

GARNet

Gastroenterology Audit and Research Network

Minutes from meeting 12 October 2016 at 15.15, Hilton Hotel East Midlands Airport

Present: S Ahmed, M Alam, T Archer, E Atallah, A Baxter, C Crooks, R Das, C Grant, R Ingram, M Jalal, K Kodali, H Lee, N Palaniyappan, F Phillips, S Savva, A Thi

Apologies: G Major, J White

Review and approval of previous minutes: minutes of 03/07/16 were not discussed

Approval of agenda and items: no formal agenda circulated

Matters arising:

1. Logo, Mission and Aims

RI presented the logo and mission of the GARNet. The logo was created by AB. The aims were presented and discussed. There was discussion over reducing the number of aims or combining these. Everything had already been circulated to all gastroenterology registrars in the region for comments. The aims in their current format were accepted by the majority present.

2. Membership and recognition of involvement by training programme

The intention is that all gastroenterology registrars in the region would automatically be members of the GARNet, unless they did not wish to be.

Our TPDs have been very supportive of the GARNet and for providing time for trainee-led activities within the training programme. Audits through the GARNet are likely to fulfil gastroenterology ARCP audit requirements, where there is significant involvement in and leadership of the design and delivery of audit, dissemination of results and resulting quality improvement. The final decision would still rest with the Educational Supervisor, TPD and ARCP Panel.

3. Funding

RI updated those present that the Midlands Gastroenterological Society had provided up to £1000 to support the GARNet over its first two years.

4. PPI in AUGIB audit

RI explained the audit plan, which is intended to demonstrate the feasibility of a multi-centre audit delivered through the GARNet. Acute upper GI bleeding was chosen as it is common, every site can be involved, there are national guidelines for standards/criteria and it is a JETS requirement that all endoscopy units audit their practice against NICE CG141. Patients will only be included if they present with suspected AUGIB for which they undergo endoscopy (i.e. not current inpatients) and are over 16 years of age under the care of the adult team. The criteria to not use PPI/H2RA before OGD in these patients (standard 0%) was selected as it is easily auditable, variation in practice is expected and it remains a controversial area so output from the audit will be of interest.

First step is to agree site project leads and site consultants. This was discussed. The site project leads will need to register the audit at their site.

Action: Members to let RI know the site audit teams as soon as possible

Involvement of the West Midlands network at this stage was also discussed. It was decided unanimously that in order to make this audit manageable and feasible, for the first audit round we should focus on successfully delivering the audit in the East Midlands. It would be good to involve other trainee-led collaboratives in future.

Second step is prospective case identification from 01/11/16 to 30/11/16 inclusive. Only the date and patient details need to be collected. Approaches for different sites was discussed.

Action: RI to provide a proforma, though sites can implement whatever method will work locally

Third step is retrospective case review to point of discharge (or death) or after the eighth admission day. Data will be anonymised and can be linked only at site-level. The balance between gathering all

necessary data initially so that further case review is not needed vs. collecting unnecessary data or too many data points to be feasible was discussed. Specific votes were held on the following points. The majority present voted to collect data on blood products used and the observations immediately prior to endoscopy. The majority present voted not to collect data on the volume and type of fluids administered.

Action: RI to update and circulate the audit proforma spreadsheet

Next steps are to provide overall and site-specific results to the local audit team for presentation and any local quality improvement interventions. Re-audit cycle in January is likely to be overly ambitious and agreed to focus on delivering the audit first. BSG meeting is in Manchester in June 2017 (abstract deadline February 2017) and Midlands Gastroenterological Society 101st meeting likely in May 2017 (abstract deadline to be confirmed).

5. Authorship Agreement

Discussed potential models for authorship based on other trainee-led networks. SWARM publish under the trainee collaborative's name, such that the names of all authors are searchable on pubmed etc and details on roles are available on their website. EMSAN publish under the names of some of the people involved in that project suffixed with "on behalf of EMSAN". A hybrid model might be that the latter approach were only permitted in certain circumstances if agreed upfront.

Unanimous decision that authorship should be fully collaborative and published under "The GARNet" or equivalent. This shall be used for the PPI in AUGIB audit.

6. Constitution and Committee

Decisions on the constitution and committee were deferred.

Action: RI to draft a constitution and circulate this for comments

Any other business: Meeting with A Baxter, R Das and R Ingram regarding the website.

Date and venue of next meeting: 17/11/16 at Hilton Hotel East Midlands Airport (inaugural AGM)