**UKPCG – Report for BAPS Exec**

**March 2020**

The UKPCG has met twice in the past 12 months (Belfast and Glasgow). Presentations and discussion were interesting and of high quality. A colleague has said that “The feel of UKPCG is to have a forum where consultants can openly discuss difficult cases, complications, mistakes and issues for consultants to learn from”.

The UKPCG meeting in January was hosted by Gregor Walker and the Glasgow team. Topics covered were a novel way to prepare patients having surgery for CD, pouches and their outcome in children, transition, transanal irrigation, caecostomy use, and controversies in prolapse management. Systems in Glasgow have been set up to improve care, and this stood out. Complex and difficult cases were presented provoking useful discussion. Potential ways for UKPCG to develop were considered and will form the basis of ongoing work. Consultants from a range of centres, specialist nurses and senior trainees attended.

**Membership/Attendance**

* Paediatric Stoma Nurses Group (PSNG) are keen to maintain links with UKPCG – it was recognised that there would be clinical benefit for both groups to be successful. PSNG have indicated that they find type of discussion at UKPCG useful. They are welcome to come.
* Senior trainees who have expressed a definite wish to have a Paediatric Colorectal Surgical practice would also be welcome; their attendance would be part of succession planning and they are likely to find the ‘consultant-level’ discussion interesting.
* Overseas Consultants and non-BAPS members who have a Paediatric Colorectal Surgical practice would of course be welcome.

Identification of a link person in each centre means that interested surgeons, potentially urologists and senior trainees could be contacted more effectively. Almost all centres in the British Isles are contributing.

**Meetings**

The meetings will be twice a year. The winter meeting is likely to be co-located with the BAPS Winter meeting to help reduce travelling. The Summer meeting will vary in location. We have discussed how to format meetings. Brief minutes of the items discussed will be sent to illustrate key themes.

This year’s May meeting in Leicester has been deferred to 2021

**Between Meetings**

* The potential to develop research, educational and service development projects together has been considered. I hope to speak to Mr Curry and others about research, and Mr Stanton re transition initially.
* COVID - We have asked members to email with observations/problems and solutions that affect delivery of care for colorectal patients that might be of interest to other centres
* A new patient support group, “One in 5000” held their first meeting in 2019. A small number of consultants were present for part of the meeting and found it very positive. If they or other patient support groups wish to have surgeons talk or help in any other way to produce patient benefit in some way, then we would try to do so.

**Organisation**

BAPS have kindly supported us with administration, and this is appreciated. RJS (BAPS President) explained the advantages of subspecialty groups working under a single umbrella. The feeling of UKPCG members was strongly in favour of this and we have talked to BAPS’ Honsec re formally linking.

Jonathan Sutcliffe

Secretary

UKPCG

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