BSG Academic Committee*

Update from the BSG Trainees Section

The BSG conference 2017 marked a significant change in personnel of the Trainee's Section committee, with a number of members reaching the end of their 3 year terms. They have all contributed hugely to the success of the section and I am sure they will have some well earned rest before embarking on their next challenges. Autumn marks a busy period for the Section and the new members have gotten stuck in with organising the up and coming events.

We have just held another successful BSG Trainees Education Weekend in Newcastle in October. Delegates were entertained and enlightened by Professor Tim Orchard on the past, present and future life of gastroenterologists. The weekend was capped off with a lively debate between teams from the Freeman (Newcastle) and Royal Edinburgh Hospital on the use of steroids in alcoholic hepatitis.

We remain committed to promoting our speciality among our junior colleagues. The BSG Taster Course is perhaps the best example of how we do this. The course is aimed at medical students and junior doctors considering a career in gastroenterology, and is held in London on 2–3 December. Delegates get hands on with endoscopy, fibroscan and USS, as well as experiencing and taking part in a gastroenterology MDT.

We will again be running our management weekend in February 2018, which has always proven to be hugely popular, selling out within a couple of days. BSG members continue to receive heavily subsidised prices for our courses.

The Trainees Section are organising three symposia at the annual BSG conference; the Dragons' Den will be back, as will the FOAMmed Film Competition—start casting you leading ladies and gents! We are working hard on an engaging programme for the remaining sessions that will be educational and engaging for all, not just trainees! We will of course be hosting the conference party which will see us return to PanAm where fun appeared to be had by all in 2016.

In addition to our courses and conference sessions, we are committed to improving the quality and experience of gastroenterology training in the UK. We are developing a smart phone app with industry partner support that will allow trainees to access vital guideline information while on the go. Our trainee newsletter is undergoing a revamp and will be launched in December 2017. We provide representation on several BSG and external committees to ensure that tomorrow's gastroenterology consultants are well informed and that their views are taken into consideration when planning the present and future.

Finally, we would like to thank all our colleagues who give up their time and contribute to our courses and activities, without which we simply would not be able to run the Trainees Section programme of educational events.

Dr Suranga Dharmasiri, Trainees Section Treasurer

In memoriam: Richard Driscoll (1950–2017)

It was with great regret and sadness that the Society was informed of the untimely passing of our friend and colleague Richard Driscoll in October. Richard passed away on Saturday 21 October following a cardiac arrest. He is survived by his wife Aviva, sons Adam, Sam and Johnny, and by three grandchildren. They and his wider family, friends and colleagues have our sincerest condolences.

Many of us in the gastroenterology community will have met, interacted with or worked closely with Richard. He led what was then called the National Association for Crohn's and Colitis (now Crohn's and Colitis UK) as CEO and since then was an independent healthcare consultant on projects such as the IBD Registry where he undertook the role of Director of Development. He was the Chair of the Healthcare Quality Improvement Partnership (HQIP) at the time of his death and had previously served as a Trustee of the BSG. Without doubt he made a huge impact on the specialty and everyone he worked with.

Richard was a hugely engaging, warm and insightful individual who worked tirelessly on whatever cause or project he was engaged in. His impact on patients with inflammatory bowel disease has been enormous and will continue to be felt for years to come. Most of all, Richard was a great human being who placed his family, community, friends and colleagues before anything. I am sure many of us have a very positive memory of an interaction with Richard, be it large or small. He will be sorely missed.

Please visit <https://www.richarddriscoll.memorial/> to leave a message for his family. Further tributes can be seen at <https://www.hqip.org.uk/news-events/>



Richard Driscoll (1950–2017)

[news/imemoriaricharddriscollhqipchair/](https://www.bsg.org.uk/news/imemoriaricharddriscollhqipchair/) and <https://www.crohnsandcolitis.org.uk/news/richarddriscoll19502017>.

Details of a memorial will be circulated in due course as will plans for the Society to mark its own tribute to Richard's life and work.

Richard Gardner, CEO, BSG

Notices

New Appointments

Dr HJ Robbins

*Ashford and St Peters Hospitals NHS
Foundation Trust*

Dr P Wilson

Barts Health NHS Trust

Dr JG Sutton

Betsi Cadwaladr University Health Board

Dr DH Chan

Epsom and St Helier University Hospitals NHS Trust

Dr AJK Piotrowicz

Heart of England NHS Foundation Trust

Dr N Patel

Imperial College Healthcare NHS Trust

Dr BT Brett

*Norfolk and Norwich University Hospitals NHS
Foundation Trust*

Dr S Sansone

Pennine Acute Hospitals NHS Trust

Dr AJ Ball

Sheffield Teaching Hospitals NHS Foundation Trust

Dr AJ Brooks

Sheffield Teaching Hospitals NHS Foundation Trust

Dr TS Chew

Sheffield Teaching Hospitals NHS Foundation Trust

Dr KL Clark

St Helens and Knowsley Hospitals NHS Trust

Dr HJN Andreyev

United Lincolnshire Hospitals NHS Trust

Dr S Saha

United Lincolnshire Hospitals NHS Trust

Dr N Gautam

Walsall Healthcare NHS Trust

Dr L Chinnappan

*Warrington and Halton Hospitals NHS
Foundation Trust*

Dr L Loo

*Warrington and Halton Hospitals NHS
Foundation Trust*

Dr S Kriese

Western Sussex Hospitals NHS Foundation Trust

Dr I Aziz

University of Sheffield, Medical School

Dr M Kurien

University of Sheffield, Medical School

Dr JK Moore

Leeds Teaching Hospitals NHS Trust

Dr JM Ryan

Royal Free London NHS Foundation Trust



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GASTROENTEROLOGY

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Regent's Park, London
NW1 4LB

Published by the BMJ Publishing Group

In conjunction with the BSG

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