**UKPCG Glasgow – Minutes of the Business Meeting**

**30.1.20**

Aim of the group

“UKPCG is a forum to openly discuss difficult cases, complications, mistakes and issues for consultants to learn from”

Membership

* Consultants with a colorectal practice.
  + All centres now have a link person and the links are mostly working
* PSNG members
  + welcome to come as long as above aims can be achieved. PSNG feel that with this type of discussion they gain from the meetings. Involvement is therefore likely to produce patient benefit (as discussed in Belfast)
* Trainees
  + This has been discussed more recently. If a trainee is likely to become a consultant with a colorectal practice, they are welcome to come as long as above aims can be achieved. They therefore need to be sufficiently senior or have been involved in formal colorectal research for example. Two trainees have subsequently volunteered to help co-ordinate. Will discuss with them re aims.
* Overseas surgeons
  + Yes, if committed to colorectal (as discussed in Belfast)

Meetings

* Frequency/ Location
  + Two per year – One with BAPS Winter meeting and the other probably in May i.e. after Easter, but not clashing with BAPS or summer holidays. As discussed in Belfast and previously.
* Minutes of the business meeting will allow a record of decisions made. Writing a description of the presentations may well lead to inaccuracy, however. Minutes therefore to include business meeting only

Format

* Discussion re BARD (Biliary atresia interest group which meeting every 2-3 years bringing together expert surgeons, pathologists and radiologists.
* There was a feeling that for half of a day we could do do a deep dive for specific topics. Rotation between ARM/Cloaca, HD, IBD and a general topic (e.g. prolapse, motility/constipation, polyps).
* Involving experts from Radiology and Path as appropriate would help.

Patient representatives

* Discussion re pros and cons of parental involvement. Benefits of having patient and family perspective recognised but having families actually at meeting has the potential to alter the discussion and limit the ability to openly discuss difficulties.
* Suggestion made to consider other options for example use of video to allow their perspective
* If needed for other reasons e.g. identifying PPI for research, patient groups to consider working with include one in 5000/Max’s trust (ARM/Cloaca), CHAMPS (HD), CICRA (IBD) and colostomy/ileostomy association.

Research

* Joe Curry had suggested trying to co-ordinate research between UKPCG members. Agreed this had potential. JS will ask JC re thoughts in more detail (e.g. aims, how you’d actually coordinate, how you’d know if it was working and how you’d ‘police’ it if it wasn’t working well)
* Potential to do this for other aspects of work discussed; pathway work, education, transition. Will also ask people for thoughts on this. If you are interested, please say.

Link with BAPS

* The benefits overall of UKPCG having a formal link with BAPS were discussed. The view was expressed that having a link would be better ultimately for patient care.

Next meeting

* Leicester on 15. 5 hosted by Bala Eradi

Jonathan Sutcliffe