BSPGHAN
working for children with digestive and liver disorders

British Society of Paediatric Gastroenterology Hepatology and Nutrition

BSPGHAN Newsletter

January 2009

President's Report

Huw Jenkins

"Predictions are often difficult, especially those about the future"

was a verbatim quote from a Vice-President of the USA in the 1990's.

Despite the many changes that are occurring, both in medical service delivery and training, and how difficult it will be to predict these, the Society continues to thrive and I would like to thank everyone who has worked hard over the previous 12 months in helping the Society to progress on so many fronts. There have been advances in many areas, as is clear from the accompanying reports, and I would like to highlight a few of these.

First is the area of finance - the Society has maintained its firm financial basis and the Treasurer's report outlines the many important areas of development, which was a major discussion point at the recent Strategy day.

Second is the Society's relationship with the RCPCH and BSG. The RCPCH meeting in York is changing in nature and in the future the BSPGHAN will meet annually with another specialty group, the aim being to provide links with other paediatric specialties and general paediatricians. It will be interesting to see how the meeting format will be received by members but I would urge you to attend the meeting if possible. We owe a debt of thanks to Nick Croft for organising the first joint meeting which will be with the Immunology, Infectious Disease and Allergy Group.
We continue to foster links with the BSG and the previous BSG Paediatric Section has now mutated into the Adolescent and Young Person's Section with a committee comprising paediatric gastroenterologists and adult gastroenterologists, along with Allied Health Professionals and Surgical representatives. This new section is meeting with the Endoscopy Section of the BSG at its annual meeting, in Glasgow, in March 2009 and, again, I would urge as many members to attend as possible. There are plans for the following year to organise a meeting of the BSPGHAN at the BSG meeting in Liverpool, in March 2010, which will hopefully provide a forum for closer links between our adult colleagues and ourselves. It is gratifying that the BSG Council is keen to foster these links and develop a closer partnership with paediatric colleagues.

An important area of development has been the work of the Endoscopy Steering Group of BSPGHAN, which is in the process of developing a training curriculum for endoscopy, as well as

training assessment tool. I would like to thank all the Chairs of the working groups for their diligence and drive, and in particular, to specifically highlight the development and launch of the paediatric IBD guidelines, which have been well received by all agencies.

Trainees are the future of our Society and it is a pleasure to welcome Dr Peter Sullivan as the new Chair of CSAC – we are conscious as a BSPGHAN Council that there will continue to be close links between the work of the CSAC and Council.
It is a pleasure and privilege to be involved with the Society during such interesting times and I look forward to working with all members over the following year, to ensure the current impetus continues.

Although we are surrounded by change in the way we work and train, the Chief Executive of the company Apple was quoted giving some sound advice –

"The best way to influence the future is to invent it."

Your Council will endeavour to follow this advice.

Convenor's Report

Nick Croft

Nearly a year after being elected secretary (or convenor according to the RCPCH) of BSPGHAN it was time to find out what a convenor is. According to one online dictionary it is 'a person who convenes meetings of a committee', in Wikipedia 'convenor' is directed to 'chairman' - ' the highest office of an organized group such as a board, committee, or deliberative assembly', I like the idea of BSPGHAN being a 'deliberative assembly' but this may be something to aspire to. In reality the excellent work of Stephen Murphy, my predecessor, has left me with great structures and a clear direction of what is needed, thus far very little has been changed.

As ever the membership of the Society continues to expand, now well over 300 full, trainee and associate members. Our membership in the last year has gone up with quite a few new trainee members. I sincerely hope these juniors will achieve their aims of working in gastroenterology whether at the DGH level or more specialist posts, all of them are important for our speciality.

We have some movement on council with Graham Briars the PINGU rep coming to the completion of his 3 year stint, we welcome his replacement NaeemAyub from Shrewsbury. Catherine Arkley from the Children's Liver Disease Foundation has always given us sound advice as the patient rep on council for the last three years, her replacement has yet to be finally confirmed. A big thankyou to both of them for all their hard work. For the first time we have had an open appointment of the research representative and as already announced Nikhil Thapar will be in post for 3 years. We are pleased that Simon Huddart, the nominated representative from BAPS for the last three years, will be continuing in the post for another 3 years. Lastly I hope you have all made your vote count for the president elect who will overlap for the final year of Huw Jenkin's reign, this will be announced at the AGM.

BSPGHAN continues to be highly sought after for opinions and input by the RCPCH, Department of Health, NICE, SIGN and other organisations and this is an important part of our workload.

We are registered stakeholders for NICE guidances so we have a formal voice on behalf of the membership. When we do send out questions asking for input please do respond, we are all busy but even a small number of responses can make a difference. An example was the NICE Coeliac guidelines which originally were not going to include children at all. BSPGHAN very strongly

objected and by coordinating with the RCPCH and Coeliac Society got this changed (the change had to be approved by the Minister for Health so it is not an easy thing to get done).

We continue to work with the DoH on the Specialised Services National Definition Set version 3 due this year. Hot news is that it will officially be recognized that multi-disciplinary clinics can be charged higher than the tariff but you must negotiate locally, get your managers on the case as soon as you can.

The ACCEA process continues to be run in a highly organised manner led by Carla and chaired by Prof Ian Booth, the committee includes ex presidents, lay representatives and non-holders. It was clear at a recent Department of Health meeting that the processes within BSPGHAN are one of the most organised and robust around. We have now established that BSPGHAN can in theory support applicants in all of the UK, outside England this is largely on an individual basis.

Our meetings are evolving. For some years the role of BSPGHAN within the RCPCH meeting has been rather difficult to define, for many it seemed to be a repeat of the BSPGHAN meeting in Jan but with smaller numbers. This year we are starting a new arrangement with joint sessions with other speciality groups and attempting to attract more general paediatricians and non-members of BSPGHAN to see what we do, and perhaps influence what they do. This year we have a joint session with the Immunology, Allergy and ID group on the Tuesday and have an excellent programme and hope many of you will be there. Stephen Murphy will be giving an insight into the development of the imminent D&V guidelines from NICE, our invited speaker is Dr Paul Kelly, an expert in Tropical Gastroenterology, based in Lusaka, Zambia who will be talking about Tropical GI Diseases in Children.

Lastly a big thank you to Carla, the BSPGHAN administrator, without whom most of what has been achieved and organised this year would not have happened. If I were not the sensitive and careful soul I am I would call her the best ‘right hand man’ around, trouble is I think I would regret it.

Treasurer’s Report

Alastair Baker

Income, expenses and balance for accounts reported (see appendix 1). The Society is seeking to increase its standards of financial governance. The treasurer, accountant and Mrs Carla Lloyd, the administrator, have met on 3 occasions to progress the level of organisation, documentation and efficiency of processing invoices and payments as well as other financial aspects.

Issues are as follows:

1. As the society will provide indemnity for all activities undertaken in the name of the BSPGHAN, the accounts now encapsulate all activities represented in the minutes of the Society in full, including the activities of the Associate Members and a budget of the Winter meeting. Since it now has total cash flow in excess of £60,000, the Society may have to register for Value Added Tax (VAT). This will considerably add to the administrative burden and the work for the accountant. VAT will need to be paid and then reclaimed on many items. The present Society accounts are issued subject to a review of VAT position by the Society's accountant.
Because of increasing complexity, increased need for transparency with the Charity Commisioners, and the new requirement for VAT registration as described above, all of the income and expenditure pertaining to all activities of the Society must come through the Treasurer's office. This includes income and expenditure for the Winter Meeting and for the Associates and Trainees. Non-compliance may expose the Society to excess and non-reclaimable VAT.

2. Mrs Carla Lloyd will initiate a Numbered Invoicing System for all accounts submitted to the Society and by the Society.

3. The handover from Dr El-Tumi to myself has been delayed by problems on the part of the HSBC in providing mandate forms. Although Dr El-Tumi contacted the bank on 3 May for the first time, forms did not appear through the post at King's College Hospital until 17th June. Meanwhile, the process requiring certification by officials of the Society was also unclear. However, at the time of writing, full authority for the current treasurer to sign cheques is confirmed and the backlog of cheques has been attended to.

4. A schedule for future treasurers to assist in handing over the accounts at changeover will be created by Mrs Carla Lloyd for future treasurers and kept in her "meeting diary".

5. A new process for members submitting expenses will be introduced with immediate effect. All expenses must go first to the treasurer. Members are reminded that receipts are required including for taxis. A new approval form endorsing payment and allocating the expenses according to the sub-headings of the Society's accounts has been created to assist the accountant in preparing the accounts and will be filled in by the treasurer. The application, a cheque and the approval form will be sent to Mrs Carla Lloyd. She will document each payment in her Numbered Invoice Book and send the cheque to the applicant. Turnover time for cheques will be 4 weeks maximum in future.

6. A maximum time to apply for expenses will be introduced with immediate effect of 3 months after the event. This is because the BSG and others will only refund up to 3 months after the event, and 3 months notice is necessary for management of the accounts at the year end.

7. Because of the increasing cost of fuel the mileage rate from as now will be 40p/mile. First class rail fare remains payable on trips over 150 miles each way while 2nd class rail fare with discounts for maximum notice is payable for all other trips. Last minute bookings incurring expensive tickets may only receive reimbursement at the discount rate.

8. The ground rules for handling the Society's cash require some clarification. In addition to the single cheque book held by the treasurer, Internet banking will be provided to the treasurer, the president, the secretary, the administrator (Mrs Carla Lloyd) and the accountant (Mr Peter Hill). The latter 4 will be able to access but not change the account. Cheques up to the value of £1000 can be signed by the treasurer alone. Cheques of value greater than £1000 need to be signed by any two of: the treasurer, the president and the secretary. Cheques to any one of the three officials, (president, secretary and treasurer) must be signed by one (less than £1000) or two (more than £1000) of the other officials.

9. The society has a current bank surplus of over £100,000, for which the previous treasurer deserves appropriate plaudits. We propose the following strategy:
i. A risk evaluation will be undertaken to consider financial threats such as failed meeting that could result in a major deficit. Many such risks can be off-set by an insurance policy.
ii. However, a reserve covering at least the maximum possible losses for the Society will be retained.
iii. The position of the Charities Commission on retained funds must be taken into consideration and not exceeded.
iv. Excess funds will be allocated prudently in keeping with the Society's strategies for the future. Areas of particular deservedness must be aligned with the Society's strategy including the development of Managed Clinical Networks, and the Society's research strategy and research training.

10. As far as we can ascertain, a statement to the Charities Commision is outstanding from 2007. This will need immediate attention and the accountant has agreed to attend to it by Internet.

11. Funds are claimable from the British Society of Gastroenterology for expenses, meetings and other collaborative projects. The BSG has required a statement of such claims and this will need to be worked out and presented. Mrs. Carla Lloyd has undertaken to provide evidence of expenses and previous correspondence for a letter requesting payment. Three months is the time limit for applications.

12. All Working Groups and the Associate Members will be required to submit an estimated annual budget that will appear in the treasurer's report. This will assist groups in aligning expenditure with workload and allow the Society and sponsors to see level of return on expenditure in annual reports to the Society. Significant overspends will be reported in the Society's accounts and the treasurer's report.

Research Report

Nikhil Thapar

Emphasised in the last research report, and reiterated in the keynote lecture at the winter meeting in Southampton in January 2008, was the importance to the Society of engaging research opportunities that exist within the new national research frameworks and restructuring of funding streams. Over the last 12 months the priority of the research group has been to facilitate the process by addressing real obstacles of time and funding and making available resources more easily accessible.
Key achievements and proposals of the Research Group include

1. Developing a clearer structure, remits and roles for the BSPGHAN research group.

Over the coming year we will restructure the research group to better represent the membership and associates groups. This will enable the creation of clearer remits and roles within the group. I encourage anyone interested in research to join the group and contact me directly.
A change already in progress is integration with the GH&N clinical studies group (CSG) of the Medicines for Children Research Network (MCRN). It is becoming clear that the MCRN will have a key central role in the delivery of paediatric research in the UK. Until now the work of the BSPGHAN research group has been separate from the MCRN GH&N CSG. Working together with Stephen Murphy (current CSG chair) the BSPGHAN council and the research group have agreed that integration with the CSG would be sensible to simplify the process of encouraging, developing and supporting research ideas/projects.

2. Developing and supporting research opportunities for multicentre collaborative research within the Society.

A role of the group is to encourage research within BSPGHAN, although no funds have been spent on this in the last 3 years we feel it is time to consider this with the following proposal.
We sought to identify funding partners and to date we have one committed partner (CORE, the BSG associated digestive diseases charity) who have agreed to match funds put in by BSPGHAN to fund a joint award.
We propose to commit a maximum of £30,000 of BSPGHAN funds and match this with at least £30,000 funds from CORE for studies regarding transitional care. An extra advantage of CORE being involved (at least in England) is the study will automatically be adopted by the UK Clinical Research Network and so be eligible for NHS support costs via the Comprehensive Networks.
The suggested subject, based on membership feedback and enthusiastically agreed by CORE is 'Transitional care in G, H or N'. The call would aim to encourage collaborative projects that would to progress, once pilot data is obtained, onto larger projects seeking funding by organisations such

as NIHR, MRC, etc. The funds are available over a maximum of 2 years and a maximum of 2 projects would be funded.
The eligibility criteria for any proposed award will include:
The PI(s) must be a member of BSPGHAN.
There must be at least two paed gastro and one adult unit collaborating on the study.
To ensure feasibility for such a call we will shortly be seeking 'expressions of interest' from the interested BSPGHAN membership.
We are working on developing initiatives with other funding partners and hope BSPGHAN/Partner award scheme becomes an annual event and/or evolve into more robust funding e.g. studentships / project grants. In the future we may consider strategies to generate funds directly e.g. fundraising, industrial partnerships etc.
It is also intended that the Research Group will offer to support and further develop any unsuccessful applications and help identify other funding routes.

3. Website

We will be working with Naved and the website group to ensure there is updated information for the membership on research and funding opportunities and research successes within the society.
We aim to create a database of expertise present within the society, which would be created from data provided by members wishing to be included. This database, similar to one that already exists on the BSG website should essentially work to encourage contact with, and between, BSPGHAN members.

Education report

S. Protheroe

Tasks 2008/9
• Advise on appropriate curriculum and tools to assess competency (Endoscopy Group specifically over the next 12 months).
• Develop links with CSAC (Education representative now observer on CSAC)
• Support members associate members, trainees in achieving CPD eg develop shared learning resources such as web-based learning, telemedicine.
• Develop working relationship with PMETB & RCPCH regarding standards for training and competency.

1. Endoscopy Curriculum

BSPGHAN is responsible for assessment of training and assessment process under the auspices of the Joint Advisory Grouped on Endoscopy Training for the UK (JAG). An Endoscopy training curriculum has been proposed by the Endoscopy Steering Group. Input into this important document has been now been obtained from wider group, including Council, trainees, BAPS and the Liver Steering Group to ensure the curriculum is relevant for trainee hepatologists, gastroenterologists and surgeons in each training centre in the country. The curriculum was presented to Council in November 2008, with inclusion of minimum training requirements for a CCT in Gastroenterology and Hepatology and for trainees working towards a CCT for a paediatrician with an interest in Gastroenterology. Additional higher level skills will be included in the syllabus which is not required for obtaining CCT. CSAC approval will be sought to make JAG

accredited training a requirement for a CCT in Paediatric Gastroenterology/ Hepatology. The curriculum will be presented to members at the Winter Meeting in 2009 with a view to submission to JAG on 30/1/09 for endorsement.
Revalidation for consultants and ensuring the endoscopy environment is suitable are set to follow under the auspices of JAG.

2] Promotion of web based and shared learning resources
BSPGHAN is keen to promote learning that is accessible for all members of the Society. Telemedicine should offer an excellent way of sharing teaching sessions between hospitals. This has been developed successfully in Scotland and Andy Barclay has been helpful in demonstrating their telemedicine systems.
We aim to identify an interested person from each centre and undertake an audit to determine what's available in each Trust in the first instance. This initiative is set to attract funds from the Society to co ordinate the process and perhaps enable centres to join in.

Input into the redevelopment of BSPGHAN's web site has been useful so that it will offer further opportunities for shared learning, training resources and opportunities for assessment.
Consideration has been given towards a members log in area to allow access / links to:-

- Assessment strategy for trainees
- Keynote lectures/ abstracts from meetings
- Recent updates/ key papers section
- On-line audits/ eg IBD audit, BIFS
- Development of re –validation/ re- accreditation tools
- Telemedicine curriculum
- E-learning eg RCPCH e –learning, EfLH – e-learning project sponsored by DoH which is module based and to encompass general professional training curriculum
- Signposting to sites for patient/parent education eg CICRA, NACC, CLDF, Coeliac society, Half pint, Patient.co.uk

3] Bursary Allocation group
The Strategy Day presented an opportunity to review the provision of financial support that the Society might offer towards the education of members, trainees and associates of Society. A £5000 annual budget has previously been agreed for the Bursary Allocation Group which is to provide funds for members to attend educational meetings.

Funds allocated so far have been reviewed and a report from bursary holders from 2008 has been prepared. Uptake has been lower than anticipated. It has been agreed that whilst traditional bursaries could still be applied for, existing monies would be put into an education budget to allow for more flexible use of the resource. The Bursary which will be renamed Bursary and Education Grant.

Council agreed for revision of constitution to:-
1] Allow funds for Associate members
2] Sponsor Educational meeting for members, trainees and associates
3] Sponsor educational initiatives eg telemedicine network for learning and CPD, web based learning initiatives.

4. Meetings
We are continuing to improve links with the BSG and this year has seen the birth of the New Adolescent & Young Persons Section of the BSG. A successful paediatric session in 2008 at the BSG on Transition and IBD will be followed by a New Adolescent & Young Persons Section at the BSG on Wednesday March 25th 2009. This will cover the challenges of adolescent gastroenterology

and practical matters in endoscoping the young person. Input into programme selection for "Gastro 2009" the combined World Congress/UEGW meeting (21-15th November 2009), London Excel Centre, has been provided.
Discussions have been taking place this year about the merits of the new session at BSG Annual meeting and our contribution towards the RCPCH Spring Meeting. Views will be sought from members of the Society at the Winter Meeting. I am pleased to announce that prizes will be awarded at the Winter Meeting this year to honour Alex Mowat and Sean Devane.

Nutrition Working Group Report

Sue Beath

1. **BIFS**
   a) Henry Gowen (HG) has continued to work with local investigators and we now estimate that more than 50% of eligible subjects are being recruited (was only 30% in 2007). Centres in Addenbrooke's, Glasgow, Leicester and Newcastle have started participating in 2008, others are due to join pending local R and D approvals (annual report is attached).

   b) An abstract re BIFS recent results has been accepted for oral presentation at 2009 RCPCH meeting in York.

   c) An abstract re BIFS recent results has been accepted for oral presentation at 2009 BSG conference in Glasgow.

   d) HG has been in contact with colleagues at the Journal of Paediatric Nursing and managed to get some publicity for BIFS in a recent article by Sadler C Paediatric Nursing 2008; 20: 37-42.

   e) HG and Diana Flynn sent out a centre survey of PN lipid prescribing practice in December. The results of this will be available by the time of the Winter Meeting in Sheffield and will inform future discussions about a multi-centre study comparing PN lipids.

2. **Guidelines:**
   Review of current management practices in Intestinal Failure Associated Liver Disease has been revised and reviewed for a second time by LSG in October/November 2008. The final draft is being submitted with this report to BSPGHAN Council for consideration and ultimately for publication on BSPGHAN website after review by Council.

3. **MCRN – Taurolock study.**
   Jutta Koglmeier has agreed to develop a research proposal.

4. **BAPEN meeting Harrogate 5th November**
   The symposium on transition between paediatrics and adult practice was reasonably well attended with some excellent talks from adult practitioners (dieticians, nurse specialists and doctors). The symposium on PN was good; the talk by Prof. Philip Calder of Southampton on "Rational for using new lipid emulsions" was outstanding – he would be a good invited speaker for the winter meeting of BSPGHAN.

5. **Contacts with other organisations**

a) Comments via BSPGHAN on NICE proposals re donor breast milk banks

b) obesity in adults & children NCG (Robert Couch) have requested commentary on nine page document - comments from NWG collated Jan 2009
c) Submitted an audit proposal on Lipid use in parenteral nutrition in babies and children in the UK to National Clinical Audit Advisory Group (NCAAG), Clinical Lead was Diana Flynn. It was not adopted by NCAAG but documents could be used for another audit bid/research proposal.

The British Intestinal Failure Survey (BIFS) – A Referral Registry to Record and Determine the Outcome of Childhood Intestinal Failure. By H. GOWEN [1] and C. LLOYD [2], *[1] British Intestinal Failure Survey, 3rd Floor Registry Office, Institute of Child Health, Whittall Street, Birmingham. B4 6NH. [2] Liver Unit, Birmingham Children's Hospital, Steelhouse Lane, Birmingham. B4 6NH.*

Intestinal failure (IF) is a complex, life threatening disorder requiring highly specialised treatment and with great variation in outcome. Most patients recover, many require continuing support on home parenteral nutrition and a proportion may progress to intestinal transplantation (ITx). The paucity of information in the UK about incidence, causes and outcome of IF has impeded rational planning of long term clinical services including ITx.

BIFS attempts to prospectively identify all cases of IF in infants and children in the UK, **including hospitalised children,** using parenteral nutrition dependency for 28 days as the inclusion criterion.

Initially a pilot study in 6 centres enrolled all children <16 years of age at the start of PN. Since July 2007, 25 centres identified via the BSPGHAN membership list have registered an interest in participating and 10 have registered patients. Although data collection by BIFS has received research ethics approval, currently just 20 centres have R&D approval from their Trusts; the other 5 more centres are awaiting R&D Trust approval. Outcome data (PN dependency status; complications; transplantation; death) are solicited at 6 monthly intervals.

Between July 2005 and June 2008, 142 **subjects** (74m, 68f) have been registered. Median age at commencement of PN depended on the underlying diagnosis (see table below). In infants with congenital causes for intestinal failure, those with enteropathy were the oldest at the time of commencing PN, perhaps reflecting the difficulties in confirming the diagnosis in an uncommon disorder. The diagnoses in the miscellaneous category included bone marrow transplant, Crohn's disease and neoplasia, which accounts for the older age when started PN, since the cause of IF in this group is acquired rather than congenital. This group also had the better prognosis with few remaining on PN long term and none referred for ITx. Around **20%** of registered patients were referred for small bowel transplant assessment, which may reflect a positive response to recommendations to involve a transplant centre when complications first arise. Patients with short bowel syndrome appeared to have the most adverse outcomes (death or ITx).

This interim report demonstrates that a national dataset for children with IF can be established through a cooperative effort on the part of the BSPGHAN representing paediatric gastroenterologists in the UK and with close working relationships with the British Association of Paediatric Surgeons. Recruitment has improved since June 2007 when Lead Investigators have been identified for each centre and administrative assistance has been provided by the IF Registry Administrator, but further work is needed to achieve a comprehensive registry.

Main diagnosis	n	Median age at start of PN	Referred to BCH for ITx assessment	Discontinued PN*	Received ITx*	Still alive*
Short bowel syndrome	99	4 days	21	43	4	88
Disorder of motility	12	44 days	4	4	1	11
Enteropathy	12	89 days	3	0	0	11

Miscellaneous	19	~ 1.5 years	0	16	0	19

Table to show diagnosis, age and outcomes of patients registered with BIFS.
* latest follow up June 2008

PPP Report

Catherine Arkley
CLDF

2008 has seen the consolidation of PPP within the Society. It is pleasing to report that BSPGHAN has embraced the involvement of PPP throughout every aspect of its work, particularly the working groups.

In 2008 the PPP analysis tool has been integrated within the working groups and used to identify the level and type of PPP involvement in the various work programmes.

During the year, there have been two major strands of work which has involved the major commitment of PPP; the BSPGHAN website project and managed clinic networks (MCN). In terms of the former, the PPP and education representatives have worked together to identify how the proposed new site could and should interface with the general public whilst still retaining the identity of BSPGHAN. It has been agreed that the site will contain a section for the public which will include frequently asked questions and then signpost to various sites including those of professional bodies and patient organisations. The first steps are underway and work has includes starting to map relevant organisations and obtaining their contact details and starting to generate frequently asked questions. It is intended this will be built upon in 2009 by the new PPP representative.

The MCN project was developed during the year and PPP shares joint chairmanship with Dr Alastair Baker. As reported elsewhere, the group has met, defined its terms of reference and agreed its strategy for moving the project forward. The group recognise that to do so will be a huge undertaking and, to make such a project viable, it is essential that the Department of Health acknowledges the end points and agrees to being a stakeholder. To this end, the terms of reference are now currently under discussion with some key stakeholders and the working group awaits their response before proceeding further. The working party agrees this is a key piece of work within BSPGHAN and places it in the vanguard of the development of standards and the seamless delivery of patient centred services.

BSPGHAN IBD Working Group Report

Sally G Mitton

The group met 3 times in 2008; at BSPGHAN meeting in Southampton in Jan., the annual RCPCH in York in April and Nov 27th in London.

The following is a summary of the year's activity:

1. UK Guidelines for management of paediatric IBD are on BSPGHAN website since October 2008 with a public launch at the S W England & Wales gut club meeting in Bristol on 9th Oct. The evidence based review was also finished this year and the review and guidelines have been submitted to JPGN for publication together as a supplement.

2. The clinical effectiveness team of RCPCH approached the wk gp about possible endorsement of the guidelines by the college. I confirmed our interest and initially the guidelines will be put through the Agree instrument to check the rigour of their development. This will begin in the coming weeks.

3. NICE technology appraisal of tumour necrosis factor antibodies in Crohn's disease was held in Aug 2008. I attended on behalf of BSPGHAN, following consultation with the group, and put forward our position about the need for maintenance treatment in children where necessary. The preliminary NICE recommendations are slightly ambiguous. They have not recommended maintenance treatment for adults but say that paediatric patients can receive TNF antibodies within the pharmaceutical companies' licence which states it can be given to children as maintenance. There remains concern that PCTs may argue against funding such treatment and I asked NICE to make that clearer in their final recommendations.

4. The paed IBD register closed to recruitment in the middle of 2008. A steering gp for a new inclusive UK IBD register was formed at the 2nd wk gp meeting in April 08 comprising David Casson, Nick Croft, John Fell, Stephen Murphy, Adrian Thomas, David Wilson & myself. I submitted an outline proposal for the register to council as Schering-Plough expressed an interest to provide funding for suitable projects, as have Nestle & CICRA. Council are of the view that an all inclusive UK biologics register should be developed first. Bids from interested centres to run a biologics register will be sought.

4. IBD standards group: Richard Driscoll from NACC steered the production of the IBD standards document which were circulated to all BSPGHAN members in early 2008. Nick Croft and I, on the standards steering gp, contributed to the document particularly ensuring that recommendations for paediatric IBD services are consistent with those in the UK IBD guidelines for management of paediatric IBD. The standards will be launched across the UK from Nov 2008 – Feb 2009 and have been discussed with senior government ministers and the healthcare commission.

5. Research – the UK multicentre RCT "Adverse Effects of Glucocorticoid Therapy on Bone in Childhood Crohn's Disease" – with Stephen Murphy as chief investigator – was adopted by MCRN in early 2008. Recruitment from 7 participating centres has gone well with recruitment of 63 of the 80 patients needed. Submission of all IBD research projects to the group is encouraged to promote collaboration, increase participation and funding possibilities.

6. The second round of the UK IBD audit is running from 1st Sept – 31st Dec 2008. 25 paediatric centres across the UK are registered. As part of the steering group Richard Russell and I contributed to the content of the paediatric proformas. Questions from the 1st round of the audit have been adopted by the healthcare commission for the 2008/9 annual healthcare check which all NHS trusts complete.

Gastroenterology/Clinical Standards Report

Paraic McGrogan

1. Various issues under umbrella of the Clinical Standards Group have been taken forward by individual specialty working groups. These areas will specifically be highlighted in the individual working group reports.

2. A key role of the clinical standards group has been to work closely with the clinical effectiveness department of the RCPCH, NICE and SIGN in providing stakeholder input into relevant topics to our specialty. In the last year the society has been involved with the

scoping exercise and guidelines of various topics including the use of donor breast milk, guidelines for acute diarrhoea and vomiting in children under five, constipation in childhood, screening for coeliac disease. Current topics under review include obesity in childhood and interventional procedures. BSPGHAN is regularly asked for stakeholder input and we are keen that members come forward to represent the society and to feed back to the council. In future there shall be invitations to members through the website to volunteer to be involved with this.

3. Involvement with JAG: As stated in the endoscopy working group minutes there is keenness to work closely with JAG to establish an endoscopy curriculum, assessment of trainees and ultimately a CSST in endoscopy. The other focus of the JAG is looking at the quality assurance of training namely consultant and service provision. There is currently discussions of modifying the GRS (global rating score) with a paediatric subsection for our endoscopy units. Consultant assessment and revalidation is an immediate issue for our consultant colleagues and BSPGHAN is expected to develop and support a similar model. Initially we would recommend adopting informal inter-consultant DOPS assessment within our departments. Ultimately there will be key performance indicators identified and a full revalidation process for endoscopy (paediatrics). Information will be dissipated to the society throughout this process.

Hepatology Report

Patrick McKiernan

The Liver Steering Group continues to meet twice a year with one meeting to coincide with the Winter Meeting and the second to coincide with the specialty training review.

Liver Advisory Group: The major issue here continue to be ensuring that split liver transplantation is used as efficiently as possible. There have been improvements in this area, but more remains to be done.

It is planned that during this year there will be an audit of splitting practice in the UK carried out by a paediatric and surgical representative.

The Intestinal Transplant Advisory Group has been set up as a sub-committee of the Liver Advisory Group with paediatric representatives.

NCG services: There is a discrepancy between what can be referred to the national hepatology centres and what is then funded to be carried out in the national hepatology centres by NCG. We have suggested that surgery for liver tumours and for portal hypertension should receive NCG funding and are awaiting a response. We are collecting data from the three centres and awaiting a response.

Training: Requirements of hepatology trainees are being recognised in the proposed new endoscopic curriculum.

Research: A multi-centre study of prophylactic banding of oesophageal varices continues. Patients have been recruited from two of the three centres. In addition other centres who have more than 10 banding procedures per year have been invited to join.

The members of the three liver centres met the MCRN Group and some potential pilot studies were proposed but none of these have as yet progressed.

National Plan for Liver Services: This is resulting from a recent Department of Health Working Group. This is being led by the British Association for the Study of the Liver and the plan is that this will incorporate paediatric liver services.

Guidelines approved: Management of intestinal failure associated liver disease has been forwarded to the BSPGHAN Council for formal approval.

Associates Report

Jenny Gordon

2008 has been an excellent year for the Associate Members, our membership goes from strength to strength and we are well represented on BSPGHAN working groups and committees. We currently have 109 members: 54 nurses, 43 dietitians 12 others including speech and language therapists, psychologists, pharmacists, research assistants. Many thanks to Carla who has worked tirelessly to ensure we have an up to date current database.
The AM e-bulletin, a succinct, easy to read way of keeping up to date with the work of the society, a means of advertising courses, study days, research projects etc continues to be well received. Any items for inclusion should be sent via email to the Chair or the editor (Angharad Vernon- Roberts).

Our annual meeting held jointly with the trainees at RIBA in London went extremely well. The topics covered included Auto Immune Liver Disease, Transition, Coeliac Disease, Gut adaptation, HPN challenges and an expert panel question and answer session. We had some excellent feedback and ideas for our next conference. Thank you to all who attended and made the day a success. We will use the results of the evaluation forms, and the suggestions you made, to shape next years meeting.

On behalf of the Associates I would like to thank SHS / Nutricia Clinical Care/Children's Liver Disease Foundation/Mead Johnson who continue to support us financially enabling members to attend national / international meetings. Information on applying for funding is available on the BSPGHAN Website (Associate Members page). We are also very grateful for the generous sponsorship towards our Annual Conference and Committee Meetings throughout the year.

Financially our account stands at £18,084 (December 2008)

This has been my second year as Chair and I would like to thank all the Committee for their hard work and support: long may it continue! Presently we are balloting members for a vacancy on the committee as Elaine Buchanan steps down. Sara McDowell will be taking on the role of Treasurer. We would like to thank Elaine for her unstinting support and valuable contribution to the Associates and hope that she will continue to be an active member! We look forward to welcoming our new committee member at our AGM at the Winter Meeting. If you would like to be more actively involved in the work of the AM's please contact any of the committee members.

Trainees Report

Ronald Bremner

The trainees enjoyed a successful joint meeting with the Associate Members in November, with a stimulating programme and a broad range of speakers. It was pleasing to see that the majority of current Grid trainees were able to attend, although most notified of their attendance with little notice! We discussed the usefulness of this joint meeting, and the consensus was that it was an important forum for trainees to present and give talks. We value the interaction with the Associate Members, with whom we share many common educational goals. There was particular appreciation of the Expert Panel Q&A session on the management of Intestinal Failure. This was a new concept, and we hope that this appears on the programme again, and would encourage our more senior Members to continue support this meeting.

We have continued to have interaction with the Trainees in Gastroenterology Group of the BSG, and I aim to join with them at BSG meeting this year to see if we can access more of their training resources. Ramesh attended their management course in 2008, and found this useful and interesting. There are two protected places for trainees available yearly.

Sadly, Jane Hartley has offered her resignation from the Secretary Post, with effect form April when she takes up her position as Consultant in the Birmingham Liver and Intestinal Transplant Unit. Jane was a founding member of TiPGHAN and her experience, enthusiasm and commitment to her role will be missed greatly. We will advertise for the replacement at the Winter Meeting.

Final Draft – subject to formal Council approval on 29th January 2009

Appendix 1:

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

Contents **Pages**

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

LEGAL AND ADMINISTRATIVE INFORMATION
AS AT 16TH JULY 2008

COUNCIL MEMBERS	Dr Hugh R Jenkins (President 2007 -2010) Dr Nick Croft (Secretary 2008 - 2011) Dr Alastair Baker (Treasurer 2008 - 2011) Dr Patrick McKiernan (2008 – 2011) Jenny Gordon (2007 – 2010) Mr Simon N Huddart (2006 – 2009) Dr Paraic McGrogran (2008 – 2011) Dr Ronald Bremner (2007 – 2010) Dr Sue Protheroe (2007 – 2010) Dr Sue Beath (2007 – 2010) Dr Graham Briars (2006 – 2009) Dr Richard Thomson (2006 – 2009) Dr Nikhil Thapar (2006 – 2009) Mrs Catherine Arkley (2006 – 2009) Dr Mike Bisset Dr Mike Thomson
REGISTERED OFFICE	5 Woodthorpe Road Pedmore Stourbridge DX9 7JX
REGISTERED NUMBER	Charity number 299294
BANKERS	HSBC plc Five Ways Branch Auchinleck House Birmingham West Midlands B15 1LB
INDEPENDENT EXAMINER	P W Hill FCA Hillyates, Chartered Accountants Hill House, 27 Meadowford Newport Saffron Walden Essex CB11 3QL

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

COUNCIL'S REPORT

The Council presents its annual report with the accounts of The British Society of Paediatric Gastroenterology Hepatology and Nutrition ("BSPGHAN" or "the Society") for the year ended 31st March 2008 and confirms that the accounts comply with the current statutory requirements.

The accounts have been prepared in accordance with the accounting policies set out on page 8 of the attached accounts and comply with the charity's constitution, applicable laws and the requirements of Statement of Recommended Practice "Accounting and Reporting by Charities" (SORP 2005).

Structure, governance and management

- **Constitution**

  The British Society of Paediatric Gastroenterology Hepatology and Nutrition is governed by a Council and various Committees in accordance with the rules of the Society. The Society's Charitable Constitution was adopted at York RCPCH meeting in April 1997 and which has been revised at subsequent AGMs up to and including the 2006 AGM.

- **Organisation**

  The business of the Society is conducted by a Council meeting three to four times a year consisting of the President, Secretary, Treasurer and eight other members, one of whom represents BAPS, one of whom is a trainee representative, and one of whom is the associate members' representative. In addition, each of the Society's three main areas of interest (gastroenterology, hepatology and nutrition) and a district general hospital are represented. A quorum of four must be present at each Council meeting and must include the President or Secretary.

- **The Council**

  The elected members of Council are charity Trustees of the Society (within the meaning prescribed by the Charities Act 1993) and are responsible for the governance of the Society.

  The following were members of Council during the year ended 31st March 2008

Dr Huw R Jenkins	President	
Dr Nick Croft	Secretary*	
Dr M Stephen Murphy	Secretary**	
Dr Alastair Baker	Treasurer*	
Dr Muftah Eltumi	Treasurer**	
Dr Patrick McKiernan	Hepatology*	
Dr Patricia McClean	Hepatology**	
Dr Jenny Gordon	Associate representative	Members
Mr Simon N Huddart	BAPS representative	
Dr Paraic McGrogran	Gastroenterology*	

Dr Nigel Meadows	Gastroenterology**
Dr Ronald Bremner	Trainee representative*
Dr Richard Russell	Trainee representative**
Dr Sue Protheroe	Education
Dr Sue Beath	Nutrition
Dr Graham Briars	DGH representative
Dr Richard Thompson	BASL Representative
Dr Nikhil Thapar	Research
Mrs Catherine Arkley	Lay Representative
Dr Mike Bisset	Webmaster BSG
Dr Mike Thomson	Endoscopy BSG

*elected at January 2008 AGM with post commencing with effect from 1st April 2008
**post completed with effect on 31st March 2008

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

COUNCIL'S REPORT

Structure, governance and management – continued

- **The Council – continued**

  Mr Simon Huddart is not a member of the Society and has been co-opted to act as feedback between BSPGHAN and BAPS. Drs Mike Bisset and Mike Thomson have been co-opted to act as a link between BSPGHAN and BSG. Mrs Catherine Arkley is also a co-opted member of Council representing the PPP Group.

  During the year ended 31st March 2008, no member of Council received any remuneration for services as a member of the Council (2007 - £nil).

  During the year ended 31st March 2008, 16 members of Council had expenses totalling £9,502 reimbursed relating to expenditure incurred on Society business (2007 – 17 members totalling £2,956). No member of Council had any beneficial interest in any contract with the Society during the year.

  The President, Secretary, Treasurer and other members of Council normally serve for a period of three years.

  The President is elected by a postal ballot of the membership one year prior to taking up office and may attend Council meetings as an observer for the twelve month period prior to taking up office. The President is elected in January and takes up office in April the following year.

  The Secretary and Treasurer and other members are elected either by postal ballot or at the AGM and this will be decided by Council at their meeting prior to the election.

  The trainee's representative are elected by the trainees group and ratified at the AGM. The associate members' representative and the paediatric surgeon (who represents BAPS) are nominated by their respective groups. The organiser of the winter meeting is co-opted onto Council.

Objectives and activities

The objects of the Society are the advancement of research, clinical excellence and training in paediatric gastroenterology, hepatology and nutrition.

In furtherance of these objects but no further or otherwise the Society:

(i) fosters professional relationships with colleagues, both nationally and internationally, and

(ii) organises the Annual Meetings, which shall remain the fora at which researchers can present their
work.

The Society has provided funding for teaching and training, as well as meeting to develop its own strategy and ensure its own good governance. It has also funded advisory committees to develop opinion and advice on the following topics:

Membership services
Intestinal Failure Registry
Liver Advisory group
IBD group
Educational group
Nutrition committee
Research committee
Associate Members committee
Winter meeting

Reports on the above are available from the report on the AGM.

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

COUNCIL'S REPORT

Achievements and performance

Income came principally from membership fees, sponsorship and the winter meeting and was dispensed for the costs of the Society's charitable activities, including the various working parties, governance and management costs and support costs.

Financial review

- **Results for the year**
  The Society had net incoming resources for the year of £22,476 (2007 - £33,185) as shown in the Statement of Financial Activities on page 6.

- **Reserves and financial position**
  The Society now has unrestricted reserves totalling £109,197 (2007 - £86,721) including designated reserves relating to Associate members and the Training Bursary. Over the past few years the Society has built up its reserves to protect the continuing operation of its activities and, as noted below, it Society will be undertaking a review to determining the level of reserves it requires to operate.

Plans for the future

The Society plans to:

- Undertake a risk assessment to determine the level of reserves that should be retained against a major reversal such as the potential liability of a failure of the winter meeting.
- Develop a budgetary strategy for its predicted running costs for the next three years.
- Develop a budget for each of its working groups.
- Develop a budget for its new strategic elements, Managed Clinical Networks and Research.
- Ensure that the Society's accounts are acceptable to the Charities Commission.

Approved by the Council on 29th January 2009 and signed on its behalf by:

Dr A Baker
Treasurer

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

INDEPENDENT EXAMINERS REPORT FOR THE YEAR ENDED 31ST MARCH 2008
TO THE COUNCIL OF THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

I report on the accounts of the Society for the year ended to 31st March 2008, which are set out on pages 6 to 14. These accounts have been prepared under the historical cost convention and on the basis of accounting policies set out therein.

Respective Responsibilities of Trustees and Examiner
The Society's Trustees are responsible for the preparation of the accounts. The Society's Trustees consider that an audit is not required for this year under section 43(2) of the Charities Act 1993 (the Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts (under section 43(3)(a) of the Act):
- follow the procedures laid down in the General Directions given by the Charity Commissioners (under section 43(7)(b) of the Act): and
- state whether particular matters have come to my attention.

Basis of Independent Examiner's Statement
My examination was carried out in accordance with General Directions given by the Charity Commissioners. An examination includes a review of the accounting records kept by the Society and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the accounts.

Independent Examiner's Statement
In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements:

    - to keep accounting records in accordance with section 41 of the 1993 Act: and

    - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Act

    have not been met; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Hillyates
Hill House
Examiner
27 Meadowford
Newport, Saffron Walden Essex CB11 3QL

P W Hill FCA
Independent

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED TO 31ST MARCH 2008

	Note	Unrestricted funds	Restricted funds	Total funds 2008	Total funds 2007
		£	£	£	£
Incoming Resources					
Incoming resources from generated funds					
Voluntary income					
Membership fees	2	**14,536**	**-**	**14,536**	13,022
Sponsorship (including Study Day)	3	**38,138**	**-**	**38,138**	49,458
Intestinal Failure Registry	13	**-**	**-**	**-**	-
Other donations		**-**	-	**-**	-
		52,674		**52,674**	62,480
Activities for generating funds					
Winter meetings	4/9	**99,247**	**-**	**99,247**	50,269
Investment income					
Bank interest		**71**	**-**	**71**	85
		151,992	**-**	**151,992**	112,834
Provision for VAT on income	17	**(13,500)**	**-**	**(13,500)**	-
Total incoming resources		**138,492**	**-**	**138,492**	112,834
Resources Expended					
Cost of generating funds					
Cost of voluntary income	5	**86,972**	**-**	**86,972**	46,265
Charitable activities	6	**21,355**	**-**	**21,355**	22,177
Governance costs	7	**13,689**	**-**	**13,689**	11,207
		122,016	**-**	**122,106**	79,649
Recoverable VAT on expenditure	17	**(6,000)**	**-**	**(6,000)**	-
Total resources expended		**116,016**	**-**	**116,016**	79,649
Net incoming resources		**22,476**	**-**	**22,476**	33,185
Total funds brought forward	10 -13	**86,721**	**641**	**87,362**	54,177
Total funds carried forward	10 -13	**109,197**	**641**	**109,838**	87,362

Continuing operations
None of the Society's activities were acquired or discontinued during the above two financial years.

Statement of recognised gains and losses
No Statement of Total Recognised Gains and Losses has been prepared as the Society has no recognised gains and losses other than the profits and losses for the above two financial years.

The notes on pages 8 to 14 form part of these accounts.

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

BALANCE SHEET
AT 31ST MARCH 2008

	Note	31st March 2008		31st March 2007	
		£	£	£	£
FIXED ASSETS					
Tangible assets	14		**816**		515
CURRENT ASSETS					
Debtors	15	**32,936**		17,460	
Cash at bank and in hand		**174,089**		129,036	
		207,025		146,496	
CREDITORS: amounts falling due within one year	16	**98,003**		59,649	
NET CURRENT ASSETS			**109,022**		86,847
TOTAL ASSETS LESS CURRENT LIABILITIES			**109,838**		87,362
FUNDS					
Unrestricted funds					
General fund	10		**92,884**		71,747
Associated Members	11		**11,151**		14,974
Training Bursary	12		**5,162**		-
			109,197		86,721
Restricted funds	13		**641**		641
TOTAL FUNDS			**109,838**		87,362

The accounts were approved by Council on 29th January 2009 and signed on its behalf by:

Dr Huw R Jenkins
President

Council members

Dr Alastair Baker
Treasurer

The notes on pages 8 to 14 form part of these accounts.

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

---

1. STATEMENT OF ACCOUNTING POLICIES

Basis of preparation
The accounts have been prepared in accordance with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP 2005), applicable Accounting Standards, the Charities Act and the historical cost convention.

Cash flow
The accounts do not include a cash flow statement because the Society, as a small reporting entity, is exempt from the requirements to prepare such a statement under Financial Reporting Standard 1 "Cash flow statements".

Incoming resources
All incoming resources are included in the statement of financial activities when the Society is entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies are applied to the main categories of income:

- Membership fees when due and based on the current rates of £75 for full membership and £15 for associate membership and the membership year from 1st November to 31st October.
- Sponsorship income is matched to the period to which it relates.
- Winter meeting income comprises applicable sponsorship, exhibitors and registration fees.
- Bank interest when receivable.

Resources expended

Expenditure is included in the statement of financial activities on an accrual basis, inclusive of VAT.

- Cost of voluntary income comprises those costs incurred by the Society in the delivery of those activities. It is analysed between the major components of activity and comprises both direct costs and an allocation of support costs where appropriate.
- Charitable expenditure comprises those direct costs incurred by the working party groups of the Society and other specific areas of expenditure.
- Governance costs include those costs associated with meeting statutory requirements of the Society and include those costs that can be directly allocated to the strategic management of the Society together with an allocation of support costs.

Allocation of support costs
Support costs have been allocated to activities on a basis consistent with the use of resources and time spent. Secretarial and printing and stationery costs have been allocated 75% to membership and 25% to governance based on estimated time spent and after allowing for winter meeting costs and council meetings expenses that can be directly allocated. The Society employs no staff and uses contract services where necessary.

Depreciation
Fixed assets are stated at cost less depreciation. Depreciation is calculated to write off the cost of computer equipment in equal annual instalments over three years from the date of purchase. Fixed assets of a value of less than £100 are not capitalised.

Fund accounting
Unrestricted funds are available for use at the discretion of the Council in furtherance of the general charitable activities. Designated funds operate to deal with Associate Members income and expenditure and in respect of training bursaries.

Restricted funds are funds subject to specific expenditure restrictions by the donors.

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION
NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

2. MEMBERSHIP FEES

	2008	2007
	£	£
Full members		
Identified contributions received	**14,608**	14,067
Arrears and payments in advance at beginning of year		
Arrears	**(2,200)**	(2,475)
Payments in advance	**8,031**	6,019
Arrears and payments in advance at year end		
Arrears	**2,010**	2,200
Payments in advance/overpayments	**(9,315)**	(8,031)
	13,134	11,782
Associate members		
Identified contributions received	**1,678**	1,228
Arrears and payments in advance at beginning of year		
Arrears	**(285)**	(200)
Payments in advance	**653**	580
Arrears and payments in advance at year end		
Arrears	**300**	285
Payments in advance/overpayments	**(944)**	(653)
	1,402	1,240
Total membership fees		
Full	**13,134**	11,782
Associate	**1,402**	1,240
	14,536	13,022
Membership numbers		
Full (including Honorary and Overseas)	**204**	178
Associate	**100**	88
	304	266

3. SPONSORSHIP

		2008	2007
		£	£
Associate Members	(note 11)	**11,235**	21,560
Mead Johnson		**9,553**	10,898
Nutricia		**10,000**	10,000
Healthcare		**-**	4,000
CLDF		**2,000**	3,000
GSK		**5,000**	-
RCPCH		**350**	-
		38,138	49,458

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

4. ACTIVITIES FOR GENERATING FUNDS – winter meetings

		2008	2007
		£	£
January 2006 (balance)		**-**	1,085
February 2007	(note 8)	**-**	49,184
January 2008	(note 8)	**99,247**	-
		99,247	50,269

5. COST OF GENERATING FUNDS – Cost of voluntary income

	Note	Unrestricted funds	Restricted funds	2008	2007
		£	**£**	**£**	£
Membership services					
Allocation of support costs	8	**5,473**	**-**	**5,473**	3,931
Website costs		**376**	**-**	**376**	-
Depreciation		**343**	**-**	**343**	343
Intestinal Failure Registry					
Registry costs		-	**-**	**-**	-
Winter meeting					
Direct expenses	9	**73,556**	-	**73,556**	39,246
Share to local organiser	9	**6,423**	-	**6,423**	2,485
Allocation of support costs	8	**801**	-	**801**	260
		80,740	-	**80,740**	41,991
		86,972	**-**	**86,972**	46,265

6. CHARITABLE ACTIVITIES

	2008	2007
	£	£
Working party group costs		
Educational Board	**-**	39
BSPGHAN sub group	**-**	-
Intestinal Failure	**33**	305
IBD group	**1,128**	175
Childhood constipation	**-**	-
Training/trainee costs	**100**	1,830
CLDF Fund	**125**	191
Nutrition committee	**273**	-
Research committee	**669**	-
	2,328	2,540
Other costs		

IBCON British-Indo sponsorship		**-**	3,344
York meeting costs		**1,556**	
Bursaries		**2,338**	-
Associate Members costs	(**note 11)**	**15,058**	14,997
Sundry expenditure		**75**	1,296
		21,355	22,177

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

7. GOVERNANCE COSTS

	2008	2007
	£	£
Council meetings	**2,500**	2,053
Strategy Day	**6,478**	5,028
Council members indemnity insurance	**472**	473
Independent examiner's fees:		
Current year	**1,938**	1,762
Prior year	**-**	588
Allocation of support costs (note 8)	**2,301**	1,303
	13,689	11,207

8. SUPPORT COSTS

	Membership (note 5)	**Winter meeting (note 5)**	**Governance (note 7)**	**2008**	2007
	£	**£**	**£**	**£**	£
Secretarial	**5,196**	**801**	**2,301**	**8,298**	5,176
Postage and stationery	**247**	**-**	**-**	**247**	297
Bank charges	**30**	**-**	**-**	**30**	21
	5,473	**801**	**2,301**	**8,575**	6,647

9. WINTER MEETINGS ACCOUNT

		2008	2007
		£	£
Income			
Sponsorships and exhibitors		**49,360**	26,100
Registration fees		**49,887**	20,373
Other		**-**	2,711
	(note 4)	**99,247**	49,184

Direct expenses			
Conference, accommodation and related expenses		**67,290**	38,189
Printing, stationery and delegate packs		**3,163**	524
Speaker expenses		**1,463**	53
Other		**1,640**	480
	(note 5)	**73,556**	39,246
Balance, shared as follows:		**25,691**	9,938
25% local organiser	(note 5)	**6,423**	2,485
75% BSGHAN		**19,268**	7,453
		25,691	9,938

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

10. UNRESTRICTED FUNDS

Unrestricted funds are made up as follows:

	General funds	**Designated funds**		**Total**
		Associate Members (note 11)	**Training Bursary (note 12)**	
	£	**£**	**£**	**£**
Balances at 31st March 2007	**71,747**	**14,974**	**-**	**86,721**
New funds designated	**(7,500)**	**-**	**7,500**	-
Applications – awards made	**2,338**	**-**	**(2,338)**	-
Net incoming resources	**26,299**	**(3,823)**	**-**	**22,476**
Balance at 31st March 2008	**92,884**	**11,151**	**5,162**	**109,197**

11. DESIGNATED FUNDS – Associate Members

		2008	2007
		£	£
Income			
Membership fees	(note 2)	**1,402**	1,240
Sponsorship and Study Day fees:			
SHS		**-**	2,500
Nestle		**-**	5,000
Mead Johnson		**2,000**	400

Nutricia		**5,000**	10,000
CLDF		**2,000**	-
Study Day fees		**2,235**	3,660
	(note 3)	**11,235**	21,560
		12,637	22,800
Expenditure			
Associates Study Day		**6,074**	6,010
Strategy Day		**-**	2,055
Committee meetings		**2,636**	1,120
Research meeting		**44**	-
International Holistic Health		**-**	500
Independent examiners fees		**411**	-
Sponsorships/awards etc:			
York meeting		**-**	250
ESPGHAN 2006 (Dresden)		**-**	1,150
ESPGHAN 2007 (Barcelona)		**5,000**	-
Associate's contribution to IBCON		**-**	3,052
BSPGHAN 2007 (winter meeting)		**(250)**	860
BSPGHAN 2008 (winter meeting)		**1,050**	-
Travel awards and prizes		**56**	-
Depreciation		**37**	-
	(note 6)	**15,058**	14,997
Contribution to BSPGHAN membership costs		**1,402**	1,240
		16,460	16,237
Net movement in funds		**(3,823)**	6,563
Balance brought forward		**14,974**	8,411
Balance carried forward		**11,151**	14,974

THE BRITISH SOCIETY OF PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31ST MARCH 2008

---

12. DESIGNATED FUNDS – Training Bursary

During the year funds of £7,500 were designated to support training bursaries for Full Members.

13. RESTRICTED FUNDS

The restricted fund represents donations to support research into intestinal failure. There were no movements in the fund during the year.

14. TANGIBLE FIXED ASSETS - Computer equipment

	General fund	Designated fund	Total
	£	**£**	**£**
Cost			

At 31st March 2007	1,030	-	**1,030**
Additions	-	681	**681**
At 31st March 2008	1,030	681	**1,711**
Depreciation			
At 31st March 2007	515	**-**	**515**
Charge for the year	343	37	**380**
At 31st March 2008	858	37	**895**
Net book value			
At 31st March 2008	172	644	**816**
At 31st March 2007	515	515	**515**

15. DEBTORS

	2008	2007
	£	£
Winter meeting	**10,297**	9,301
Mead Johnson sponsorship	**10,229**	3,074
Nutricia sponsorship	**10,000**	-
Arrears of members subscriptions	**2,310**	2,485
Other debtors and prepayments	**100**	2,600
	32,936	17,460

16. CREDITORS: amounts falling due within one year

	2008	2007
	£	£
Winter meeting	**72,130**	40,824
Members subscriptions paid in advance/overpaid	**10,259**	8,684
Unidentified members subscriptions	**3,935**	4,030
Creditors and accruals	**4,179**	6,111
Provision for VAT (note 17)	**7,500**	-
	98,003	59,649

17. PROVISION FOR VAT

With the growth of its Winter Meetings, the Society considers that it may have to account for output VAT on certain income and recover some input VAT under the partial

exemption rules. As a consequence, a prudent provision for net VAT payable has been made as follows:

	£
On income liable to VAT	**13,500**
Less: recoverable VAT included in expenditure	**(6,000)**
	7,500

18. MEMBERS OF COUNCIL REMUNERATION

During the year ended 31st March 2008, no member of Council received any remuneration for services as a member of the Council (2007 - £nil).

During the year ended 31st March 2008, 16 members of Council had expenses totalling £9,512 reimbursed relating to expenditure incurred on Society business (2007 - 17 members totalling £2,956). No member of Council had any beneficial interest in any contract with the Society during the year.

Appendix 2:

Bursary Reports

The BSPGHAN Bursary scheme was set up in 2007 to enable members to attend national and international conferences.

In 2008 the BSPGHAN Bursary Award Group received 7 applications from members to fund attendance at meetings and the group awarded a total of £3,043.63. One member was unable to obtain a Visa to attend a meeting in Europe and had to subsequently withdraw his claim for funding.

The Bursary Award Group supported the following people:

Dr Jenny Epstein: World Congress 2008, Brazil. Total award £437.63
Dr Girish Gupte: ELITA, Italy and the World Congress in Brazil. Total award £750.00
Dr Priya Narula: World Congress 2008, Brazil. Total award £750.00
Mr Johnathan Sutcliffe: Royal Australasian College of Surgeons Annual Scientific Congress, Hong Kong Total award £750.00
Dr Krishnappa Venkatesh: UEGW, Vienna. Total award £375.00

All awardees have provided short reports:

Dr Jenny Epstein: World Congress, Brazil 2008
Poster presentation: Curcumin Reduces IL-1 Beta and enhances IL-10 in the Gut, 18th August 2008
I found the meeting very useful, in particular I gained interesting new insights from several speakers who addressed the topic of early origins of adult disease, a thread which ran through the meeting. I found it interesting hearing about the different approaches to IBD management, and debating again with gastroenterologists from the US the value and feasibility of enteral feeds. I enjoyed meeting trainees from Latin America for the first time, and discussing with them the differences in practice. They expected our practice to be much more high tech and advanced than theirs, eg intestinal transplants as a regular occurrence in most centres. In truth it seemed that our practices and experiences were very similar. The meeting was spread out across two large hotels separated by about 1km, and this aspect I felt somewhat hampered smoothness on a practical level. However I benefited greatly from the meeting and have taken away new knowledge and insights, and importantly made contacts with peers in other corners of the world.

Dr Girish Gupte, ELITA, Italy 2008
Oral Presentation: Risk factors for mortality on the waiting list for combined liver and small bowel transplantation, 5th April 2008
Refractory graft versus host disease following intestinal transplantation, 5th April 2008

Excellent meeting. I developed links with European intestinal transplant centres and gained further knowledge about intestinal transplantation.
I was able to engage in discussion about difficult cases with other European intestinal transplant centres.
I also learnt about the recent advances in hepatocellular carcinoma in liver transplantation.
There was also preliminary discussion about a European Intestinal transplant registry and I agreed that Birmingham Children's Hospital would actively take part in the registry.

Dr Girish Gupte, World Congress, Brazil 2008
Invited speaker and poster presentation
Good meeting to attend which helped in interaction with colleagues from America and South East Asia
Intestinal Transplantation Symposium
I presented data on survival following Intestinal Transplantation
Disccusions with colleagues from North America about the newer advances in intestinal transplantation
Insights into timing of intestinal transplantation in children with long term PN dependency in US sub-continent
Intestinal failure
Useful discussion with Professor Goulet about referrals for small bowel transplantation in Europe.
Learnt about the following:
SMOF lipid and its role in management of intestinal failure associated liver disease (IFALD)
Update about the use of fish oil PN in children with IFALD
Liver transplantation
Non-adherence following liver transplantation and management of non-adherence and support of the adolescent liver transplant population
Learnt from discuss at the end of presentation about the various management strategies employed at various hospitals in US
Graft hepatitis and fibrosis
Development of graft hepatitis following liver transplantation and management strategies

Dr Priya Narula, World Congress, Brazil 2008
Poster presentation: Do negative skin prick tests and serum specific IgE tests rule out food allergy in the presence of a positive clinical history?
Title: World Congress in Paediatric Gastroenterology, Hepatology and Nutrition
Date: August'08
Venue: Brazil
I have to admit I was excited at the prospect of attending the world congress at Brazil, which did live up to some of my expectations. But, it was very far to go and turned out to be an expensive affair which accounted for the poor attendance from trainees. It was however, a great opportunity to catch up with other colleagues and was overall, an interesting meeting. I also presented my poster titled "Do negative skin prick tests and

serum specific IgE tests rule out food allergy in the presence of a positive clinical history?" This was well received and was awarded a distinction poster.
Some of my learning points were:

- Eosinophils in the gastrointestinal tract could be secondary to eosinophilic oesophagitis, inflammatory bowel disease, celiac disease, allergy, infection and may even be normal!
- ESPGHAN/NASPGHAN guidelines on diagnosis and treatment of gastroesophageal reflux disease and H pylori were helpful. Useful points for me included

  - In infants/toddlers there are no symptoms or group of symptoms that can reliably clinically diagnose reflux. Symptoms of GERD in infants can be indistinguishable from food allergy.

  -There is no good evidence to support empiric medical treatment in infants although in adolescents a time limited trial such as 4 weeks of PPI is justified. This can then be continued for 3 months, if there is a clinical response with a view to further investigate if symptoms persist.

  - Erythema noted on endoscopy can be normal on endoscopy, erosions or mucosal breaks are more suggestive of GERD.

  - In infants with regurgitation, a 2-4 week trial of extensively hydrolysed formulae in formulae fed infants can be tried, as can thickeneing of feeds and positioning. There is insufficient support for routine use of metoclopramide/ erythromycin and Domperidone for GERD.

  - Rapid tachyphylaxis is noted with ranitidine and efficacy is greater for mild rather than severe oesophagitis. PPI's are not recommended unless there is evidence of erosive oesophagitis.

  - In infants with unexplained crying, without regurgitation there is no evidence to support acid suppression. In those with regurgitation unresponsive to dietary change, testing for acid GER is suggested as there is no evidence to support a time limited trial of treatment

  - Testing of H pylori may be indicated in children with refractory iron deficiency anemia when other causes have been ruled out and in children with first degree relative with gastric cancer

Mr Johnathan Sutcliffe, Royal Australasian College of Surgeons Annual Scientific Congress, Hong Kong, May 2008

Invited speaker: Interstial cells of Cajal in paediatric motility disorders

I found this meeting to be both interesting and well organised. The size of the meeting means that it attracts many well respected keynote speakers. One of these from Hong Kong was particularly fascinating as he described their healthcare system and the way it has been integrated with mainland China. The Paediatric Surgical section was attended by many of the Paediatric Surgical clinicians and academics from the southern hemisphere. The standard of presentations was good and the discussion direct. As well as attending presentations, I also attended the Masterclass in surgery for oesophageal atresia and 2 keynote lectures.
I also attended sections on Hepatobiliary and general paediatric surgery.

Presentations in the hepatobiliary section began with a review of Biliary Atresia from a Chinese perspective. There was also a lively discussion on laparoscopic v open Kasai based on Yeung's experience in Hong Kong.
Meso-rex shunt data were presented by Rode from Cape Town. 24 patients had been assessed for meso-rex shunt, 14 performed and 10 deemed unsuitable. The outcome data were difficult to interpret, in particular the number of grafts still working.
The Australian team presented their experience with liver tumours, benign and malignant. Albert Shun's (Australia) team described their experience with Liver tumours. Of the benign tumours, 3 were managed non operatively an 6 operatively. Other pathology include adenomas, haemangioma (although good response to steroids was often seen) and hamartoma. The most common malignant tumour was Hepatoblastoma with BWS and FAP important associations. Of these 28 had undergone resection and 1 transplant. They had seen 4 recurrencs (2 liver, 2 lung) with 90% survival. Neoadjuvant chemotherapy had a potentially important role with 50 non-resectable at presentation.
This was complemented by Johnathan Karpelowsky discussion on the 'Difficulties in the management of mesenchymal hamartomas of the liver'. Essentially liver hamartomas should be considered as potential malignant and regression is unusual
Keynote lecture was given by Mark Davenport and entitled 'Biliary Atresia; where have we come from, where are we going?. Mark described the experience from King's in term of age at surgery, outcome (clearance of jaundice, 2 year native survival) and the findings from their recent paper in Surgery. Whilst many (80%) appeared to be isolated BA, a proportion were BASM and this group seemed to behave differently in terms of outcome.
The potential role for steroids was discussed in terms of biological plausibility and observed effect. Whilst there seems to be an early biochemical benefit, there is probably no effect on either survival or transplantation rate at the dose currently used.
General paediatric surgery topics include 'Bicycle handle bar injuries to the abdomen; a 5 year review': management of gastroschisis: congential diaphragmatic hernia; difficulties in feeding: enteric duplication cysts presenting as intussusception in a neonate and in an infant:
I described 'Comparison of affinity of anti-c kit antibodies'. Essentially, Interstitial Cells of Cajal (ICC seem to play an important role in normal human motility and are potentially important in disease states. Knowledge of their role is still in its infancy although there are now several studies that claim ICC abnormality in a number of different conditions.
This meeting was a valuable opportunity to present some of my work to an international audience.

Dr Krishnappa Venkatesha. UEGW 2008, Vienna
Oral presentation: Confocal microscopy in the diagnosis of gastrointestinal disorders in children
I attended the UEGW meeting held in Vienna in October 2008. UEGW is an annual European adult gastroenterology meeting attended by more than 10,000 delegates, showcasing the latest developments in gastroenterology and hepatology. The scientific programmes covered a wide range of disorders.

The lectures on conditions pertaining to children such as Coeliac Disease, H Pylori gastritis, IBD and functional GI disorders, by experts in their respective fields were very informative.
This meeting gave me an opportunity to present at a large European convention. I enjoyed the experience of presenting before a different set of audience. An added advantage has been the publication of the abstract in Gut/Endoscopy
Once again many thanks for the Bursary Award