

2018 AWARDS THE WINNERS



10
YEARS

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The BMJ Awards 2017
Caring for
the Public Health System

The BMJ Awards 2017
UK Research Paper
The BMJ Randomised
Clinical Trial

The BMJ Awards 2017
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aid users

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Life Care
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FOREWORD

FIONA GODLEE



Here are the winners of The BMJ Awards 2018. This year marks the 10th anniversary of the Awards and it has been a landmark year in more ways than one.

After a rigorous shortlisting process, this year for the first time judging took place on the same day as the awards ceremony. In total, 75 teams comprising 310 delegates presented to our expert judging panels. The teams were invited to listen to all of the presentations in their category, ensuring a more transparent process and giving teams the opportunity to learn from one another.

After an inspiring and energising day of presentations, it was on to the Park Plaza Hotel in Westminster for a glittering awards ceremony to announce the winners and celebrate the tremendous achievements of both the winners and shortlisted finalists.

As ever, we are grateful to the judges, who gave generously of their expertise and time, and to the sponsors, whose generous support allows us to recognise the best of the best in UK healthcare.

When we launched the awards 10 years ago, our aim was to recognise the extraordinary work being done by healthcare teams across the UK.

That remains our aim, and it is perhaps more needed now than ever, for two reasons. First, because it's the 70th anniversary of the NHS. The anniversary reminds us that we are celebrating an extraordinary idea: that healthcare could and should be free at the point of delivery, based on a person's need, not on their ability to pay. The sheer survival of that idea for 70 years is reason enough to celebrate.

But we also want to celebrate the human spirit that allows teams of health professionals across the UK to survive and even flourish in tough times, when pressures are immense, expectations are high, and resources are not keeping up with growing demand.

The BMJ exists to improve healthcare and research, to help doctors make better decisions, to promote partnership with patients, and to build a healthier world. The projects described in the following pages and in *The BMJ* over the past seven weeks showcase dedicated teams who exemplify these qualities. We are proud to play our part in giving them the recognition they deserve. Congratulations to you all.

Fiona Godlee
Editor in Chief, *The BMJ*

ANAESTHESIA & PERIOPERATIVE MEDICINE TEAM OF THE YEAR

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

HIGHLY COMMENDED

Surgical Frailty Programme,
Royal Marsden
NHS Foundation Trust

FINALISTS

Emergency Laparotomy Bundle
Royal United Hospitals Bath NHS
Foundation Trust

Pre-Op Fasting in Children
Great Ormond Street Hospital

PRIME Clinic
Cambridge University Hospitals NHS
Foundation Trust

The Belfast Block Room
Belfast Health and Social Care Trust

Length of stay was
reduced in the
intervention group
by 29 hours

Sponsor

WINNER

MANAGING COMPLEX SURGICAL PAIN
ROYAL BOURNEMOUTH AND CHRISTCHURCH NHS TRUST



What they did: Some patients are more prone to postsurgical pain than others. Anxious before surgery, they are often slower to mobilise afterwards, says Elaine O'Shea, consultant anaesthetist at Royal Bournemouth and Christchurch NHS Trust, where 1200 knee and hip replacements are performed every year.

The team set out to identify the patients most likely to suffer these symptoms and offer them a preoperative psychological intervention to improve their mood and give them realistic expectations. Suitable patients were selected based on their score for the Kalkman preoperative prediction of severe postoperative pain. Those who scored in the top two categories were offered the intervention, consisting of up to three one hour sessions of cognitive behavioural therapy, mindfulness, and relaxation techniques.

"Some say no when it's offered, but about three quarters agree," O'Shea says. Comparing those who had the therapy with others with similar scores who did not, showed that length of stay was reduced in the intervention group by 29 hours (111 v 140 hours). Patients were pleased: "After two sessions my worries eased and after the third I felt no real worries about my surgery," said one.

Initially funded by a £75 000 grant from the Health Foundation, the scheme has now become a routine part of care at the trust, and may be extended to other surgical specialties. One plus for the trust is that, by making length of stay more predictable, the scheme allows better patient flow.

Judges' Comments: Judges felt that this team presented the most original intervention and demonstrated a truly innovative way of thinking about a common and important problem.

CANCER CARE TEAM OF THE YEAR

This award recognises teams that have measurably improved care in cancer through innovation and commitment

WINNER

PAPILLON FOR RECTAL CANCER

PAPILLON SUITE, CLATTERBRIDGE CANCER CENTRE



What they did: Some new treatments spring into use quickly, while others take years, and even decades, to be recognised. Arthur Sun Myint, consultant in clinical oncology at Clatterbridge Cancer Centre in Wirral, Merseyside, first treated a patient with rectal cancer using the Papillon technique in 1993. But it took more than 20 years for the NICE to recommend it.

Surgery is the gold standard of care for rectal cancer, but many elderly patients shrink from it, and with good reason. Mortality is higher than in younger patients, and the fear of having to manage a permanent stoma a worry. The Papillon technique, named for the French doctor who invented it in the 1940s, delivers soft x rays directly to the tumour, destroying it layer by layer. “The energy is very low, and very focused, so there is little collateral damage,” Myint says.

He does not claim the results are as good as surgery in the long term but says that “if it doesn’t work they can still go for surgery later.” Nor is there any reason why it shouldn’t be used on younger people, although surgeons are, he says, reluctant to refer them. It takes a determined patient to break through professional scepticism, but one who did, 31 year old Mark Davies, wrote a book about his successful procedure, entitled *Saving my Arse*.

Papillon treatment is much cheaper than surgery—£5600 v £20 000—and, since NICE approval, it has become routine practice, with four centres in England. Bowel screening, which detects many smaller tumours, could multiply the numbers of suitable patients.

Judges’ Comments: This provides a real alternative treatment option for patients with rectal cancer, with a solid evidence base and good outcome data and information. It gives patients greater choice and empowers them in decision making. The treatment is starting to be rolled out across the UK, to younger patients as well as the original target population.

HIGHLY COMMENDED

ORTC Programme

Oxford University Hospitals NHS Foundation Trust

FINALISTS

Barts Health Cancer Care @Home

Barts Health NHS Trust

Improving Breast Screening

Medway NHS Foundation Trust

Nurse-Led Immunotherapy Clinic

Leeds Cancer Centre

RAPID Programme

Wythenshawe Hospital, Manchester University Foundation Trust

The x ray energy is very low, and very focused, so there is little collateral damage

Sponsor

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Tania Kalsi, Macmillan Consultant Geriatrician, and the GOLD team at Guys and St Thomas' NHS Foundation Trust – Winners of the 2017 Cancer Care BMJ award



CELEBRATING OUTSTANDING ACHIEVEMENT

Macmillan is proud to support the Cancer Care category at the 2018 BMJ awards.

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

Macmillan provides practical, emotional and financial support for people with cancer, as well as e-learning and information resources for healthcare professionals.

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

WE ARE
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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.



Faculty of
**Medical Leadership
and Management**

www.fmlm.ac.uk

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
Medical
Council

www.gmc-uk.org

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, enthusiasm, and openness to doing things differently

HIGHLY COMMENDED

Stroke Thrombectomy Team
University Hospitals of North Midlands

FINALISTS

Endoscopic Anti-Reflux Centre
South Tees Hospitals NHS Foundation Trust

Expansion of Genetic Screening
Royal Brompton & Harefield NHS Foundation Trust

Leadership Journey: TIA Clinic
Abertawe Bro Morgannwg University Health Board

RCSEd #LetsRemoveIt Campaign
The Royal College of Surgeons of Edinburgh

Now the hospital has
operative mortality in
elective patients of 1.2%

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Faculty of
Medical Leadership
and Management

WINNER

MANAGEMENT OF AORTIC ANEURYSM
ST GEORGE'S HOSPITAL IN LONDON



What they did: The risk of an aortic aneurysm rupturing is generally reckoned simply by size. Anything greater than 5.5 cm and an operation to correct it is indicated. But at St George's Hospital in London a retrospective analysis of patients with thoracic aortic dissection found that 52% did not have a critical size aorta. "There must be other issues apart from size," says Marjan Jahangiri, professor of cardiac surgery.

The first change was to make allowance for the patient's size. "It's an anomaly to assign one criterion to men and women," she says. To give a better guide, aortic diameters need to be corrected for height and BMI, producing an aortic index. The second change was to look at blood flow dynamics using MRI and a mathematical model to better measure stresses on the aortic wall. Some patients—about one in 50 adults—have a greater curvature of the ascending aorta combined with anomalies in the aortic valve.

These changes identified an additional 16% of patients who wouldn't have qualified for surgery on size alone. Overall results now put St George's "in the top two centres in the world," says Jahangiri, with operative mortality in elective patients of 1.2% (national average 5-12%), no strokes (against 4.1% nationally), and much shorter length of stay (one day in intensive care against 3.8 days nationally, and overall hospital stays of six days against 11).

Both the aortic index and the flow technique are making their way into clinical practice elsewhere, helped by several awards. Senior registrar and research fellow Pouya Youssefi, who developed the flow modelling, won the Aortic Medal in 2017 to add to earlier awards.

Judges' Comments: This team demonstrated a rounded approach to quality improvement, through research, innovation, training, and teamwork. This has led to dramatic improvements in clinical outcomes for patients undergoing complex, high stakes surgery, and has influenced national and international guidelines and practice. The team demonstrated how patient feedback was a key part of their quality improvement process.

DERMATOLOGY TEAM OF THE YEAR

This award recognises innovative projects that have measurably improved care and outcomes in dermatology

WINNER

EAST CHESHIRE DERMATOLOGY TEAM

VERNOVA HEALTHCARE COMMUNITY INTEREST COMPANY



What they did: Hospitals have struggled for years to recruit dermatologists and some, such as East Cheshire NHS Trust, have given up trying. Reluctantly, it decided it could no longer offer the service, leaving the clinical commissioning group to find a new supplier. Fortunately, a solution was close at hand. Vernova, a community interest company, had been set up in 2007 by 22 local GP practices to provide services in eastern Cheshire.

Vernova was well placed to take over dermatology, says Faisal Ali, a consultant dermatologist employed by the company. It already had a range of premises close to stations and bus routes, and was providing a skin lesion service. “The hospital was 20 minutes’ walk from the train station, and car parking wasn’t easy or cheap.” Vernova won the contract and began to supply the service from January 2016.

The advantage of a social enterprise is that it is light on management and flexible, he says. “It can adapt to make working for it attractive. For example, I’m happy to work in the evenings and patients like that, too. The workload is almost identical to a conventional NHS trust, but it’s more flexible. If a patient has to cancel an appointment, our bookings team can get somebody else to fill it.” And social enterprises return all profits to healthcare, an important consideration for many.

In its first year, Vernova saw 17 664 patients. In December 2017, the median waiting time was 20 days, and patient surveys show satisfaction with what is provided—95.4% said they were likely or extremely likely to recommend it to friends and family. Three new consultants have been appointed.

Judges’ Comments: We were very impressed with the unique concept underlying this innovative service and feel that it has the potential to be rolled out to other services. The enterprise structure allows for an evolving and more responsive approach, with clinicians having greater autonomy to shape future services. In a culture of competitive tendering, their philosophy echoes the altruistic principles underpinning the foundations of the NHS.

HIGHLY COMMENDED

From Collapse to Collaboration
Nottingham University Hospitals NHS Trust

FINALISTS

Skin Lesion Teledermatology
Barnet & Chase Farm Hospitals, Royal Free Foundation Trust

Patient surveys show satisfaction—95.4% said they were likely or extremely likely to recommend it

Sponsor





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achieve healthy skin

LEO Pharma

Shaping medical dermatology together



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**WINNER HEALTH INVESTOR AWARDS DIAGNOSTICS PROVIDER OF THE YEAR
2015, 2016 & 2017**

WINNER LAINGBUSSION AWARDS PUBLIC/PRIVATE PARTNERSHIP 2016

HEALTH INVESTOR FINALIST 2017

DIAGNOSTICS PROVIDER AND PUBLIC/PRIVATE INVESTMENT PARTNERSHIP

Diagnostic Imaging.
Molecular Imaging.
Radio pharmacy.



DIAGNOSTIC TEAM OF THE YEAR

This award identifies teams who are making great strides in the field of diagnosis

FINALISTS

Bath PET/CT Team

Royal United Hospitals Bath NHS Foundation Trust

Biopsies in Head & Neck OPD

Shrewsbury and Telford Hospitals NHS Trust

Lung Cancer Escalation Pathway

City Hospitals Sunderland Foundation Trust

Prostate Cancer Diagnostics

Royal Free London NHS Foundation Trust

Over two years the number of such scans has increased sixfold

Sponsor



WINNER

MRI FOR PACEMAKER PATIENTS

DEPARTMENT OF CARDIAC IMAGING, ST BARTHOLOMEW'S HOSPITAL



What they did: It can be hard for patients with heart pacemakers or defibrillators to get a MRI scan when they need one. “Historically, pacemakers were incompatible with MRI scanners,” says Charlotte Manisty, consultant cardiologist at the Barts Heart Centre and University College Hospitals, London. “Now every device is okay but patients still report difficulties.” Some have to wait years or are simply turned down, with no explanation given.

In the UK, 440 000 people have a pacemaker or defibrillator implanted, and each has a 75% chance of needing a MRI scan in their lifetimes. Scans are vital for many conditions, including cancer and stroke. The annual number of scans performed on patients with implanted devices is only around 1000; 1600 are indicated for one condition alone (brain tumour).

To improve access at Barts, the team devised a standard protocol designed to eliminate delays. Discussions with manufacturers and with the US National Institutes of Health led to MRI sequences being optimised for implant patients. Over two years the number of such scans increased sixfold, and Barts regularly gets referrals from across the country.

But it is important for other trusts to follow the example, Manisty says. “MRI is particularly useful when the spine is compressed by a tumour. It’s not right that a paralysed patient should have to travel for hours to get one.” The group has produced educational materials, set up a website, and encouraged changes in guidelines from the British Heart Rhythm Society. Patient organisations have been keen to collaborate and costs have been minimal.

Judges’ Comments: Excellent focus on patient safety and improved patient pathways. Planned how to promote and good scalability, provided clear guidelines with good quality evidence. Clearly explained how this will have a national impact. Really insightful to have a patient present to give insight on how this affects real people.

EDUCATION TEAM OF THE YEAR

This award celebrates a team that is leading the way in medical education

WINNER

MENTAL HEALTH SIMULATION
MAUDSLEY SIMULATION



What they did: Education in healthcare is too often detached from the reality of practising medicine, focusing on knowledge acquisition rather than learning through experience. In 2013, South London and Maudsley NHS Foundation Trust launched a programme to teach psychiatric trainees communication skills, using actors as patients. It was the world's first mental health simulation centre, says Chris Attoe, evaluation and research lead for the project.

The actors, 40 regular performers, are given a two day training course in mental health and the behaviours they are being asked to simulate. "They're all trained actors used to getting in and out of roles," Attoe says. "They're fully involved with the whole process and watch the debriefing after the sessions."

With a grant from Health Education England, Maudsley Simulation has grown rapidly and become self supporting. "We train all levels of staff, from undergraduates to nurses and GPs, as well as ambulance staff, the police, and probation officers," he says. "We have a team of 14 including six or seven doctors. We can train at the Maudsley or travel to a customer's own premises, setting up the training in an actual emergency room, for example. We have so far trained more than 5000 health professionals on over 500 training days."

Outcomes include increased confidence and knowledge, improvements to patient safety, and better incident reporting. A recent idea has been to put a hidden camera in the actor's hat, so that the team can replay it later and doctors can see the encounter from the patient's point of view.

Judges' Comments: The Maudsley programme is an outstanding example of high fidelity simulation training programmes in mental health. It is interprofessional and based on the important unmet needs of service users and professionals. It bridges different fields including police and paramedics. It is education in a huge area of need and has already made a substantive difference.

HIGHLY COMMENDED

Bath Tea Trolley Training
Royal United Hospitals Bath Foundation Trust

FINALISTS

Connecting Care for Adults
Imperial College Healthcare NHS Trust

Allergy Academy
King's College London

Flow Coaching Academy
Sheffield Teaching Hospitals NHS Foundation Trust

Blended Education in Surgery
James Paget University Hospitals NHS Foundation Trust

"We have trained more than 5000 professionals over 500 training days"

Sponsor

BMJ Best Practice

EMERGENCY CARE TEAM OF THE YEAR

This award recognises a teams who are reorganising emergency services to provide better patient care

HIGHLY COMMENDED

Accelerated Fractured Hip
Medway NHS Foundation Trust

FINALISTS

Improving the standard of care
Lancashire Teaching Hospitals
Physician Response Unit
London's Air Ambulance and Barts Health
NHS Trust
Saving Lives in Sepsis
James Paget University Hospital

Length of stay fell to 16
days, and complication
rate from 28.7% to 16.8%

Sponsor



WINNER

THE HECTOR PROJECT
HEART OF ENGLAND NHS FOUNDATION TRUST



What they did: Trauma care is changing, says David Raven, consultant and clinical lead in the emergency department at Heartlands Hospital in Birmingham. "When I came here I looked at all the data. Despite people's perception of trauma care, it wasn't all car crashes and stabbings. It was old people who had fallen over." More than a third of patients were over 65, and the most common cause of injury was a fall. More than a quarter suffered complications with a median length of stay of 23.5 days.

"You can't apply standard trauma care to this group because of complexity, frailty, and comorbidities," he says. A working group was set up to define a pathway of care, summarised on a single page daily assessment tool. The HECTOR pathway stands for Hydration, Eating and toileting, Comfort and confusion, Thromboembolism, Occult injury, and Recovery.

The hospital began using this checklist in 2014, with good results. Length of stay fell to 16 days, and the complication rate from 28.7% to 16.8%. A smaller proportion of patients were in care homes six months later—17.7% against 27%. Despite rapid management turnover at the trust, which can easily derail such initiatives, HECTOR was sustained by internal champions and by external recognition.

A two day training course has been launched across the UK, and the approach has been adopted by Northumbria, Coventry, and Gloucestershire trusts, with others taking an interest. "These patients have been under the radar," Raven says. "It's taking off at other trusts as people recognise it's a big group who need a lot of interventions."

Judges' Comments: An innovative training programme for a vulnerable and neglected group, developed with patients in mind.

INNOVATION TEAM OF THE YEAR

This award celebrates teams that can demonstrate how their innovative work has improved patient outcomes

WINNER

COMMUNITY HIV SELF TESTING

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST



What they did: Brighton and Hove is home to an estimated 14 000 men who have sex with men, of whom 2500 have tested positive for HIV. That leaves 11 500 potentially needing a test, says Jaime Vera, senior lecturer in HIV medicine and honorary consultant in HIV medicine at Brighton and Sussex Medical School. "In 2016 about 4000 were tested through conventional services and third sector organisations. That leaves 7500 who need tests."

The men are often reluctant to use mainstream services, he says. Self testing might reach those missing men, particularly if they could access kits from a vending machine in a place they frequent. The Brighton Sauna, visited by around 400 men a week, was one such place where staff were aware of high levels of sexual risk taking but low levels of engagement with outreach workers to discuss HIV testing.

After detailed discussions with the owner, users, and staff of the sauna, a bespoke vending machine was designed and installed in June 2017. "We wanted something that didn't look very clinical," Vera says. The machine delivers BioSure self test kits which, for the pilot scheme, were free in return for some basic information.

In the first six months 212 kits were accessed by men ranging in age from 18 to 70, 4% of whom had never tested before and 11% who had tested in the past five years. Uptake was greater than from community outreach workers at the venue. "We don't know if the kits have actually been used, or what the results are," he says, "but we're working on a second generation kit with smart packaging that will tell us when it's been opened."

Judges' Comments: The world's first vending machine for HIV testing—the judges were incredibly impressed with the work done to identify what would actively engage hard to reach patients. The vending machine reduces stigma, has great interaction design, and has the potential to be used much more widely—a whole new approach to testing.

HIGHLY COMMENDED

Transforming A&E Workforce
Brighton and Sussex University Hospitals Trust A&E department

FINALISTS

Teaching Videos and Model Arm
Addenbrooke's Hospital

The POPS team
Dartford and Gravesham Trust and Guy's and St Thomas' Trust

Hospital at Home
Midlothian Health and Social Care Partnership

Bringing CAMHS Closer to Home
New Forest CAMHS, Sussex Partnership NHS Foundation Trust

In six months 212 kits were accessed by men aged from 18 to 70

Sponsor



MENTAL HEALTH TEAM OF THE YEAR

The award is for teams who are making a difference across a wide range of mental health services

HIGHLY COMMENDED

KHP Pathway Homeless Team
South London and the Maudsley NHS Trust

FINALISTS

Clinicians Safety Dashboard
NAVIGO Health and Social Care CIC

High Impact User Team
University Hospitals Bristol NHS Trust

Perinatal Mental Health Care
Medway NHS Foundation Trust in collaboration with Kent and Medway NHS and Social Care Partnership Trust

The STOMP Challenge
Cornwall Partnership NHS Foundation Trust

We get fabulous outcomes, with 75% of patients getting back to work

Sponsor



WINNER

NHS PRACTITIONER HEALTH PROGRAMME
PRACTITIONER HEALTH SERVICE



What they did: Studies show higher rates of depression, anxiety, and substance misuse in health professionals than in the general population, and suicide is also higher. Patients depend on the wisdom and counsel of those who share their fears and often their symptoms, yet these doctors are reluctant to seek help themselves. The shame and stigma of acknowledging what seems a weakness traps many in a spiral of despair.

That the problem is now widely recognised is the result of a series of initiatives by the Practitioner Health Programme. It began, says medical director, Clare Gerada, who is also a London GP, with a mental health and addiction service launched for London doctors in 2008. In 2016 a health and wellbeing service for all trainees in London and the south east was launched, and in 2017 the mental health and addiction service was extended to all GPs and trainees in England.

The GP service has access to 200 clinicians across the country and a network of therapists. Some areas remain harder to staff than others—Devon, Cornwall, and East Anglia, for example. “We get fabulous outcomes, with 75% of our patients getting back to work. Over the years we’ve got more than 1000 back to work. And the number appearing before the GMC has fallen. It’s good value for money.”

Although doctors often present late, when they access treatment the outcomes are excellent, says Gerada. “They really listen. They’re unbelievably scared, and rather shamed, by where they find themselves.”

Judges’ Comments: The judges felt the programme is a mature team with strong leadership providing an essential service. They were strongly data driven and were hugely innovative; and were a world leader in this area sharing their approach internationally. The team serves a hugely disinfranchised and deprived group and the judges were impressed by the significant impact. They highlighted the phenomenal partnership across different sectors; and what the team have achieved in a relatively short time period and on remarkably little resource.

PALLIATIVE AND HOSPICE TEAM OF THE YEAR

This award recognises teams who have measurably improved care in palliative care through innovation and commitment

WINNER

THE PURPLE BUTTERFLY PROJECT
NORTH BRISTOL NHS TRUST



What they did: Providing consistent, high quality care at the end of life in a huge hospital is demanding, says Clare Kendall, consultant in palliative care medicine at North Bristol NHS Trust, which provides end-of-life care to 1700 patients a year. “The specialist palliative care team is involved with 40% of these deaths, but we can’t expect to see every patient who’s dying,” she says.

The trust had used a version of the Liverpool Care Pathway but was not totally happy with it. After the pathway was withdrawn the trust moved to more individual planning of care but that, too, had failings. A successful bid to the Point of Care Foundation gained the funds for a new, more wide ranging effort.

Starting in one ward, a team redesigned the paperwork, introduced systems for measuring quality of care, and used door stickers depicting a purple butterfly to indicate patients receiving end-of-life care. “Three quarters of our patients are in single rooms, which helped,” she says. “We needed something culturally sensitive and thought of flowers, but particular flowers mean different things to different cultures. Butterflies seemed a good choice.”

Fears that such signposting would offend patients or relatives were misplaced, she says. “It was very well received. Of course, we don’t put the stickers up until patients and families understand what it’s about—that patients at the end of life will be spared pointless interruptions, for example, and given the best possible care.”

Results show much better staff confidence and better adherence to medication. Buoyed by letters of thanks from bereaved relatives, the project went trust-wide early in April.

Judges’ Comments: The Judges were impressed by the range and diversity of improvements incorporated in the purple Butterfly project to improve the quality and consistency of care of patients and their families at the end of life. The buy in from the clinical, pharmacy, phlebotomy, catering, and porter teams in a large acute hospital and the engagement at board and ward level stood out to the judges.

FINALISTS

Applying QI Methods in Hospice
St Luke’s Hospice, Harrow

Integrated Clinic Service
Cornwall Hospice Care and Royal Cornwall Hospitals Trust

Supportive Care in Cirrhosis
Queen Elizabeth University Hospital Palliative Care Team

THINK DELIRIUM Project
Willowbrook Hospice

Fears that such
signposting would offend
patients were misplaced

Sponsor



PATIENT PARTNERSHIP TEAM OF THE YEAR

This award identifies teams that are using the principles of co-production to provide the care that patients want and need

HIGHLY COMMENDED

Patient Centred IBD Care Model,
St Mark's Hospital, London North West
Healthcare NHS Trust

FINALISTS

Bereavement Specification
North West Coast SCN

Sit Up get Dressed Keep Moving
University Hospital of North Midlands

Wellbeing College in Practice
Kilburn Park Medical Centre/CNWL
Recovery&Wellbeing College

What was needed was a
service between primary
care and CAMHS

Sponsor



WINNER

TEEN HEALTH CLINIC
EAGLESCLIFFE MEDICAL PRACTICE



What they did: Fiona Smith, a GP working at the Eaglescliffe practice in Teesside, is alarmed by the number of children and young adults with mental health problems. "I've been a GP for 20 years and I'm seeing a big difference in the number of teenagers with anxiety or who self harm," she says. "Many come back after being referred to child and adolescent mental health services (CAMHS) and being discharged after the first appointment. They have problems that aren't considered serious enough for secondary mental health care. In one case a child has been referred back six times over a two year period, never receiving any help from CAMHS."

What is needed, she believes, is an interim service that falls between what primary care can generally offer and what CAMHS provides. A one stop shop that could provide counselling and psychological services would help fill the gap. To build the case, she launched a panel of young people from the practice to discuss their needs, and as a result made changes in the practice.

"We've added a youth page to our website, changed the booking system so young people can book appointments online, and trained reception staff to be aware of what to look for," she says. Questionnaires sent to schools show respondents would like sexual health and contraceptive services, alongside art, sport, drama, and music therapies. Reactions to CAMHS were largely negative.

Smith approached the local clinical commissioning group with a bid to set up a special teen health clinic. "They have asked for evidence of the need, which we are collecting," she says.

Judges' Comments: The judges were impressed with this grass roots project which engaged "new" patients. They used an organic and iterative approach which quickly built trust, and brought immediate benefits to the patients involved. The project stretched from health into education. They explored the problem together, then the young people drove the design of a service for them, created by them.

PATIENT SAFETY TEAM OF THE YEAR

This award is for teams who are continuously learning and improving communication to improve patient safety

WINNER

SAFETY, SEPSIS, AND THE SYSTEM

WEST OF ENGLAND ACADEMIC HEALTH SCIENCE NETWORK



What they did: Sepsis kills about 44 000 people a year in the UK, many of whom might have lived given earlier detection and treatment. In southwest England, a systematic attempt to improve the recognition of sepsis by universally using the Royal College of Physicians' national early warning score (NEWS) has achieved excellent outcomes.

"Since it was launched in 2012, NEWS has been taken up by some acute trusts, but not consistently," says Anne Pullyblank, clinical director for the patient safety collaborative at the West of England Academic Health Science Network. "In our area, only two trusts used it fully, out of six. It was unknown to GPs and not used by the ambulance service."

NEWS is a scoring system based on six measures: respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate, and level of consciousness. "In hospitals, it's used as a measure of deterioration. We wanted to use it across the whole system. If a GP knew a patient's score right at the start of the pathway, we could ensure that the patient with a sepsis risk will be seen at the right time by the right clinician."

There were objections. "GPs weren't sure the evidence was there," she says. "They were the slowest adopters. But most sectors across the region have adopted it and we now have the lowest rates for deaths in patients with suspicion of sepsis in the country. We estimate we have saved 3000 lives so far." The next step is introducing NEWS2, an improved version.

Judges' Comments: The judges were impressed by this passionate, committed and cohesive team. Their approach to system-wide engagement, involving GPs, nurses in the community, and pre-hospital services is outstanding. They achieved a measurable impact of reduction in mortality. They have a commitment to spreading learning across other regions, and have a clear vision of how they will take the work forward.

HIGHLY COMMENDED

Liverpool HIV and Hepatitis Drug Interactions
University of Liverpool

FINALISTS

Diabetes-Safe Accredited Trust
Sandwell & West Birmingham NHS Trust

Learning from Hospital Deaths
Yorkshire and Humber AHSN Improvement Academy

Neck of Femur Fractures
Horton Hospital (Part of OUHFT)

Paediatric Resuscitation QI
University Hospitals Bristol NHS Foundation Trust

"We estimate that we have saved 3000 lives since 2012"

Sponsor



UK RESEARCH PAPER OF THE YEAR

This award recognises original UK research published in the past year with the greatest potential to significantly improve health and healthcare

FINALISTS

UK IMPORT LOW Trial

Dr Charlotte E Coles, Department of Oncology, University of Cambridge

Abiraterone for Prostate Cancer Not Previously Treated with Hormone Therapy

Dr Nick James, Institute of Cancer and Genomic Sciences, University of Birmingham

CLARITY

Professor Sobha Sivaprasad, National Institute for Health Research, Moorfields Biomedical Research Centre

REPOSE

Professor Simon Heller, Department of Oncology and Metabolism, University of Sheffield, Sheffield

41% had a spontaneous vaginal birth lying down against 35% upright

WINNER

UPRIGHT V LYING DOWN IN SECOND STAGE OF LABOUR

BIRMINGHAM CLINICAL TRIALS UNIT, INSTITUTE OF APPLIED HEALTH

LEAD AUTHOR—PROFESSOR PETER BROCKLEHURST



What they did: Epidurals are effective for pain relief in childbirth, but are linked to a longer second stage of labour and higher use of forceps or ventouse to aid vaginal delivery. Unlike older epidurals, the low dose type used today gives women more mobility, raising the question of which position is best—upright or lying down—for a successful spontaneous delivery.

“The dogma is that upright is a good idea, keeping the pelvis as vertical as possible,” says Peter Brocklehurst, professor of Women’s Health at Birmingham University and director of the Birmingham Clinical Trials Unit. “A Cochrane review in 2017 suggested there was no difference, but NICE recommended women choose the most upright position and this was also the view of midwives.”

The BUMPES trial, which Brocklehurst led, randomised more than 3000 women who were having their first baby using a low dose epidural to either upright or lying down position when they entered the second stage of labour. Results showed a clear advantage in lying down, with 41.1% having a spontaneous vaginal birth in that position against 35.2% upright. No disadvantages were seen in short or longer term outcomes for mothers or babies.

“Anecdotally, I think it’s been adopted pretty quickly. When people are shown evidence as convincing as this, they want to do best for mother and baby,” Brocklehurst says. While it had not been easy to find midwives willing to take part in the trial, they had been open minded since its results were published.”

Judges’ Comments: The BUMPES trial was complex, with multiple centers and diverse cultures. It was beautifully written, well reported, concise and sensitive to the preferences and challenges of women in second stage labour. This was a difficult and highly debated research question where sensitive and clearly presented results offer expectant mothers and their medical providers accurate and ample data from which to make an informed choice.

Sponsor

NICE National Institute for Health and Care Excellence

PRIMARY CARE TEAM OF THE YEAR

This award recognises innovative primary care projects that have measurably improved care for patients

WINNER

THE SYMPHONY PROGRAMME

SOUTH SOMERSET GP FEDERATION AND PARTNERS



What they did: In the search for the cure for the NHS, South Somerset has opted for a cadre of “health coaches” and an elision of the traditional divisions of care. “It’s a different approach from traditional general practice,” says Jeremy Martin, general manager of the Symphony Vanguard programme. “We call it enhanced primary care.”

The problems faced were familiar: heavy and growing demand for services at Yeovil District Hospital and a looming crisis in primary care, with many GPs retiring or leaving. Overnight admissions were rising at 6.6% a year and it had been calculated that a new ward would be needed every three years to keep up.

With money from the vanguard programme, 17 practices in the South Somerset GP Federation hired 53 health coaches to work with patients, especially frequent surgery attenders, to increase their knowledge, skills, and confidence in dealing with their own health. “They also do coordination for all practices, signpost patients to community services and provide support and equipment at home” Martin says. So far 11 000 patients have been identified and supported.

This and other changes have led to a 7.5% fall in overnight emergency admissions in the first full year. Emergency bed days and length of stay are also down, and patients’ confidence, measured by the Patient Activation Measure, is up. Several GPs have been able to introduce 15 minute appointments and the hospital has closed a ward while improving performance against the emergency department and 18 week targets. The cost in 2017-18 was £2.7m, and the estimated savings £3.9m. The CCG will continue funding when the Vanguard programme ends.

Judges’ Comments: A very ambitious programme to transform primary care. The programme has had an impressive impact on patients’ skills, knowledge and confidence in self management. What really impressed the judges was the focus on relationships, commitment to patient partnership and strong measurable outcomes.

HIGHLY COMMENDED

Personalised care plan SMS
West Green Surgery

FINALISTS

eConsult
GPs Enter the Digital Age
Primary Care User Support Team
The Chorley Surgery
Sepsis in Out of Hours Care
Urgent Care 24

The cost in 2017-18 was £2.7m, and the estimated savings £3.9m

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OUTSTANDING CONTRIBUTION TO HEALTH

WENDY SAVAGE

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

PROFESSOR WENDY SAVAGE

WINNER OF THE OUTSTANDING CONTRIBUTION TO HEALTH



Wendy Savage always has a new campaign up her sleeve. “If I get a call at 8.30 am on a Saturday, it’ll be Wendy saying, ‘I’ve got this fantastic idea,’” says Melanie Davies, consultant obstetrician and gynaecologist at University College London Hospitals. “She’s an inveterate campaigner—it’s her *raison d’être*.”

It’s this campaigning spirit, particularly on the NHS and women’s rights, that make Wendy Savage a worthy winner of this year’s The BMJ Award for Outstanding Contribution to Health.

Jacky Davis, the consultant radiologist who, with Savage, started the campaign Keep our NHS Public in 2005, knows her well but admits she has no idea of half of what she does. Her quality, she says, is absolute fearlessness. “She’s been involved in lots of organisations, including the GMC and the BMA, and she’s achieved what she has by challenging the medical establishment. She will speak truth to power.”

Her unflinching nature was forged in 1985 when she was the

“She’s achieved what she has by challenging the medical establishment. She will speak truth to power”

“She is a very generous woman, generous with her time and generous with resources”

victim of an attempt to unseat her from her position as senior lecturer in obstetrics at the (then) London Hospital. What started as a difference over style and attitude quickly turned into allegations of incompetence, and two trials began: one of innuendo and whispers, the other a full judicial inquiry set up under a procedure to investigate serious professional malpractice.

Famously, she won. The charges against her were dismissed. “I’ve always been pretty determined,” says Savage today. “It was stupid to take on somebody like me.” But the publicity, which was enormous, brought her wider recognition, even if it left a residual feeling that she was a difficult woman. “You had to be quite brave to say you were a friend of Wendy Savage,” says Davies. “A lot of really effective people are quite difficult—they’ve got that inner strength, they don’t really care what anyone else thinks or says.”

Savage’s return to work might have daunted lesser spirits. “I was hated by the NHS part timers,” she says, referring to those at the London with private practices. “They wouldn’t speak to me. One of them saw me in the car park one day and, rather than travelling in the same lift, walked all the way round the hospital to the other entrance. Another berated me for talking to his wife at a Christmas party. Yet I never really understood why we disagreed. It left me amazed.”

She stuck it out, working mostly at Mile End Hospital where obstetric services were based. Huge support from local women and GPs during the dispute would have made it impossible to leave them in the lurch, she says. When she retired, Davies remembers, her valedictory meeting wasn’t held at the London, but at a neutral venue. “I was asked to speak about her impact on medicine and I gave a talk about heroism, because to me she is a heroic figure. She stood alone in the face of criticism where other people would have crumbled.”

Savage was born in 1935 in south London and brought up mostly in Woldingham in Surrey. She went to Croydon High School for Girls and then to Girton College Cambridge, the first of her family to go to university, where she was captain of hockey and also swam for the university. She started medical training at London Hospital Medical College in 1957.

Qualified, she then spent most of the next 15 years working abroad. Her husband, an educational researcher working for a US

organisation, was based in Africa developing a syllabus for primary science teaching. She worked initially in Boston, then in Nigeria and Kenya, while having four children.

In the early 1970s she got a job in the US, working for a service for poor women in east Boston. “I didn’t mean to come back to England,” she says, “but I didn’t realise that the man who was organising the Boston job was having a nervous breakdown. It fell through.” So instead she went to New Zealand with the children—“We were used to travelling” she says airily—staying for three years.

Back in England she was appointed to a senior lecturer post at the London by Peter Huntingford, still remembered as a charismatic obstetrician. “It’s unusual to get a job at a London teaching hospital when you haven’t had a conventional route up,” says Davies. “Wendy had four children but she never went part time, it didn’t exist in her day. Peter was quite exceptional, but when he retired a new professor came in and that’s when trouble started.”

Savage has been involved with countless organisations, both before and after the trouble. Her house in Islington was at the centre of a web of interests mostly centred around women gaining power over their own bodies in birth control, abortion, and obstetrics. Davis says: “It’s very difficult to get something like Keep The NHS Public off the ground, but Wendy was always there, she did a lot of public speaking, she ran the campaign out of her house, her secretary was immediately devoted to the campaign. She is a very generous woman, generous with her time and generous with resources.”

Looking back, Savage believes that obstetrics and gynaecology is much better than it was, with far more women appointed, but questions the GMC reforms which have reduced representation and made it more corporate. She despairs of the position of junior doctors “who are just supposed to get on with it with no support.” She is delighted that, at the fourth attempt, the BMA voted at last year’s annual representative meeting that abortion should be taken out of the criminal law.

At 83, is she thinking of slowing down? Not really. After 16 years on the BMA Council, she’s thinking of standing again. And she probably will.



Congratulations to all the finalists and winners
of The BMJ Awards 2018

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