

the**bmj**awards

2017 AWARDS THE WINNERS

In association with



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FOREWORD

FIONA GODLEE



Welcome to the BMJ Awards 2017, our ninth year of celebrating the best of British medicine. The past year has seen enormous pressure on health services, with knock-on effects on morale and working conditions, and it seems especially important to recognise the professionalism, commitment, and hard work of healthcare teams across the UK. From the impressive array of entries we've received, it's clear that in the face of enormous challenge medicine is full of great teams striving to make a real difference to patients and finding ways to go the extra mile every single day.

The projects described in the following pages and in *The BMJ* over the past seven weeks showcase dedicated teams working hard to make care more effective, efficient, and accessible. After a rigorous shortlisting process, our panel of distinguished judges have had the difficult task of selecting 15 winners from over 275 entries. Winners receive our hearty congratulations, as well as one of the trophies gracing the cover - a Malcolm Willetts sculpture based on Minerva (goddess of wisdom and medicine and long time BMJ columnist).

As much as tonight is about a deserved celebration for hard work, it is also an opportunity for teams to use the accolade as a platform to continue growing and innovating. We hear time and time again from teams about how winning, and even being shortlisted, can change things profoundly, giving much deserved visibility to the many excellent and creative ways in which healthcare is designed and delivered. Many of the shortlisted projects offer solutions that can be adopted by teams in different specialties and other parts of the country. We hope that they inspire you as much as they have inspired us.

As ever, we are grateful to our sponsors, whose generous support allows the best of UK healthcare to be celebrated in appropriate style, and the judges, who gave generously of their expertise and time. But this is all about the teams. So well done to the winners, commiserations to the runners up, and a huge thank you to all who participated. We look forward to seeing you again next year.

Fiona Godlee
Editor in Chief, *The BMJ*

ANAESTHESIA TEAM OF THE YEAR

thebmj**awards**

This award identifies an innovative project in the field of anaesthesia which has measurably improved care for patients

RUNNERS UP

POM drives quality improvement
West Suffolk Hospital Anaesthetic
Department

ERAS+
Manchester Royal Infirmary, CMFT

Kids perioperative medicine
Birmingham Children's Hospital NHS
Foundation Trust

A tremendous team who, with imagination and hard work, have overcome multiple obstacles to offer a bespoke anaesthetic experience.

Sponsor

RCOA
Royal College of Anaesthetists

WINNER

THE SPA EXPERIENCE

PRINCESS OF WALES HOSPITAL, ABMU LHB



What they did: Nobody is entirely free of anxiety when going to the dentist, but for some patients the problems are hard to surmount. Those with learning disabilities, mental health issues, autism, or dementia may need a general anaesthetic even for simple restorative dentistry. Bad experiences of heavy sedation or physical restraint increase difficult behaviour.

At Princess of Wales Hospital in Bridgend, these patients often had to wait for two years for a place on the surgical waiting list, says consultant anaesthetist Shakeel Moideen. Parents and carers would often bring them despite facing difficulties, only to be told there weren't any beds, so the procedure had to be postponed. "So much effort and planning had to go into giving these patients a general anaesthetic without distress," he says.

The answer was to redesign the care pathway with the advice of parents and carers. This included identifying a nearby hospital where the theatre could be accessed while avoiding busy corridors, which increase anxiety. "We tried to make the environment as familiar as possible, and we used distraction techniques and avoided restraint," he says. The new approach was named SPA, which stands for soothing patient anxiety.

Over three years 246 patients have been treated using the SPA experience, with only one admission required. Referral to treatment times are down from two years to two months, cancellations and postponements are down, and feedback is excellent. Patients come straight from car in to theatre, and are sent straight home afterwards—some, the more difficult ones, are even sent to recover in the car, a familiar environment where they relax. "It took very little on our part to make such a big difference to patient experiences," says Moideen.

Judges' Comments: Feedback from users convinced the judging panel that the new service made a real difference to peoples' health and wellbeing, with the potential for lasting effects on, for example, fear of dental treatment. This team had a clear understanding of patient engagement and demonstrated an ability to think laterally.

CARDIOLOGY TEAM OF THE YEAR

This award honours a team that is leading the way to improve standards and care in cardiology

WINNER

STOKE CARDIAC ASSESSMENT TEAM
UNIVERSITY HOSPITAL OF THE NORTH MIDLANDS



What they did: Patients who come to emergency departments complaining of chest pain can wait a long time to see the right doctor. Typically, says Rhys Beynon, consultant cardiologist at University Hospital of the North Midlands in Stoke on Trent, they are seen by the triage nurse and the emergency department doctor, sent to the acute medical unit, and from there to a cardiac bed. Specialist review is delayed and patients frustrated, while the emergency department struggles to meet waiting time targets.

At Stoke the problem has been tackled by training six senior cardiac nurses who now provide a 24 hour presence in the emergency department. Supported by the on-call cardiology registrar, they can decide whether patients are cardiac cases and, if so, whether they should be admitted directly to the cardiology ward or can safely be sent home with an appointment made for them at the outpatient cardiac clinic.

The nurses took an 18 month training programme, culminating in a postgraduate diploma in cardiology recognised by the British Cardiovascular Society. They see 500 patients a month, providing an opinion within 30 minutes in the majority of cases. "The patients are very happy with it as they end up in the right place, and the emergency department love it too," says Beynon.

The service costs £240 000 a year to run, but saves £400 000 in bed days and the nurses run two rapid access chest pain clinics that bring in £121 000. "And, unlike junior doctors who often move on, the nurses stay. They love the job, and we're lucky that Stoke is 20 miles from the nearest hospital so there's less risk of them moving elsewhere."

Judges' Comments: The Stoke Cardiac Assessment Unit demonstrated that it is possible to provide innovate workforce solutions in acute care settings. The award winners were able to show an impact on clinical outcomes supported by clear financial information.

HIGHLY COMMENDED

Heart Failure Service
Torbay and South Devon NHS FT

RUNNERS UP

Heart Failure Unit
St Georges' Hospital NHS Trust
Joint Obstetric Cardiac Clinic
University Hospital Southampton NHS
Foundation Trust

At a time of spiralling demand in the NHS, initiatives like the Stoke Cardiac Assessment Unit offer solutions that may be successfully rolled out to other Trusts.

Sponsor

Heart

Royal Free Foundation Trust,
Winners of the 2016 Cancer Care BMJ award



CELEBRATING OUTSTANDING ACHIEVEMENT

Macmillan is proud to support the Cancer Care category at the 2017 BMJ awards.

Nominees have delivered exceptional work, and we are honoured to recognise their success.

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Find out more about our work at macmillan.org.uk/patientsupport

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CANCER SUPPORT**

CANCER CARE TEAM OF THE YEAR

This award celebrates teams which have improved diagnosis rates and provided better support for patients and their carers

WINNER

GOLD

GUYS & ST THOMAS' NHS FOUNDATION TRUST



What they did: Older people with cancer often have other problems, such as frailty, incontinence, and a multitude of other conditions. UK survival rates are poorer than in other comparable European countries. When a team at Guy's and St Thomas' NHS Foundation Trust in London asked if these issues were linked, they began by auditing a group of patients aged over 65 on chemotherapy.

"We found they weren't getting help with these comorbidities," says Tania Kalsi, consultant geriatrician at the trust. "We needed to collect the data because even common things like falls often aren't documented in the medical notes." The results showed a high level of complex needs and documented the difficulties older people had in completing chemotherapy treatment.

In response, Gold (geriatric oncology liaison development) was set up to provide assessment and support for older people undergoing chemotherapy in south east London. A study of the effects of the extra support found that more of those in Gold than outside the scheme completed their chemotherapy, and fewer needed treatment modifications. The average stay in oncology wards fell by four and a half days.

Patient feedback is almost universally favourable, and two thirds of doctors said it helped in planning care, often in favour of more active treatment. Gold has become part of routine practice, Kalsi says, and is generalisable to cancer services across the UK, as well as other services such as acute admissions. Such schemes are uncommon in the UK, despite recommendations from many groups including Macmillan Cancer Support.

Judges Comments: GOLD have created an innovative and robust solution to a real problem in cancer. By combining care of the elderly and oncology services they are able to provide excellent care for older patients with cancer. Their multi-disciplinary approach is intuitive and well organised.

They have made an obvious impact with objective and well collected data demonstrating improved outcomes for patients. The project has real co-production with patients and illustrates a sophisticated approach to patient involvement that allows the team to deliver what is important to their patients

HIGHLY COMMENDED

New Cancer Drugs for Children
The Royal Marsden Hospital

RUNNERS UP

Endoscopic Optical Diagnosis
Gloucestershire Hospitals NHS
Foundation Trust

CAT Clinic
Velindre NHS Trust and Aneurin Bevan
UHB

Electronic 2WW referral system
North Bristol NHS Trust/South
Gloucestershire CCG

The GOLD team show leadership by setting new standards and guidelines with national bodies and initiating a move to roll their service out to other hospitals.

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CANCER SUPPORT**



Congratulations to all the Clinical Leadership Team of the Year award nominees!

We are proud to have joined together to support this award. Excellent clinical leadership is an essential part of compassionate, safe and effective care. We are committed to helping all doctors to become better and stronger leaders within their organisations and teams.

We hope the winner of this award and all those shortlisted will be an inspiration to others and help promote excellence in clinical leadership throughout the UK.



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**Medical Leadership
and Management**

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The Faculty of Medical Leadership and Management (FMLM) is the professional home for medical leadership in the UK, incorporating the most senior medical leaders as well as trainees and students. Its prime aim is to improve patient care through better medical leadership and management.

General
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Council

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The GMC helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving those standards, and take action when they are not met.

CLINICAL LEADERSHIP TEAM OF THE YEAR

This award recognises a team that exemplifies the qualities of clinical leadership, requiring ideas and enthusiasm and often by doing things differently

WINNER

ST GEORGE'S FETAL MONITORING

ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST



What they did: Oxygen deprivation during labour is universally recognised as a disaster in the making, but is enough done to prevent it? At St George's University Hospitals NHS Trust in London, the answer was no. Edwin Chandraharan, consultant obstetrician and gynaecologist at the trust says: "Our rate of hypoxic ischaemic encephalopathy was above the national average. Our neonatal metabolic acidosis rate was 2.6%, and our emergency caesarean section rate was 15-17%. We reflected on our results and accepted they were worse than national data."

The response was uncompromising and included mandatory retraining and testing on the interpretation of fetal heart monitoring (cardiotocography, CTG) for all midwives and obstetricians who worked in the labour wards. "CTG was introduced in 1968 with no clinical trials," Chandraharan says. "Interpretation was based on recognising certain patterns, and it got into the culture that 'this is good' or 'this is bad' without real knowledge."

The answer was to change the way CTG was interpreted, retrain staff, and then oblige them to achieve an 85% pass mark before being allowed to work in the labour wards. Since this was introduced in 2010, emergency caesareans have fallen to 6-8%, the acidosis rate to 0.6%, and the HIE rate to half the national average.

Since every baby with brain damage costs the NHS £8m-£10m, Chandraharan estimates that the measures have saved £30m—three fewer babies damaged at birth than would have happened had there been no improvement. "And the indirect social costs to parents having to lose their jobs to look after a brain damaged baby for life are immeasurable," he adds.

Judges Comments: The team at St. Georges set out to improve results from traditional cardiotocography, a technique that has been notoriously - and tragically - unreliable. Through impressive team leadership, they achieved a real difference in outcomes for babies, while also improving staff morale.

HIGHLY COMMENDED

Donate life - give a kidney
Belfast Health & Social Care Trust

RUNNERS UP

Pilot of Doctors' Assistants
East Sussex Healthcare NHS Trust

Rapid Clinical Assessment Team
Warrington & Halton Hospitals Trust

Managing Antibiotics Wisely
ABMU Health Board

Inpatient Diabetes Team
University Hospitals of Leicester NHS Trust

The team reduced their rate of emergency caesarean section from 16% to 7% - less than half the rate of any teaching hospital in London.

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DERMATOLOGY TEAM OF THE YEAR

This award identifies an innovative project in the field of dermatology which has measurably improved care for patients and support for their families

WINNER

BARTS HEALTH PSYCHODERMATOLOGY
ROYAL LONDON HOSPITAL



What they did: Few patients with skin diseases are free of psychological effects. In surveys, 85% say that the distress is a major part of their illness, but the relationship cuts both ways.

“There are patients with psychiatric diseases that are seen by dermatologists,” says Anthony Bewley, consultant dermatologist at the Royal London Hospital and Whipps Cross University Hospital. “They may pull their hair out or pick at their skin, or harm themselves in other ways. Then there are patients where the skin condition triggers depression or suicidal feelings. They’re desperate, but they don’t want to go to a psychiatrist, they want to go to a dermatologist.”

The answer, he believes, is to combine dermatology with psychological support. “I see patients together with a liaison psychiatrist, Ruth Taylor. I believe our model works better than general dermatology clinics—our patients get better quicker. They’re often desperate, as they’ve been to four or five departments in primary and secondary care and feel they haven’t been managed properly. They’re at their wits’ end.”

Studies show that the clinic, underpinned by a multidisciplinary team approach, gets better outcomes for children and adolescents with self induced skin disease, and more cost effective and better outcomes for patients with delusional infestation.

A training school has been established to pass on the lessons learnt, with trainees coming from the UK and abroad. Bewley says that the model should be made more widely available, with examples in every region, and that 10 years of experience shows that it is sustainable.

Judges Comments: The team have pioneered a new subspecialty within British Dermatology. Developed a new model for clinical services and demonstrated cost savings through getting patients better, undertaking fewer investigations and improving adherence to treatment

RUNNERS UP

Teen/Young Adult Skin Clinic
Oxford University Hospital

Beacon Dermatology Service
Beacon Medical Group

Integrated Teledermatology
Royal Devon and Exeter NHS Foundation Trust

There is a strong possibility that in decades to come this pattern of dermatological service will be successfully replicated across the UK.

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HEALTH INVESTOR FINALIST 2017

DIAGNOSTICS PROVIDER AND PUBLIC/PRIVATE INVESTMENT PARTNERSHIP

Diagnostic Imaging.

Molecular Imaging.

Radio pharmacy.



IMAGING TEAM OF THE YEAR

This award recognises a team that is leading the way in the evolving field of imaging technology and shows a sustained commitment to quality improvement

WINNER

CRIC AND THE SCOT-HEART TRIAL
UNIVERSITY OF EDINBURGH AND NHS Lothian



What they did: Routine tests used to diagnose heart disease in people complaining of chest pain are less than perfect. But thanks to the development in Edinburgh of a research imaging centre and a subsequent randomised controlled trial of CT coronary angiography (CTCA), the picture is now much clearer and clinical practice is changing.

The centre is a partnership between the University of Edinburgh and NHS Lothian, explains Scott Semple, reader in medical imaging at the university. Established at a cost of £18m in 2009, the centre set up a CTCA service and conducted a trial in which 4146 patients with angina were randomised to standard care or standard care plus CTCA. Methods were devised to reduce the radiation dose to a level five times lower than that used in comparable US institutions.

The SCOT-HEART trial, published in the *Lancet* in 2015, found that CTCA changed the diagnosis and treatments in a quarter of patients and led to a threefold reduction in standard invasive angiography. With appropriate treatments, the rates of coronary death and non-fatal heart attacks were halved. “We’ve since followed up for more than three years and the same level of benefit has been maintained,” says David Newby, director of the centre, who led the trial.

Guidelines from the National Institute for Health and Care Excellence now recommend CTCA as the first line investigation. So the trial has led to a new model for testing people with chest pain. “It will take some time to be adopted everywhere,” Newby says. “It’s rather like the change that was made from clot busting drugs to angiography for patients presenting with heart attacks. It doesn’t happen overnight.”

Judges Comments: Patient centred approach, focused on improving patient care and patient pathway which was really clear in the presentation. Massive impact. Reproducible Game changer. Good and long term outcome data.

HIGHLY COMMENDED

Renal transplant imaging team
Leeds Teaching Hospital NHS Trust

RUNNERS UP

Play Specialist supported MRI
University College Hospital, London
Cervix Cancer: Endovaginal MRI
The Institute of Cancer Research and
Royal Marsden Hospital
Colon Cancer Exclusion Pathway
University Hospitals of Leicester NHS
Trust

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EDUCATION TEAM OF THE YEAR

This award celebrates a team that is leading the way in medical education and ensuring quality improvement for future generations

WINNER

HEARTWIZE

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST



What they did: Attempts to persuade the government to put cardiopulmonary resuscitation (CPR) on the school curriculum have failed, in spite of international evidence that it could save many lives. “Ministers are supportive of efforts to teach CPR but say that if we put it on the curriculum we’d have to do the same for many other things,” says William Toff, associate professor of cardiology at the University of Leicester and University Hospital of Leicester NHS Trust.

The UK has a low survival rate for cardiac arrest outside of hospital—only about 8% survive to hospital discharge. “There are 60 000 out-of-hospital arrests a year, but only half are witnessed. If we could raise survival in that 30 000 to 25%, we could save 12 000 lives a year—that’s equivalent to preventing an airline crashing at Heathrow Airport every 10 days. The scale of the problem is under-appreciated.”

But not in Leicestershire, where Toff and like minded campaigners have set out to convert secondary schools. “A third were easily persuaded, another third were a bit harder. So far we’ve trained 85% of schools and we’re working on the rest.” The plan included cardiac arrest survivors and their rescuers, and brought in the local rugby and football clubs as community partners. So far 16 000 pupils have been taught, and 500 school staff. Every school is provided with a defibrillator.

The programme is led by volunteers but has a full time coordinator funded by a local company, Millbrook Medical Conferences, while local charities have also been supportive. Other counties could copy the model, says Toff.

Judges’ Comments: The judges were impressed with the originality and scope of this project, including how survivors were involved in the content and teaching of the program. The team have engaged a wide range of the community and started a social movement, which although simple in its construct, seemed scalable in its impact.

HIGHLY COMMENDED

IcanpreventDelirium

Tees Esk Wear Valley NHS Trust in collaboration with Health Education England North East

RUNNERS UP

Stroke MDT Educational Program
Nottingham University Hospitals NHS Trust & HEEM

STEP-up to Patient Safety
Aspen Healthcare Ltd

Doing Diabetes Differently
Events and Education Hertfordshire
Diabetes Education

St.Emlyn’s
St.Emlyn’s virtual Hospital, Virchester

What has been achieved in Leicestershire could be taken up as a national education initiative.

Sponsor

NHS
Health Education England

INNOVATION TEAM OF THE YEAR

This award celebrates a team that has used its knowledge to deliver change and shown courage in raising the possibility that things could be done differently

HIGHLY COMMENDED

EpSMon - Safety in your pocket
Cornwall Partnership NHS Foundation
Trust Plymouth University

RUNNERS UP

Kairos Model
Vanbrugh Extended Community Pain
Management Clinic

Pregnancy BP Home Monitoring
St George's Hospital, University of
London

Managing Frailty at Front Door
University Hospital of North Midlands
SUDEP Action and Royal Cornwall
Hospitals

We were impressed by the integration of the service into existing systems and its ability to free up clinics to deal with more complex cases.

Sponsor



Health
Innovation
Manchester

WINNER

SH:24
SH:24



What they did: Healthcare has been slow to take part in the digital revolution, says Gillian Holdsworth, a public health doctor who is now managing director of SH:24, an online provider of sexual health tests. “Ten or 15 years ago if you went to an out-of-town supermarket you would see mothers loading packs of disposable nappies into the back of their cars. You don’t see that now, because they can order them from Amazon and get them delivered in two hours.”

SH:24 owes its origin to the pressures on sexual health services in Lambeth and Southwark, inner London boroughs with the highest sexually transmitted infection rates in the UK. Clinic waiting times were long, people were turned away from walk-in centres, and services were fragmented. The answer was online.

“It’s designed for people who are asymptomatic, but want to be tested,” Holdsworth says. “They go to the SH:24 website and answer some questions, such as address, to ensure they’re eligible. If they are, they order a test kit. There’s a system for verifying identity. Kits are sent out, discreetly packaged, by first class mail. Users send back swabs and blood samples, two thirds of which are turned round in 24 hours. For those testing positive, an algorithm determines the next step—treatment at home for chlamydia, referral to a clinic for gonorrhoea, for example.”

The service was launched in March 2015 and a year later was responsible for almost 45% of tests in the two boroughs. Other local authorities, including Shropshire, Essex, and Medway, have since signed on. Patient satisfaction is very high, pressure on clinics reduced, and costs are lower. “Within five years we believe SH:24 will be the first point of access nationally,” Holdsworth says.

Judges’ Comments: Since its launch in 2015 SH:24 has already made an impressive impact on the delivery of sexual health services in London and beyond. The app gives users quick and easy access to diagnostic tests and follow up via their mobile phone which avoids long waits in clinics or not being tested for STIs at all.

MENTAL HEALTH TEAM OF THE YEAR

This award honours a team that is significantly improving care for patients falling between the gaps in mental health care

WINNER

FREED FROM EATING DISORDERS

INSTITUTE OF PSYCHIATRY, PSYCHOLOGY AND NEUROSCIENCE, LONDON



What they did: The longer it takes a young adult with an eating disorder to get treatment, the harder it is to achieve a full recovery. “The greater the delay, the more entrenched the disorder,” says Ulrike Schmidt, professor of eating disorders at the institute of psychiatry at King’s College, London. The disorder gets worse, patients drop out, and when treatment does begin the outcomes are worse. So in 2014 the institute launched FREED (First episode and Rapid Early intervention for Eating Disorders).

The service is for young adults aged between 18 and 25, the great majority of whom are female. Typically they would have had to wait an average of 19 months between the onset of symptoms and beginning treatment. FREED has reduced that to 13 months while uptake has risen to 100% compared with 73% before. After a year of treatment, 70% of patients are free of symptoms. Importantly, few need admission at a time when hospital beds for patients with eating disorders are in short supply.

Schmidt puts the improvements down to increased staffing and better organisation, in particular by creating a service that is user friendly. “Patients who come to us may be ambivalent. They have at least partially recognised that they are ill, but you still have to find a way of engaging them. Usually if you can bring them inside, they recognise that not all is well and want to get better.”

A pilot was funded by the Health Foundation, which then gave a further grant to scale up. The same model has been taken up in other parts of London and in Yorkshire, where it is going well. “Our ultimate aim is to see it as a national model,” she says.

Judges’ Comments: The judges were extremely impressed by the thoughtful work performed by this group that was clearly well grounded in research. They have developed a genuinely novel early intervention service for people with eating disorders based on their careful research.

HIGHLY COMMENDED

Community REACT Team
Cardiff and Vale University Health Board

RUNNERS UP

Don’t flush your life away
Cornwall Partnership NHS Foundation
Trust & Public Health

Devon CAMHS Assertive Outreach
Virgin Care Limited

Community REACT Team
Cardiff and Vale University Health Board

Bolton CAMHS SPOA & Risk Team
Bolton Child & Adolescent Mental Health
Service South Region EIP Programme -
Oxford AHSN

The judges were struck by how committed, passionate, values-based and knowledgeable the team were – there was a genuine vision and curiosity to the work.

Sponsor



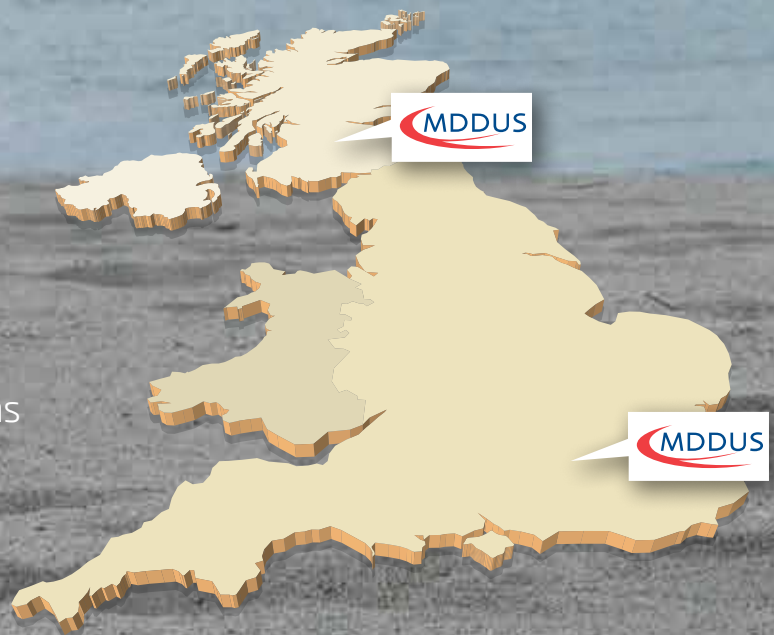
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PRIMARY CARE TEAM OF THE YEAR

This award recognises primary care teams who have had a substantial effect on the health and wellbeing of the wider community through a specific project

HIGHLY COMMENDED

The Dementia Golden Ticket
High Weald Lewes Havens Clinical
Commissioning Group

RUNNERS UP

RQIP Local Improvement Scheme
Birmingham South Central CCG
Domestic Abuse Screen in GP
Moorfield House Surgery, Garforth
PART Nursing Team
Warrington CCG, WHH NHS Trust,
Bridgewater Community Trust
Reduce antibiotic prescribing
West Green Surgery, London

Taking a holistic and multidisciplinary approach, they provide essential screening, primary care and case working services to this vulnerable group of people.

Sponsor



WINNER

HEALTH INCLUSION CLINIC
GUY'S & ST THOMAS' NHS FOUNDATION TRUST



What they did: Refugees and asylum seekers face many barriers to getting healthcare. “They’re in a system they don’t understand, there’s a language barrier, and some with uncertain status are fearful that if they register with a GP they will be reported to the police,” says Shazia Munir, a GP attached to Guy’s and St Thomas’ Hospital in London. “Sometimes GP receptionists ask for details they don’t actually need and refuse to register them.”

The Health Inclusion Clinic in Brixton, south London, was set up to provide a first port of call for such people, offering 30 minute appointments with comprehensive health screening and an interpreter. “We can tease out problems that wouldn’t get a proper hearing in a 10 minute appointment,” she says. “The screening can pick up conditions such as latent tuberculosis, hepatitis, anaemia, and diabetes. We then help them get registered with a GP near where they live and provide a summary of their health for that GP.”

A survey in 2012 showed that more than half of the patients had earlier been turned away by other practices, nearly one in 20 had at least one serious communicable disease, and depression and post-traumatic stress disorder were common. Few patients, however, are referred to secondary care.

As Syrian refugees arrive in the UK through the government agreed programme, many other areas of the country face similar issues. “We’ve written a protocol of what doctors should look for and we’re happy to pass it on to any GP who might need it,” she says.

Judges’ Comments: This clinic in South London has been running since 2007 and provides access to Primary Health Care for destitute people within the asylum process, over half of which have been turned away from regular General Practices. 74% of their patients have a history of rape or torture in the countries from which they have escaped, 61% have significant mental health problems and 15% of women are pregnant at the time of registering.

PALLIATIVE & HOSPICE TEAM OF THE YEAR

This award is for an innovative project that has measurably improved palliative care for patients or their carers

WINNER

POOR PROGNOSIS LETTER

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST



What they did: “In the old days we’d pick up the phone and call a GP if we were discharging a patient we thought was nearing the end of life,” says Collette Reid, consultant in palliative medicine at University Hospitals Bristol NHS Foundation Trust. “But two things have changed. Today I may admit a patient but not be responsible for the discharge. And you can’t just ring GPs because it’s impossible to get through: they’re too busy.”

To replace the call that would once have taken place, the trust has created an electronic letter based on disease specific indicators of poor prognosis. This followed an audit of 100 inpatients, whose notes were screened retrospectively to see if they might have had a prognosis of less than a year at discharge. Then the actual discharge summaries were examined to see how well they reflected the poor prospects. Of 43 patients who met the criteria and had been discharged, only eight had prognostic information communicated to their GPs.

Since the poor prognosis letters started in 2013 their use has increased and is currently running at 30 to 50 a month. For a sample of 187 patients who had a letter completed between April and October 2015, 68 (37%) had died in hospital, significantly lower than in Bristol as a whole, showing that they help in enabling people to die in a place of their choice.

“We asked GPs if they minded getting the letters. They said ‘of course not.’ It’s not as if we’re telling every Tom, Dick, and Harry,” she says. “Many GPs went to do home visits after they got the letters. One said that the letter had been a great help in talking to a son who was pressing for very active care for his mother.”

Judges’ Comments: The judges were impressed with the simplicity of this systems intervention which was created at no additional cost to the trust. The intervention has had impact beyond the palliative care teams and embedding this in the hospital induction has promoted this among juniors across all specialties, empowering them to have prognostic discussions with patients about preferences and wishes for future treatments.

HIGHLY COMMENDED

Promoting Cornea Donation
St Nicholas Hospice Care

RUNNERS UP

My Care Choices
St Helena Hospice
Cross-setting consistent APG
Cornwall Hospice Care
The Talk CPR project
Velindre NHS Trust

Simple intervention with a great potential to change culture that could be easily rolled out widely at little cost.

Sponsor





Public Health
England

Protecting and improving the nation's health

Public Health England is
proud to champion clinical
teams' role in prevention

*Congratulations to all the
nominees and winners in
this year's awards*

PREVENTION TEAM OF THE YEAR

This award recognises teams whose work shows the benefits of early detection from birth through to old age

WINNER

HIGH IMPACT USER GROUP

UNIVERSITY HOSPITAL BRISTOL NHS FOUNDATION TRUST



What they did: Some patients visit emergency departments very regularly. There are many such “high impact” users, says Rebecca Thorpe, emergency department consultant at University Hospitals Bristol. Some of them visit so often—up to 60 times a year—that they are classified as super users.

“We identified all the patients who had attended the department more than four times in a year and found there were over 1000,” she says. “We can’t simply turn them away—we have to take responsibility for them.” Most regular attenders do not have medical problems but have disorganised lives, are homeless, are drug or alcohol misusers, or have mental health problems.

The team identified the 10 most regular attenders each month and managed them by drawing up individual support plans. This helped staff to identify high impact users and avoid referring them for expensive investigations—some super users can run up costs of £100 000 a year from tariffs alone. “Once the care plans are in place, the patients eventually stop coming in,” she says, “because they know they’ll get the same answer. In most cases, they change their behaviour. We’re not turning them away, but encouraging them to take responsibility for themselves.”

Emergency department attendances were reduced in all the high impact users, and among super users admissions fell by 80%. “The very significant savings we’ve made have persuaded the clinical commissioning group to fund a nursing coordinator to keep the scheme going,” she says.

Judges’ comments: This impressive project describes a realistic and achievable intervention at an entry point into a whole systems failure for a complex group of patients. The initiative combines simplicity and ingenuity, and puts the multidisciplinary team to good use in a stretched service.

HIGHLY COMMENDED

Flu vaccines for children

The Pennine Acute Hospitals NHS Trust

RUNNERS UP

InterPrEP

Chelsea and Westminster Hospital NHS Foundation Trust

Latent TB Infection Screening

Birmingham South Central NHS Clinical Commissioning Group

Paeds Burns Assessment Tools

Scar Free Foundation Centre for Children’s Burns Research

Suicide prevention Training

Tees, Esk and Wear Valleys NHS Foundation Trust

This energetic team demonstrates how a low cost, patient-centred, collaborative approach, even in a busy emergency department, can have a clear and measurable impact on patient-important outcomes.

Sponsor



Public Health
England

SURGICAL TEAM OF THE YEAR

This award honours a UK based team that has demonstrably improved surgical care for patients in the United Kingdom

HIGHLY COMMENDED

Upper GI Enhanced Recovery
University Hospital Southampton NHS
Foundation Trust

RUNNERS UP

Better Emergency Surgical Care
Calderdale and Huddersfield NHS
Foundation Trust

Open fracture management
University Hospitals Coventry &
Warwickshire NHS Trust

Bristol Bath Vascular Network
Bristol Bath Weston Vascular Network

Pain in Total Knee Replacement
Exeter Knee Reconstruction Unit, PEOC,
Royal Devon & Exeter

This is an original and transferable idea, executed superbly by an excellent team.

Sponsor



WINNER

PREPARE FOR SURGERY

IMPERIAL COLLEGE HEALTHCARE NHS TRUST



What they did: Patients awaiting operations suffer anxiety that can be harnessed to achieve better outcomes for them. It is, says Venetia Wynter-Blyth, a clinical nurse specialist at Imperial College Healthcare NHS Trust, “a teachable moment” when people are most amenable to lifestyle changes they might otherwise resist. The moment is exploited by the trust’s Prepare programme, which has contributed to a sharp reduction in postoperative complications and reduced lengths of stay.

Patients who have surgery for oesophageal cancer are predominantly older, overweight men, says Krishna Moorthy, consultant surgeon at the trust. It may seem too late to change their habits but Prepare— Physical activity; Removal of bad habits; Eat well; Psychological wellbeing; Ask about medicines; Respiratory exercises; Enhanced recovery—shows the benefits of trying. “We’ve got to make them partners,” says Moorthy. “Exercise gives them goals they can achieve and it gives them self confidence.”

The preoperative preparation is combined with enhanced recovery, he says, and a digital platform to enable remote monitoring and real time feedback. In 2015-16, 59 patients participated and outcomes included a reduction in complication rates from 80% to 29%; a cut in length of stay from 12 days to eight; a reduction in pneumonia rates from 60% to 29%; and a reduction in readmission rates from 10% to 5%.

There are extra costs, including a part time exercise specialist, but these are more than covered by outcome savings. Wynter-Blyth was awarded nurse of the year by the Royal College of Nursing in 2016 for her part in the programme.

Judges’ comments: Thoroughly constructed, considered and well delivered project which in 2 years has already begun to yield impressive results. Integral to the success of the programme is how they work as a multidisciplinary team with patients continually involved at all stages - design, ongoing development, during their actual treatment and even in the presentation for this Award.

UK RESEARCH PAPER OF THE YEAR

This award recognises original UK research that has the potential to contribute significantly to improving health and healthcare

WINNER

AZITHROMYCIN FOR ACUTE EXACERBATIONS OF ASTHMA: THE AZALEA RANDOMIZED CLINICAL TRIAL

SEBASTIAN L JOHNSTON AT EL, IMPERIAL COLLEGE LONDON



What they did: Doctors are not routinely advised to prescribe antibiotics in acute asthma attacks, but many do so. Are they foolish to prescribe drugs not known to confer a benefit at the risk of fuelling antibiotic resistance? The Azalea trial (Azithromycin Against pLacebo in Exacerbations of Asthma) was designed to compare standard care with standard care plus azithromycin, an antibiotic used to treat ear and throat infections.

Sebastian Johnston, professor of respiratory medicine and allergy at the National Heart and Lung Institute at Imperial College London, who led the study, had earlier shown in another trial that telithromycin added to standard care does improve outcomes, but at risk of liver toxicity. But the Azalea trial came to a different conclusion. “It didn’t show any benefits,” he says. “The upshot is that the guidelines will recommend that it not be used, as the evidence it works is insufficient.”

However, he is not quite sure that the trial really answered the question. “We screened more than 4500 patients, of whom only 390 were eligible. The main reason for excluding people was that they were already receiving antibiotics.” This applied to more than 2000 of them, evidence showing how common antibiotic prescribing is. Johnston believes this is because the patients were drawn from secondary care. “Most had already seen a GP, attended emergency departments, or seen medical or respiratory teams,” he says. “That’s three opportunities to be prescribed antibiotics.” He would like to organise another trial that drew patients from primary care, in spite of the difficulties such trials present.

Judges’ comments: The judges were particularly impressed that the Azithromycin for Acute Exacerbations of Asthma Trial addressed an issue in a very common condition in which use of antibiotics is widespread and by this making is quite difficult to study. Using a thorough study design, the authors provided information that is very useful for clinicians and patients alike.

RUNNERS UP

Prof Ruth E Langley et al
QUARTZ

The Lancet, Volume 388,
No. 10055, p2004–2014

Matthew R Sydes et al
STAMPEDE

The Lancet, Volume 387,
No. 10024, p1163–1177

Dr Feddie C. Hamdy et al
**10-Year Outcomes after Monitoring,
Surgery, or Radiotherapy for
Localized Prostate Cancer**

N Engl J Med 2016; 375:1415-1424

Prof Jane Elizabeth Norman et al
OPTIMUM study

The Lancet, Volume 387,
No. 10033, p2106–2116

Prof Ruth E Gilbert et al
CATCH trial

The Lancet, Volume 387,
No. 10029, p1732–1742

Using a thorough study design, the authors provided information that is very useful for clinicians and patients alike.

Sponsor

NICE National Institute for
Health and Care Excellence

PATIENT PARTNERSHIP AWARD

This award recognises teams who exemplify the principles of patient partnership and co-production



This award is given in memory of our inspirational patient editor, Rosamund Snow, who died on Thursday 2 February 2017.

Rosamund joined *The BMJ* as patient editor in 2014, developing and championing the journal's patient partnership strategy (www.bmj.com/campaign/patient-partnership) and working tirelessly alongside fellow editors and authors to help them understand what patient involvement really means and how to advance it in both research and medical education. She launched the patient-led and patient-authored education series 'What Your Patient Is Thinking' and also spearheaded the move to include patients on the judging panel for the BMJ Awards.

WINNER

PREPARE FOR SURGERY, IMPERIAL COLLEGE NHS TRUST
WINNER OF THE PATIENT PARTNERSHIP AWARD



In honour of Rosamund Snow's commitment to advancing patient partnership in healthcare this year we have introduced a special award for outstanding achievement in patient partnership, open to all the teams shortlisted across the fourteen core categories. The award seeks to recognise a team representing meaningful partnership between healthcare professionals and patients at all stages of a project, with a collaborative approach to identifying a problem and developing a solution, measurement of outcomes that matter to patients, and where ongoing involvement and feedback leads to continual improvements and changes in practice.

Judges Paul Buchanan and Tessa Richards thought that these values were best embodied by the PREPARE For Surgery programme at Imperial College NHS Trust. The programme provides patient-centered support for people having oesophago-gastric surgery and has reduced postoperative complications and length of hospital stay. Patient involvement has been integral to its success, with partnership taking place at several stages including 'patients as partners' consultation events in the initial stages to inform design and implementation, the development of an app in conjunction with patients to support self management following surgery, and ongoing feedback from patients helping direct improvements. Ongoing efforts to roll out the model to other forms of surgery and other hospitals mean that this promising approach to patient partnership in surgery may spread elsewhere.

Judges were impressed with the level to which the team listened to and involved patients in pre- and post-operative care and felt that the model had huge potential to become routine for any form of surgery.

OUTSTANDING CONTRIBUTION TO HEALTH

BEN GOLDACRE

This award is given to an individual who has made, and continues to make, an outstanding contribution to improving health and healthcare in the UK

WINNER

BEN GOLDACRE

WINNER OF THE OUTSTANDING CONTRIBUTION TO HEALTH



Ben Goldacre, a doctor with a visible public presence as a newspaper columnist who relished taking on quacks and charlatans, says the experience has proved valuable in his new role as a defender of evidence based medicine.

“I’ve been attacked and threatened, I’ve been sued, I’ve had people try to bully me, I’ve been followed and harassed at work,” he says. “That’s lucky because now I feel comfortable that facing down bad behaviour is part of the job.” Those who fall short in abiding by the well established rules of evidence based medicine should know that the winner of this year’s BMJ Award for Outstanding Contribution to Health is unlikely to allow their transgressions to go unnoticed.

Goldacre’s books *Bad Science*, which sold half a million copies, and *Bad Pharma* show his sure touch. When *Bad Pharma* was criticised by the drug industry—which argued that the practices he criticised were all in the past and had now been fixed—Goldacre’s supporters rallied behind him,

Goldacre’s books *Bad Science*, which sold half a million copies, and *Bad Pharma* show his sure touch.



Those who fall short in abiding by the well established rules of evidence based medicine should know Ben Goldacre is unlikely to allow their transgressions to go unnoticed.

providing the impetus for the formation of the AllTrials campaign, in which *The BMJ* has been strongly involved. Goldacre, 42, is director of the EBM DataLab in Oxford, part of the Centre for Evidence Based Medicine, where he and a small team use software engineering tools to extract from publicly available datasets conclusions that may be as unpalatable to some as his Bad Science columns in the Guardian were to those he eviscerated in print.

He cites as an example the project in which his team checked the reported outcomes of trials published in five leading journals (including *The BMJ*) against the pre-specified outcomes from the trial protocol. “These are all journals that are signed up to the widely respected CONSORT guidelines, which require reporting of all pre-specified outcomes and an explanation for any changes,” he says. “Almost all major journals endorse these principles, and yet we know that undisclosed outcome switching persists.”

The project found 58 examples where the rules were breached, and the team wrote identical letters to the journal editors pointing these out. “Every letter was on a simple matter of fact and a matter of public record—they had not reported the pre-specified outcome. Some journals acknowledged the errors and offered corrections, but others didn’t. The Journal of the American Medical Association and the New England Journal of Medicine rejected them outright.”

People have always known that trials conceal some dirty secrets, but Goldacre’s group is the first prepared to identify them and name the guilty parties. “Our job is naming, praising, or shaming good and bad practice,” he says. “In this case we found widespread misunderstanding among authors and editors of what correct outcome reporting compliant with CONSORT even looks like.”

The story is not over. “It is not proving straightforward to get the paper reporting this project published in an academic journal,” he says wryly.

Not all DataLab’s projects are this tricky. Open Prescribing is a database that uses GP prescribing data from the NHS

and makes it more easily accessible, so that individual clinical commissioning groups’ and GPs’ prescribing patterns can be compared. “You can use it to spot the outliers, those hosing public money down the drain, or those that respond swiftly or slowly to changing evidence,” he says. Another project, Open Trials, aims to provide the “missing index” to all the trial data there is. Often the published paper is just the tip of an iceberg, with additional data, such as clinical trial reports, theoretically available but in practice hard to access.

Goldacre has a distinctly messianic streak to his personality, combined with considerable mental toughness. “If I have a vice, it’s that I am a perfectionist,” he says. “But when you point out errors, people can’t quite believe that the spirit in which you’re approaching things is a desire to get things right. They feel wounded because, after all, we’re all out to do some good. The truth is that we’ve had the tools for evidence based medicine for decades, but we’ve stopped before we implemented them across the board. Shortcomings are regarded as acceptable by scientists and journal editors, but the public, when it’s told of them, is appalled, astonished, and outraged.”

Because of his high profile, Goldacre has always kept his private life private. He is the son of two Australians, Michael Goldacre, a recently retired professor of public health at Oxford, and Susan Traynor, better known to popular music followers as Noosha Fox, lead singer of the 1970s pop band Fox. “Mum peaked at number three or number two in the UK charts,” he says, “number one all over Europe and in Australia.”

Goldacre qualified at Oxford and worked in psychiatry at the Maudsley Hospital in London, before three years at the London School of Hygiene and Tropical Medicine as a research fellow in epidemiology. There he learnt to feel comfortable with the statistical methods so vital in his current job. “It was hugely valuable,” he says. The enfant terrible of bad science may have matured, but his teeth remain sharp. Triallists willing to cut corners have been warned.





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The BMA at work

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BMA council chair Mark Porter

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