



British Rhinological Society Newsletter **January 2017, No 2**

Showkat Mirza and Carl Philpott (Editors)

Welcome to the Society's second Newsletter. We hope this keeps members up to date with our news, particularly if you were unable to join us at the last meeting in Leeds. There is a considerable amount of innovative clinical and research activity on-going around the UK and we would be pleased to highlight this in forthcoming newsletters. Please email us at showkat.mirza@sth.nhs.uk if you would like to contribute



SEAN CARRIE – PRESIDENT OF THE BRITISH RHINOLOGICAL SOCIETY

Dear Colleagues



I must thank Showkat Mirza and Carl Philpott for collating the second of our new BRS newsletters. As I will outline this has been a busy year for the Society.

After one of our most successful annual meetings in Leeds last year, with Karl Storz speaker Paolo Castelnuovo, we are now looking forward to joining our host and BRS Honorary Secretary, Russell Cathcart this May in Jersey. Russell is putting together a lively social programme to which partners and family are

warmly welcomed.

The BRS has been heavily involved in the National Epistaxis audit, in partnership with INTEGRATE and ENT UK as Richard Williams explains below. There has been widespread involvement from departments, recording data from the first audit cycle, across the UK. Work from the BRS Epistaxis Consensus Day, prior to the annual meeting last year, will inform the second cycle of the audit to be undertaken later this year.

Paul White has lead the development of rhinology standards on behalf of BRS, providing input at a subspecialty level to a joint venture between ENT UK and the CQC. Paul, with the support of the Executive Committee, must be congratulated on his contribution which provided a framework for our sister subspecialties to copy!

The ERS comes to London in 2018 from 22-26 April and will incorporate the 2018 BRS annual meeting. This is earlier than the traditional summer date for ERS, to avoid clashing with BACO. Please pencil the date in your diary! Needless to say the BRS is heavily involved in the planning for both meetings.

This year we will be awarding the inaugural BRS Stryker Fellowship (up to max £2000), open to all members of the Society. Regulations for this are available on the BRS website. Once again, can I remind all trainees to consider applying for either the BRS Travelling Fellowship or Medtronic Prize, both awarded annually. Once again, please see the BRS website:

<http://www.britishrhinologicalsociety.org.uk>

Finally Congratulations to Russell Cathcart who has recently been re-elected as Honorary Secretary for a further three-year term in office.

RUSSELL CATHCART: BRS MEETING 19TH MAY 2017 - JERSEY



One of the enjoyable things about the annual BRS meeting is that it is a roaming meeting, meaning that we get to visit different places in different cities each year, in the name of education. Being a British society means that we can, on occasion, take it to the boundary. In 2012 we had a very well attended meeting in Northern Ireland, courtesy of Geraldine Gallagher, and this year we will be taking the meeting to the most southerly point in the British Isles, as we head to Jersey in the Channel Islands.

Plans are already well afoot; we are making the most of our proximity to France by inviting one of their most respected rhinologists, Prof Philippe Herman from the Hôpital Lariboisière in Paris, who will be talking us through his extensive experience in managing inverting papillomas and other benign neoplasms of the sinonasal cavity. We will also have hand-selected UK experts talking on the management of nasal obstruction across the age spectrum and a round-table discussion on complications in septorhinoplasty, with views from both facial plastic surgeons and pure rhinologists. There will be the usual regular features such as the consultant cases and, of course, the (quasi)rhinological quiz and after much success last year, we will be reviving the Dragons' Den (rhinology edition) feature in order to award the BRS research grant.

With the meeting being held in mid-May, it will (should) be starting to warm quite nicely on the island and the summer season will have begun, so there will be regular direct flights from most of the major UK airports. In fact, why not make a weekend of it? When's the next time you'll have an excuse to come to the Channel Islands? With no meeting planned for 2018 due to BRS hosting the ERS/ISIAN conference in London that year, you have every right to go big on this one. Come and make the most of some of the highest-ranked beaches in Europe. Come and sample the locally grown oysters. Come and follow in the path of your childhood hero Bergerac. If numbers are sufficient, we also plan to hold the inaugural BRS social event - in the form of a ceilidh on (or nearly on) the beach. Kilts won't be required.

Go on, you know you want to.

CARL PHILPOTT: RHINOLOGICAL RESEARCH NEWS



LAUNCHING MACRO – NEW RESEARCH FOR PATIENTS WITH CHRONIC RHINOSINUSITIS: On Thursday 3rd November, MACRO, a 7 year programme of research into Chronic Rhinosinusitis funded by the National Institution of Health Research was launched at the Congress Centre in London. The MACRO programme aims to define best management of adults with chronic rhinosinusitis. It will be jointly led by Chief Investigators, Claire Hopkins and Carl Philpott in conjunction with a multi-disciplinary team of researchers from UCL, University of Southampton and the Oxford Surgical Intervention Trials Unit. The programme will be coordinated by evidENT, Prof Anne



Schilder's NIHR supported research team at UCL, where Helen Blackshaw will manage the programme and the £3.2 million award. MACRO consists of 3 linked research workstreams: the first of which will lay the foundations for the clinical trial that is at the heart of the programme. Health informatics and health economics research has

already begun at UCL to map current management of adults with CRS in primary and secondary care and current costs borne by the NHS. Starting in January, the qualitative researchers from Southampton will interview patients, GPs and ENT specialists around the management of CRS and explore their views on two potential trial designs. At a consensus meeting the best trial design will then be chosen based upon the combined results of the first workstream. The randomised trial in the second workstream will recruit 600 patients over 16 sites in the UK and produce critical evidence about the effectiveness and role of long-term antibiotics and sinus surgery in adults with CRS both with and without polyps. This will culminate in the third workstream where all research findings will be brought together to form consensus on best management of adults with CRS and propose an optimum pathway of care. As such the MACRO programme of research will inform new and better CRS guidelines and provide robust tools for commissioning CRS services in primary and secondary care.



RICHARD WILLIAMS: NATIONAL EPISTAXIS AUDIT

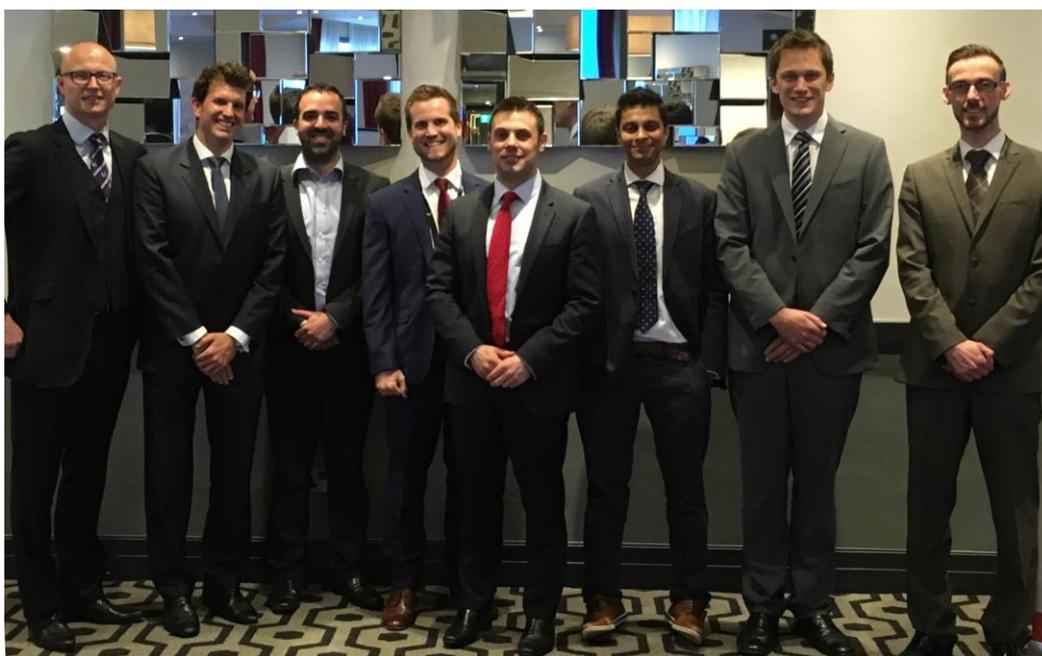
INTEGRATE
The National ENT Trainee Research Network

EPISTAXIS
National Audit of Management 2016

The National Epistaxis Audit has been developed to address priorities identified by the British Rhinological Society (BRS), ENT trainees and patients. The aim of this audit is to improve outcomes for patients with epistaxis by standardising care and enhancing the evidence-base for managing this common condition. The audit has been developed by INTEGRATE (the National ENT Trainee Research Network), a trainee-led initiative created to promote regional collaborative research and deliver an annual research or audit project of national significance.

Epistaxis is the most common acute disorder managed by ENT services in the UK, with over 25,000 acute presentations to NHS hospitals every year. Despite this high incidence, prior to this initiative there were no nationally accepted guidelines for its management, with significant variation in existing treatment between hospital trusts. A national consensus event took place in May 2016, where trainee-generated, systematic reviews of the literature were considered by an expert panel to form consensus statements on the optimal management of epistaxis. These statements then formed the standards for the subsequent national audit.

Prospective data collection for the first 30-day audit cycle is now complete with over 100 sites across England, Wales, Scotland and Northern Ireland submitting data on over 1000 cases to our secure online data collection system. This will now be analysed by commissioned statisticians to benchmark our national performance against audit standards and explore the association of various interventions against outcome. Following this analysis we will disseminate our findings prior to beginning preparations for the planned second audit cycle later in 2017.



The Steering Committee - From left to right: Rich Williams (Chair), Andy Hall, Neil Sharma, John Hardman, Paul Nankivell, Nish Mehta, Matt Smith, Matt Ellis

PAUL WHITE: CQC STANDARDS FOR RHINOLOGY



Earlier this year ENT UK was asked by the CQC to develop quality standards for our specialty. ENT UK subsequently devolved this development to the specialist societies and in July the BRS was asked draw up a list of quality standards for Rhinology. This was to be under the CQC domains of safe, effective, caring, responsive and well led. A sub-group of the BRS Executive then set about drawing up a draft document. This was presented to an ENT UK committee under the leadership of President Elect Brian Bingham in September. The objective being to distil quality standards within ENT and thyroid surgery into an oversight document and questionnaire for use by the CQC when assessing hospitals and relevant surgical practice. It is envisaged that this will

include minimum standards on equipment and facilities, operative throughput, compliance with national audit, scope of the service, MDT availability and leadership. Equipment and facilities will be considered under separate headings of “mandatory” and “desirable”, and a distinction will be made between facilities offered at a regional versus a tertiary hospital.

One of the contentious issues has been the setting of a minimum standard for safe operative throughput in each of the surgical domains. Other specialties set the bar quite high, e.g. 20 cases p.a. for thyroid surgery, 25 cases p.a. for laparoscopic prostatectomy and 200 for cataract surgery, but in rhinology the evidence base is lacking. We adopted a modest minimum of 10 for endoscopic sinus surgery and related procedures, and 10 for nasal framework surgery (includes septoplasty and septorhinoplasty). At present the CQC wish to analyse these numbers for departments rather than individual surgeons. This means that in a department of 5 ENT surgeons a minimum throughput for endoscopic sinus surgery and related procedures would be 50 cases per annum. Given the multi-site nature of a typical service, in many instances this summary of activity will be derived from operations in more than one hospital. There will also be an emphasis on the assessment of the quality of Hub and Spoke arrangements both for management of emergencies and for specific disciplines such as skull base surgery. The next stage will be the establishment of a small strategic committee with both ENTUK and CQC representation who will be tasked with the analysis of questionnaires generated as part of any CQC hospital inspection.

CLAIRE HOPKINS: EUROPEAN RHINOLOGICAL SOCIETY MEETING UPDATE



ERS 2018 London 22 - 26 April

With just under 18 months to go, plans for the London ERS Congress, hosted by the BRS, are well underway. The meeting will be in the heart of Westminster, at the QE2 Conference Centre. Coming just before the likely date for Brexit, we are expecting the meeting to be very popular with overseas guests and hope to attract over 1500 delegates from all over the world. We will be showcasing key opinion leaders and emerging leaders in rhinology in a wide range of panels, round table discussions, debates and instructional sessions. The best free papers will be integrated into the main programme, providing a great opportunity for young BRS members to present their work - start thinking about projects that you plan to submit now. All BRS members under 35 should sign up to the 'Young ERS' group, for a range of social events; for the rest of us oldies, we will ensure that you are well fed and watered throughout the meeting with Leith's award winning catering, culminating with a gala dinner. There will also be a chance for Team GB to defend the 'EUROS' football cup. The UK has always had one of the largest groups of delegates, and as we anticipate that many of you will want to join us in London particularly as there will not be a May BRS meeting in 2018.

Key dates for you diaries;

- 15th July 2017 - abstract submission open
- 16th October 2017 - abstract submission closes
- 20th Nov 2017 - Early bird registration opens
- 22 - 26th April 2018 - ERS 2018

Suggestions for topics, speakers and volunteers all gratefully received - tell us what you would like to see more or less of so we can make the meeting as good as possible

See you in London!

http://www.europeanrhinologicsociety.org/wp-content/uploads/2016/07/ERS_Banner.jpg

MR SHOWKAT MIRZA: COSMETIC SURGERY CERTIFICATION



I attended the Cosmetic Surgery Certification: Evaluator Training/ Introductory Session on 9.12.16 at the Royal College of Surgeons England.

From later this year non-mandatory Cosmetic Surgery Certification in a number of areas including Rhinoplasty will commence with the aim of improving standards of care. This has been brought about by the Royal College through an interspecialty committee including ENT UK representation with Professor Tim Woolford. The Certification will cover NHS and private practice for current consultants and consultants in the future. The application for certification will be online and must include 2 references, 4 case reviews and evidence of surgical experience over the preceding 6-8 years by way of a number of credits, which for rhinoplasty is 30 credits - 1 credit -performed or performed with assistance, 0.75 credit-assisted, 0.5 credit-observation. Credit for 'cross-over' skills may be gained from nasal reconstruction using grafts, and functional septal surgery to a maximum of 5 points. Credits are not available for closed contour alterations using injectable fillers or fat. Applicants should have attended outpatient consultations with 5 patients considering rhinoplasty. In addition a 2 day Masterclass course on behaviours, conduct etc must be completed. The cost for certification is £1500 and there will also be a cost for the course. Individuals may consider not becoming certified unless it becomes mandatory but it is envisioned that at some point institutions will insist surgeons are certified to carry out cosmetic surgery. Therefore it may be in one's interest to apply sooner rather than later.

There were concerns that the Certificate of Completion of Surgical Training could have encompassed certification in certain cosmetic procedures thereby avoiding further expense and applications. It is understood that the Certification process will develop over time and feedback of the system is encouraged.

ENT NHS ENGLAND TARIFFS FOR 2016-17

Below are the current national tariffs for ENT outpatient attendances, outpatient procedures, and sinonasal operations. Changes from the previous Enhanced Tariff Option (ETO), the tariff payment system used by approximately 80% of the service in 2015/16, is shown in brackets. The organisation NHS Improvement is now responsible for setting the tariffs. Other variables may increase the final payment tariff such as length of stay, regional variations or 'top ups' for certain procedures, and emergency operations often have a higher tariff than elective operations.

Adults are 19 years old and over.

Paediatric patients are 18 years old and under.

ENT Outpatient Attendance Tariffs

	Adult	Paediatric
New	£107 (+1)	£107 (+1)
Follow-up	£66 (+1)	£66 (+1)
New Multi Professional	£168 (+2)	£168 (+2)
Follow-up Multi Professional	£92 (+1)	£92 (+1)

ENT Outpatient Procedure Tariffs

		Adult	Paediatric
Mouth or Throat			
Minor	<i>eg. Diagnostic endoscopic examination of nasopharynx</i>	£132 (+2)	£104 (+2)
Intermediate	<i>eg. Flexible laryngoscopy</i>	£106 (+2)	£104 (+2)
Ear			
Minor	<i>eg. Dewaxing, Audiogram</i>	£118 (+2)	£109 (+2)
Nose			
Minor	<i>eg. Nasal cautery, MUA #Nose</i>	£110 (+2)	£105 (+2)
Intermediate	<i>eg. Nasendoscopy</i>	£113 (+2)	

ENT Operation Tariffs

Below are the elective inpatient (non-emergency) tariffs for Nasal operations, with example operations. The tariffs listed below are for patients without comorbidities or complications. The difference between the 2016/17 and the 2015/16 ETO tariff is in brackets.

	Adult	Paediatric
Nose-Minor <i>eg. Removal of foreign body from nose</i>	£587 (+9)	£651 (+10)
Nose-Intermediate <i>eg Nasal polypectomy</i>	1135 (+17)	£1140 (+17)
Nose-Major <i>eg. Antrostomy</i>	£1424 (+21)	£1707 (+25)
Nose-Complex Major <i>eg. Medial Maxillectomy</i>	£1519 (+22)	£1519 (+22)

Other points

There are preferential day case (DC) and elective inpatient (EI) tariffs (best practice tariffs) for septoplasty (DC £1135, EI £931) as well as tonsillectomy (adult DC £1037, EI £732), and major ear operations (DC £1944, EI £1638).

I would advise departments to ensure they are remunerated for all out-patient procedures and FESS should attract a tariff of at least £1424.

An application for a new procedure code for extracorporeal septoplasty with a view to a more appropriate remuneration was submitted but rejected. In general, it is very difficult to obtain new operation codes.

Currently a unilateral antrosotomy has the same tariff as a septoplasty + bilateral nasal polypectomy + bilateral antrosotomies and ethmoidectomies. From April 2017 there will be a new more complicated tariff system that should address this to remunerate more complex surgery appropriately.