



2019 AWARDS **THE WINNERS**

the**bmj**awards

in association with

MDDUS

UK INDEMNITY, ADVICE & SUPPORT



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In association with



FOREWORD

DR FIONA GODLEE



When we launched *The BMJ* Awards 11 years ago, our aim was to recognise the extraordinary work being done by healthcare teams across the UK. In 2019 we continue to celebrate the human spirit that allows health professionals to survive and even flourish in tough times, when the pressures are immense and increasing, expectations are high, and resources don't keep up with growing demand.

This year the quality of entrants has been higher than ever. Eighty teams were shortlisted in 14 categories. At the judging day held at BMA House in London, they presented to our expert panels including patients. Teams were invited to listen to all of the presentations in their category, in the spirit of openness and so they could meet and learn from one another.

After an inspiring day of presentations, we reconvened at the Park Plaza Hotel in Westminster for a glittering awards ceremony to celebrate the finalists' achievements and announce the winners.

The projects described in the following pages, and in *The BMJ* over the past seven weeks, showcase dedicated teams who exemplify values that we at *The BMJ* hold dear: integrity, independence, and partnership with patients. We are proud to play our part in giving them the recognition they deserve.

Congratulations to you all.

Dr Fiona Godlee

Editor in chief, *The BMJ*

JUDGES

With special thanks to our patient representatives

thebmj**awards**

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Dermatological Surgeon
East Cheshire Dermatology
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Patient Experience Advisor

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GP returner on the I&R scheme
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Facilitator
Faculty of Health and Wellbeing,
University of Central Lancashire

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Nottingham University Hospitals

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Perioperative Physician, Consultant
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PARTHA KAR

Consultant (Diabetes)
Portsmouth Hospitals NHS Trust

ALAN KARTHIKESALINGAM

Health research lead
Google UK/DeepMind

BRUCE KEOGH

Chair of Birmingham Women's and
Children's

EMMA MCALLISTER

Mental Health Research and Lived
Experience

FARHANA MANN

Welcome Clinical Research Fellow
University College London

CHRISTINE MORGAN

Independent Chair/Champion with
GMHSCP

NIKKI MORRIS

CEO
Age UK, Camden

KIRAN PATEL

Medical Director
NHS England (West Midlands)

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Consultant Cardiologist
Worcestershire Royal Hospital

HELEN SALISBURY

GP (Observatory Medical Practice,
Oxford) and BMJ Columnist
Nuffield Department of Primary Care
Health Sciences

DAVID STOTT

David Cargill Professor of Geriatric
Medicine
University of Glasgow

HENRY TAM

Consultant in Clinical Radiology and
Nuclear Medicine
Honorary Senior Clinical Lecturer,
Imperial College London

ARABELLA TRESILIAN

Independent Health & Social Care
Mediator

PETER VOGT

Patient Experience Advisor

ERIN WALKER

lead for Patient Insight and
Involvement
UCLPartners

WILL WARBURTON

Director of Improvement
The Health Foundation

ZENAS YIU

NIHR Clinical Lecturer in
Dermatology
University of Manchester and
Salford Royal NHS Foundation Trust

ANAESTHESIA AND PERIOPERATIVE MEDICINE TEAM OF THE YEAR

This award honours teams which are finding innovative ways to drive perioperative safety and efficiency

WINNER

PERIOPERATIVE TRAUMA CARE

SANDWELL AND WEST BIRMINGHAM NHS TRUST



What they did: As the elderly population increases, so too do the number of patients presenting with hip fractures and who typically have multiple comorbidities. Disappointing results in the National Hip Fracture audit led the team at Sandwell and West Birmingham NHS Trust to start a seven day, consultant led “perioperative trauma care bundle” to improve outcomes in these patients.

Ahmed Gilani, specialty trainee in anaesthetics, says elderly patients with a neck of femur fracture are first seen by a dedicated perioperative anaesthetist who oversees the needs of each patient. Anaesthetic practice has been standardised to emphasise spinal anaesthesia with FIBs and avoid agents that cause delirium. All five trauma care practitioners have been trained to perform FIBs and a “Stop before you block” system was instituted to reduce the number of wrong sided nerve blocks.

As a result of the bundle of initiatives, the uptake of patients having FIBs increased from 28% in 2014 to 96% in 2018. The percentage of patients with no pain or mild pain between recovery and 24 hours postoperatively went up from 78% to 94%.

“We have managed to reduce postoperative delirium rates from 67% to 34% and reduced the length of stay in hospital from 19 to 15 days,” says Gilani. “We also involve the family or carers early on to discuss risk, treatment, and resuscitative status.”

Judges’ comments: This team impressed us with their articulate and detailed presentation of a project that has already improved outcomes for a very vulnerable group of patients with hip fracture. We particularly liked their attention to shared decision making, their reflective approach to ongoing improvement, and their success in using evidence to challenge a prevailing culture.

HIGHLY COMMENDED

Reducing cancellations
Sherwood Forest Hospitals

RUNNERS UP

Perioperative pharmacy
Wirral University Teaching
NHS Hospitals Trust

Arterial line safety
Queen Elizabeth Hospital,
King’s Lynn

Fascia iliaca block project
Queen Alexandra Hospital,
Portsmouth

Post amputation pain management
Freeman Hospital, Newcastle

The percentage of patients with no pain or mild pain after 24 hours went up from 78% to 94%

Sponsor

RCOA
Royal College of Anaesthetists



GOING ABOVE AND BEYOND

**Macmillan is proud to support the Cancer
Care category at the 2019 BMJ Awards.**

All the nominees have delivered exceptional work,
improving the lives of people living with cancer.

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 at macmillan.org.uk/healthcare

CANCER CARE TEAM OF THE YEAR

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

WINNER

LUNG HEALTH CHECK PROGRAMME
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST



What they did: Manchester has the highest incidence of lung cancer in England and more than two thirds are diagnosed at a late, incurable stage, says Richard Booton, clinical director of the Manchester Lung Health Check Programme at Manchester University NHS Foundation Trust.

In 2016 Wythenshawe Hospital designed a pilot screening scheme in conjunction with the Macmillan Cancer Improvement Partnership. This was based in deprived communities of the city, targeting those who are often described as “hard to reach.” Ever smokers aged 55 to 74 were invited to have a lung health check at mobile units in supermarket car parks. The check included an assessment of symptoms, spirometry, cardiovascular risk assessment, and stop smoking advice. Those patients most at risk were then offered low dose computed tomography (CT) scanning.

During the pilot scheme 2541 patients had a lung health check, of which 1384 had a CT scan. The results were impressive. “We picked up one lung

cancer for every day we screened,” says Booton. The overall detection rate was 4.4%, of which 80% were early stage I and II. In addition, 18.5% were found to have undiagnosed COPD and 33% were identified as at high risk of cardiovascular disease but not on primary prevention.

The pilot scheme was so successful it will be rolled out across the north Manchester area from April 2019 and has been referenced in the NHS long term plan.

Judges’ comments: The judges were impressed with this lung screening programme which has managed to reach the most deprived areas in Manchester where the clinical need is greatest. The team has carefully considered the implications of the extra workload created by this intervention and how to ensure this remains sustainable. The judges were also impressed with how the project has evolved to consider health conditions beyond cancer, introducing cardiovascular risk assessments, smoking cessation, and social support.

HIGHLY COMMENDED

Improving the lung cancer pathway
Basildon and Thurrock University

RUNNERS UP

Transforming care for patients with neuroendocrine tumours
University Hospital of Wales, Cardiff

Caring for young adults with cancer
Guy’s and St Thomas’
NHS Foundation Trust

Detecting lung cancer early
Leeds Teaching Hospitals NHS Trust

Holistic monitoring by telephone
South Tees NHS Trust

The overall lung cancer detection rate was 4.4%, of which 80% were early stage I and II

Sponsor

**MACMILLAN
CANCER SUPPORT**



The
**Dunhill
Medical
Trust**

We fund some of the very best of the UK's academic and clinical research into understanding the mechanisms of ageing and treating age-related diseases and frailty, so we're delighted to support the Care of the Older Person category at the 2019 BMJ Awards. **Congratulations to the winners and all of the nominees.**

For more information, visit:
dunhillmedical.org.uk



@dunhillmedical

CARE OF THE OLDER PERSON TEAM OF THE YEAR

thebmj**awards**

This award celebrates teams that practise a holistic approach focused on the needs of patients to improve the quality of care

RUNNERS UP

Acute Frailty Pathway
Royal Surrey County Hospital NHS
Foundation Trust

Better Care for Older Adults
East London NHS Foundation Trust

Bristol Dementia Wellbeing
Devon Partnership NHS Trust

Proactive Frailty Management
Surrey Heath Integrated Care

UTI in Elderly Good Practice
Leicester City, East and West
Leicestershire CCG, LHS

Patients are encouraged
to wander around the
unit so they are kept
functionally active

Sponsor



WINNER

CHANGING THE CULTURE OF CARE
UNIVERSITY HOSPITAL SOUTHAMPTON



What they did: A 30% rise in unscheduled admissions in patients over the age of 80 and a realisation that those with frailty were managed poorly prompted a massive rethink at the University Hospital Southampton. “We wanted to change how everyone—from commissioners to managers and clinicians—thinks about how we manage older people,” says Daniel Baylis, consultant physician and care group clinical lead.

The project has looked at improving the experience of the patient. “Now, as soon as an elderly patient is dropped off by an ambulance at the emergency department they are taken to a new, purpose built area of the hospital which is a nice and calm space. A few years ago they would have sat for four to five hours on a trolley,” says Baylis. Patients are seen immediately by a geriatrician, with

a third able to be discharged home. The time from admission to senior decision making has reduced from eight to two hours.

A charity fundraising scheme has created a hub activity centre on the wards. This offers exercise classes, cinema nights, meals, and activities. Patients and their relatives are encouraged to wander around the unit so they maintain their muscle mass and are kept functionally active. The project has also resulted in the average length of hospital stay reducing from 14 days to eight.

Judges’ comments: Impressed by the team’s ambition and enthusiasm to develop a long term cultural change in a sustained way, and taking on extra responsibility for transforming the care of older patients in the region.



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, using ideas and enthusiasm to do things differently

WINNER

FETAL SURGERY FOR SPINA BIFIDA

UNIVERSITY COLLEGE LONDON AND GREAT ORMOND STREET HOSPITALS



What they did: Spina bifida is usually diagnosed in mid-pregnancy. Until recently the only option was surgical spinal repair after birth. However, a landmark clinical trial in 2011 demonstrated that repairing the baby's spine defects before birth improved childhood outcomes, including walking and bladder and bowel function. Since then, fetal surgery became available in the US and in some European centres.

In 2013 University College London Hospital and Great Ormond Street Children's Hospital set up the first fetal surgery service for spina bifida in the UK. Jan Deprest, a leading fetal surgeon from KU Leuven in Belgium, was recruited to train staff and in 2018 the first surgery took place in the UK. So far, five operations have been carried out in the UK and a further eight in Belgium as part of the London team training.

"It's been a long journey," says Anna David, professor of obstetrics and fetal medicine. "The

surgery is complex because there are two patients—mother and baby." The four to five hour procedure involves a large multidisciplinary team made up of fetal medicine doctors, midwives, obstetricians, neonatologists, radiologists, anaesthetists, paediatric neurosurgeons, and neurosurgical scrub nurses. Dummy runs, scripts, and maps of the theatre layout have all helped to ensure the procedure goes like clockwork.

"The operations have gone well and our outcome figures match those of other big centres around the world," says David, who estimates up to 20 patients a year will use the service.

Judges' comments: Working with patients and charities, this group demonstrated extraordinary, multinational teamwork across several disciplines. They put groundbreaking treatment, delivered in utero, into practice to improve outcomes for children with spina bifida.

HIGHLY COMMENDED

Bespoke FGM service
Whipps Cross University Hospital

RUNNERS UP

A multidisciplinary team
for trigeminal neuralgia
Eastman Dental Hospital,
University College Hospitals
NHS Trust

Scaling up HIP QIP
Northumbria Healthcare
NHS Foundation Trust

The Beech way
Devon Partnership NHS Trust

Patient partnership in clinical audit
Hertfordshire Partnership
University NHS Foundation Trust

The surgery is complex
as there are two patients,
mother and baby

Sponsors



General
Medical
Council



LEO Pharma: Driving dermatology beyond the skin

We pioneer dermatology by looking beyond today to constantly improve and extend what's possible for people living with skin conditions. We keep patients at the heart of everything we do and continue the path we've chartered for more than 110 years, building, sharing and reinvesting in knowledge. Because we care and because we can.

Wholly owned by the LEO Foundation we have the privilege and ability to put

patients first, not shareholders. Profits are reinvested giving us the freedom to be curious and pioneer what's possible in medical dermatology. We aim to continually provide better solutions and are working towards helping 125 million people by 2025.

LEO Pharma helps people achieve healthy skin in over 100 countries. Our established portfolio provides solutions for various dermatological conditions including psoriasis, eczema & skin infections

as well as thrombotic (blood clotting) conditions. Dermatology is changing and our passionate, talented team are at the forefront, actively driving and shaping medical dermatology through investing in partnerships and developing our innovative portfolio to meet the unmet needs of people living with skin conditions. Headquartered in Denmark LEO Pharma employs around 5,000 people worldwide with our UK/Ireland operations based in Berkshire

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LEO Pharma

Horizon, Honey Lane,
Hurley, Berkshire, SL6 6RJ



• Dermatology
beyond the skin

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

NATIONAL XP SERVICE

GUY'S & ST THOMAS' NHS FOUNDATION TRUST, ST JOHN'S INSTITUTE NATIONAL



What they did: Patients with the rare inherited disorder xeroderma pigmentosum can't repair the normal damage that occurs from exposure to ultraviolet light. As a consequence, they develop skin cancers from early childhood, severe eye disease, and neurological degeneration. Their mean lifespan is only 32 years, with most patients dying from skin cancer.

There are only 100 people with the condition in the UK. Because patients tended to be seen by consultants who had never seen the condition before, they were given poor care with unnecessary, inappropriate investigations and surgery, says Robert Sarkany, consultant dermatologist at Guy's and St Thomas' NHS Foundation Trust.

Sarkany set up a national xeroderma pigmentosum service in 2010 with input from the patient support group. Patients come annually to a multidisciplinary clinic where they can see a dermatologist, dermatological surgeon, ophthalmologist, neurologist, neuropsychologist, geneticist, and

specialist nurse. "The nurses supervise the outreach programme and liaise with the patient's GP. They act as a glue to bind the service together," says Sarkany.

The specialist nurse also visits the patient at home and gives advice—for example, on fitting ultraviolet protective window films as a preventative measure. These window films are now fitted in 94% of patients' homes (up from 82%), in 88% of cars (up from 45%), and 94% of schools (up from 78%). The service has also reduced the number of appointments and the amount of unnecessary surgery—saving the NHS £80 000 a year.

Judges' comments: An international example of a team project which shows clear impact on patient care. This is a group of patients with a rare condition. It was unmet by the previous NHS system. This project has a patient support group which is integral to the work that they do. In dermatology, there are other rare diseases that can benefit from learning from this example.

HIGHLY COMMENDED

Successful digital innovation
Luton and Dunstable
University Hospital

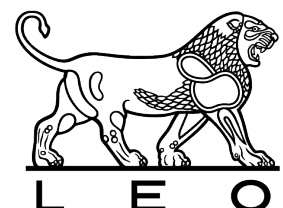
RUNNERS UP

Changing dermatology referrals
Leeds Teaching Hospitals NHS trust

A new dermatology service
Virgin Care Dermatology,
Lincolnshire

"The nurses supervise the outreach programme and liaise with the patient's GP. They act as a glue to bind the service together"

Sponsor



DIABETES TEAM OF THE YEAR

This award identifies teams stepping up the challenge for better diabetes care and better engagement with patients and carers

HIGHLY COMMENDED

Sheffield diabetes QI initiative
Sheffield Children's
NHS Foundation Trust

RUNNERS UP

C peptide testing in diabetes
Western General Hospital in
Edinburgh

Diabetes foot big room
Imperial College Healthcare Trust

Quality improvement initiative
Leeds Children and Young People's
Diabetes Service

Hospital admissions have
dropped from 34.7% of
patients to 16.9%

Sponsors

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

WINNER

YOUNG PEOPLE'S SERVICE

DIABETES POOLE HOSPITAL NHS FOUNDATION TRUST



What they did: The transition from a paediatric diabetes service to an adult service is often difficult. There is evidence that young people at this time are at particular risk of complications and their diabetes going out of control, says Mike Masding, consultant physician at Poole Hospital NHS Foundation Trust.

Funding from the best practice tariff was used to create a dedicated service for 15 to 23 year old patients with type 1 diabetes in the Poole area. The service employs a full time diabetes transition nurse specialist and part time dietitian and clinical psychologist.

The annual audit has shown continuing improvement in outcomes. The overall mean HbA_{1c} fell from 80 mmol/mol in 2014-15 to 73 mmol/mol in 2017-18, with the fall most pronounced in those aged 20 to 23 years. Non-attendance at clinic appointments has dropped by 4.3% in the

past three years. Hospital admissions have also dropped from 34.7% of patients to 16.9%—largely because of a reduction in admissions for diabetic ketoacidosis.

The service uses Instagram to disseminate educational diabetes information, produces an electronic newsletter, and uses texts rather than letters for communication. The diabetes nurse specialist made home visits to find out why young people were missing clinic appointments. "We found that often appointments were at an inconvenient time so we now hold an evening clinic once a month," says Masding.

Judges' comments: We were very impressed by this team's work with a vulnerable population. They put patients at the heart of their redesigned service and achieved a significant improvement in several important outcomes.

DIGITAL INNOVATION TEAM OF THE YEAR

This award celebrates a team that has used digital technology to deliver improvements in clinical care

WINNER

TEXT-MINING PATIENT FEEDBACK

IMPERIAL COLLEGE HEALTHCARE NHS TRUST



What they did: The Friends and Family Test, created to help provide patient feedback to NHS organisations, often includes an option for free text entry. Imperial College Healthcare Trust, alone, gets 20 000 patient comments through this system every month.

This patient feedback is a rich source of information, says Erik Mayer, consultant surgeon at Imperial and project lead. “But the volume of feedback is so great that it can’t be matched with the human resources to read through them all, categorise them, and use them for quality improvement.”

The team created an algorithm using Natural Language Processing to analyse free text patient experience data. They trained the algorithm by taking 6000 free text comments and manually categorising them. The coded dataset was used to develop and test the algorithm.

Focus groups were conducted to develop a dashboard to enable frontline staff to interact with the data. It displays patterns in patient feedback over

time, from which staff can drill down to access the patient’s original narrative.

Manually coding 6000 comments took four days compared with 15 minutes using the algorithm. Patient feedback data can now be processed in near real time and the dashboard can be accessed from every computer in the hospital. The trust and its staff are using the dashboard to track how patient comments are changing in response to changes in care delivery.

The algorithm was developed on open source software, and the team is now assessing how it can be used by other trusts.

Judges’ comments: 1.2 million patients comments, collected as part of the friends and family test are ignored every month in the UK. Imperial College Healthcare NHS Trust’s enthusiasm in listening to patients is a credit to them—and this project can be rolled out across the NHS, empowering patients and staff, and fuelling quality improvement.

HIGHLY COMMENDED

Intelligent liver testing
University of Dundee and
NHS Tayside

RUNNERS UP

Capital Card
WDP—a London drug and
alcohol charity

TrueColours Ulcerative Colitis
John Radcliffe Hospital in Oxford

Medicspot clinical stations
Zubair Ahmed, GP
and cofounder of Medicspot

Rehab Me
Croydon GP Collaborative

Patient feedback data can
now be processed in near
real time

Sponsor





Delivering clinical excellence through partnership

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CLINICAL QUALITY • EFFICIENCY • ACCESS • CLINICIAN-LED GOVERNANCE • EXCELLENT PATIENT EXPERIENCE

**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.



DIAGNOSTICS TEAM OF THE YEAR

This award honours teams who are finding innovative ways to reach faster diagnoses

WINNER

COMMUNITY OUTREACH OSA PATHWAY

ROYAL FREE LONDON NHS LONDON FOUNDATION TRUST



What they did: Sleep apnoea affects up to 4% of middle aged men and 2% of middle aged women, and latest data suggest that up to 80% of them have not been diagnosed and treated, says Nikesh Devani, respiratory registrar at the Royal Free London NHS Foundation Trust.

"We know sleep apnoea is associated with increased risk of high blood pressure which increases the risk of heart disease; it's also independently associated with metabolic syndrome and contributes to road traffic accidents," he says.

An audit at the trust showed that patients were waiting on average 113 days from time of referral to first clinic appointment, 182 days for a sleep study, and 232 days to be told their diagnosis. To improve access to diagnosis, an innovative pathway was created with a hub GP practice running a monthly sleep clinic.

Patients are given a small portable device which is worn on the wrist, allowing them to undertake a home sleep study. Data are reviewed by the sleep

and ventilation team at the trust and the information is fed back to the GP.

The new pathway has brought down the average waiting time to 26 days from referral to sleep study and 37 days to diagnosis.

"Another advantage is that patients who didn't have sleep apnoea but had insomnia or sleep hygiene problems weren't being brought to secondary care appointments unnecessarily but could be cared for in general practice much quicker," says Devani.

Judges' comments: The judges were particularly impressed by the excellent presentation, the scale of the problem is clear; they described a clear and well thought out pathway which resulted in well documented and clear improvements in the patient pathway and experience as well as significant cost savings. The team is also very much in line with the NHS vision of collaborative working between primary and secondary care.

HIGHLY COMMENDED

Quality Improvement and CAPS
Royal London Hospital

RUNNERS UP

Advancing CT Colon services
Abertawe Bro Morgannwg
University Health Board, Wales

Battling backlog safely
Kettering General Hospital
NHS Foundation Trust

The new pathway has brought down the average waiting time to 26 days from referral to sleep study and 37 days to diagnosis

Sponsor



EDUCATION TEAM OF THE YEAR

thebmj**awards**

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

HIGHLY COMMENDED

Training for overseas physicians
Medway NHS Foundation Trust

RUNNERS UP

Focused Acute Medicine Ultrasound
Surrey and Sussex NHS Trust

QI and leadership training
Belfast Health and Social Care Trust

TiMetoTeach
Leeds Medical School

Perioperative medicine in action
University College London

“Why not empower
people to monitor
their own risk”

Sponsor

NHS
Health Education England

WINNER

EPILEPSY SAFETY EDUCATION

CORNWALL PARTNERSHIP NHS FOUNDATION TRUST



What they did: There are around 600 sudden unexpected deaths in epilepsy (SUDEP) in the UK every year. NICE guidelines since 2004 suggest that doctors should have a discussion about SUDEP with patients who are newly diagnosed with epilepsy, but evidence suggests it is carried out in less than 40% of cases, says Rohit Shankar, consultant in adult developmental neuropsychiatry at Cornwall Partnership NHS Foundation Trust.

In 2012 a team from the trust, sponsored by the charity SUDEP Action, reviewed the evidence for risk factors and developed a seizure safety checklist. This checklist is now used routinely in epilepsy clinics throughout the UK.

“Then we thought, why not also empower people to monitor their own risk?” says Shankar. The team worked with SUDEP Action, Royal Cornwall Hospitals, and Plymouth University to produce an epilepsy risk self monitoring app.

The free app, EpSMon (<https://sudep.org/> epilepsy-self-monitor), asks the patient a series

of questions about medication, comorbidities, seizures, mental health, and social factors such as alcohol intake and sleep disturbances. It helps the patient assess their risk factors and encourages them to contact their doctor if their risk is high.

A recent evaluation of 2483 patients who had used the app found that 21% reported they had had no contact with a GP or epilepsy specialist in the previous 12 months. Within this subgroup, there was a high prevalence of epilepsy risk symptoms including tonic clonic seizures, nocturnal seizures, and change in seizures.

Judges' comments: The Epilepsy Safety Education programme has tackled a major problem in epilepsy—the problem of preventable deaths. The programme has involved a safety checklist for clinicians to help them better manage risk in patients and also a patient-facing app. It is about education of clinicians and patients, and driving shared decision making.

INNOVATION IN QUALITY IMPROVEMENT TEAM OF THE YEAR

This award honours teams that find new ways to strengthen the quality of healthcare delivery and improve outcomes for patients

WINNER

FLOW COACHING ACADEMY
SHEFFIELD TEACHING HOSPITALS



What they did: The Flow Coaching Academy grew out of the success of two pieces of work carried out at Sheffield Teaching Hospitals to redesign geriatric care and respiratory care by translating the “Big Room” methodology used by the car manufacturer Toyota.

Four years ago, the Health Foundation asked the Sheffield team if it could scale and replicate the approach. The team codified the intervention and produced a one year course to train up pairs of NHS staff—one clinician and one non-clinician—to become coaches.

Each pair of coaches set up a Big Room at their own hospital to guide staff along a pathway through assessment, diagnosis, aim setting, and testing before implementation of new models of care delivery. Each one hour Big Room starts with a short patient story and the patient voice is integral to the process.

“The skill set the coaches have by the end of the year creates the conditions for true innovation

by clinical teams,” says Tom Downes, consultant geriatrician and clinical lead of the Flow Coaching Academy programme.

There are currently 80 active Big Rooms around the country and the results so far are impressive. For example, at Imperial College Healthcare NHS Trust a geriatrician and a manager set up a Big Room for a vascular surgery ward, resulting in discharge rates increasing from 11 to 20 patients a week.

The Flow Coaching Academy uses a franchise model to scale up the intervention. This time next year there will be 11 Flow Coaching academies across the UK, each one training between 24 and 30 coaches per course.

Judges’ comments: Judges thought that the Flow Coaching Academy supported QI work across the UK by acting as a vehicle for change and leadership development giving a structure and network for learning across many organisations.

HIGHLY COMMENDED

OBS Cymru
NHS Wales

RUNNERS UP

Oxford sepsis strategy
Oxford University Hospitals
NHS Foundation Trust

Emergency laparotomy collaborative
Royal Surrey County Hospital

BREATHE
Great North Children’s Hospital
Newcastle

Ambulatory care for children and young people
Bradford Hospitals NHS Foundation Trust

A Big Room in a vascular surgery ward, led to a rise in discharge rates

Sponsor



MENTAL HEALTH TEAM OF THE YEAR

thebmj**awards**

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

RUNNERS UP

Club Drug Clinic
Central North West London NHS
Foundation Trust

DISCOVER Workshop Programmes
DISCOVER Workshop Team, South
London and Maudsley NHS Trust

ECHOMANTRA
South London and Maudsley
Hospital (SLAM)

Personalised Safety Planning
Western Health and Social
Care Trust

Primary Care Psych. Medicine
Department of Psychological
Medicine / NottsHC

The outreach patients
used three times fewer
bed days than those
receiving usual care

Sponsor



WINNER

ALCOHOL ASSERTIVE OUTREACH

SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST



What they did: A relatively small group of frequent attenders account for 60% of all alcohol attributable hospital admissions. The reason they are so costly is they have complex multimorbidities that are not being catered for in the community with existing services, says Colin Drummond, professor of addiction psychiatry at King's College London.

An assertive outreach approach has been shown to work in severe mental illness but has not been applied to alcohol dependence before. With £1.3m funding from Guy's and St Thomas' Charity, South London and Maudsley NHS Foundation Trust set up a service to target patients who had three or more alcohol related admissions in a year.

The team comprises psychiatrists, nurses, alcohol counsellors, social workers, and 32 volunteer support workers who engage with clients in their own homes and communities. They promote engagement with alcohol rehabilitation and tackle other unmet needs.

"It's very patient centred, focusing on what the patient thinks they need," says Drummond.

"Existing services tend to be focused on the alcohol component whereas the patient often doesn't think that is the main problem—which may be disability, housing, or social problems."

An interim service evaluation of 100 patients showed that 50 patients in the assertive programme used three times fewer bed days than those receiving usual care. Compared with the six months before treatment, the mean number of bed days reduced from 10 to 5.2 (a reduction of 48%) in the assertive outreach group whereas those receiving usual care showed an increase in bed days from 10 to 16.4 (an increase of 64%).

Judges' comments: Judges were impressed by the strong advocacy model using persuasion and engagement rather than coercion. Great to see partnership working and engagement with other social and healthcare teams across local acute and primary care sector, particularly given the multiple and complex health needs of this group.

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

WINNER

DIY HEALTH: 0 TO 5
BROMLEY BY BOW HEALTH



What they did: Bromley by Bow Health serves one of the most deprived wards in London. It has a relatively high rate of new births and under-5s make up approximately 5% of the list size.

“We realised some parents kept bringing their children to the GP for minor ailments because they didn’t have the right knowledge or confidence,” says GP Khyati Bakhai. Some parents felt isolated and didn’t have family around them to offer support or advice.

Bakhai worked with Emma Cassells, the Patient First manager; parents; and other stakeholders to produce a peer-to-peer learning programme called DIY Health. The programme consists of 8 to 12 two hour sessions and is facilitated by a non-clinical team member. Topics covered have included management of fever, diarrhoea, skin conditions, and coughs and colds. Play specialists from the local children’s centre support the programme which caters for up to 12 parents per session.

Since September 2013 more than 300 families have taken part in DIY Health. The scheme has trained several parents who can now facilitate the programme and has produced a free toolkit for others who want to develop such an initiative (<https://uclpartners.com/diy-health-toolkit>).

There has been a 35% reduction in attendance for minor ailments to GPs, emergency departments, out-of-hours clinics, and walk-in centres in the 12 months following the programme.

“Parents are more confident in managing minor ailments,” says Bakhai. “They have also formed community connections and this has improved their wellbeing.”

Judges’ comments: The judges were impressed by the way in which the project empowered and connected local parents. There were obvious immediate benefits for parents their children and health providers. And also a long term ripple effect into the local community.

RUNNERS UP

A Switch In Time Improve Lives
ABUHB

Free Peer Mentoring & Coaching
GP-S

GP First Contact Physiotherapy
Deepings Practice

Novel Approach to Opiate Use
Station Practice, Hastings, East Sussex

Rapid GP Transformation
Parchmore Medical Centre

There has been a
35% reduction in
GP attendance for
minor ailments

Sponsor



PREVENTION AND LIFESTYLE TEAM OF THE YEAR



Investment in upstream interventions can curb future illness.
This award celebrates teams focused on prevention

HIGHLY COMMENDED

Save Kids From Sugar
Public Health Liverpool

RUNNERS UP

Ways to wellness
Ways to Wellness scheme
Newcastle Gateshead

Drink Less Feel Good
Public Health Liverpool

Physical health clinics
Eastbourne District General
Hospital

“Patients don’t just
need sewing up, they
need supporting”

Sponsor



Public Health
England

WINNER

VIOLENCE REDUCTION TRAUMA CARE
BARTS HEALTH NHS TRUST



What they did: The Royal London Hospital is the busiest unit in western Europe for penetrating trauma. “We admit, on average, two stabbings a day and see around 10 assaults a day in our emergency department,” says Martin Griffiths, consultant vascular and trauma surgeon at Barts Health NHS Trust.

Data collected at Barts show that 97% of stab injuries are sustained by males, 70% of them from the most deprived quintile of the population, and 56% are aged under 25. “We were seeing a population of young angry people who had good clinical results, but around a third of them would be readmitted within five years for another injury,” says Griffiths. “Patients don’t just need sewing up, they need supporting,” he adds.

The team set up a ward based intervention programme in conjunction with the St Giles SOS project aimed at preventing future re-attendance with further injury. From admission, case workers support the patients and their families by carrying

out a needs based assessment and providing practical help. This support, which continues for up to six months, can include help with education, training, court appearances, and housing. The case workers are fully integrated with the trauma service; they take part in ward rounds and are involved in discharge planning.

In the 18 month reporting period between 2015 and 2017, the service engaged with 525 patients. The re-attendance rates for people engaging with the service were down to 1% from 35%. It has also resulted in a calmer atmosphere on the wards. Patients are more likely to accept clinical care and feel more supported by the staff, says Griffiths.

Judges’ comments: Judges were really impressed with this team’s person centred approach to a hugely challenging public health and clinical problem and by moving the problem beyond the hospital boundaries they’ve created real opportunities to change lives.

STROKE AND CARDIOVASCULAR TEAM OF THE YEAR

This award identifies that teams are using innovative ways to improve care for people with cardiovascular diseases

WINNER

STROKE SENIOR DECISION MAKING

BARKING, HAVERING AND REDBRIDGE UNIVERSITY NHS TRUST



What they did: Patients with a possible stroke were waiting on average 16 hours—usually overnight—for a consultant review at Barking, Havering and Redbridge University NHS Trust. “The system was not working; it was frustrating for patients and for junior doctors,” says Devesh Sinha, consultant in stroke medicine.

A work time and patient flow assessment showed that workload started to increase at 11 am, peaked at 7 pm, with admissions falling after 11 pm. Most consultants, however, work the traditional hours of 9 am to 5 pm. “It’s like going to a restaurant at lunchtime and there only being one person working,” says Sinha.

The radical solution was to move to a system where one consultant works 9 am to 5 pm and the other from 2 pm to 9 pm. Another innovation was the creation of a virtual ward so that

patients can be sent home while they’re waiting for the results of scans rather than being admitted.

As a result of the changes, the time for patients to have a decision from a senior doctor has dropped to 1.45 hours. A quarter of patients can be sent home directly from the emergency department. Those who do need to be admitted are not scattered around the hospital because of a shortage of beds, but can be seen on a stroke ward. “The biggest challenge was the culture shift. It’s hard to shift the mindset of people,” says Sinha.

Judges’ comments: The judges were impressed by the way in which the project empowered and connected local parents. There were obvious immediate benefits for parents, their children and health providers. And also a long term ripple effect into the local community.

HIGHLY COMMENDED

External aortic root support
Royal Brompton Hospital in London

RUNNERS UP

Stroke prevention in AF
Cambridge University Hospital

Improving intracerebral haemorrhage outcomes
Salford Royal NHS Foundation Trust

Stroke drop in clinic
East Suffolk and North Essex NHS Foundation Trust

The ABC Pathway for AF Care
Uni of Liverpool; West Midlands AHSN; Sandwell & W.Bham CCG

One innovation was the creation of a virtual ward so patients can be sent home while waiting for scan results

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BMJ

RESEARCH PAPER OF THE YEAR

This award recognises a research paper with real potential to transform patient care

WINNER

MRI-TARGETED OR STANDARD BIOPSY FOR PROSTATE CANCER DIAGNOSIS
UCL/UCLH ON BEHALF OF THE PRECISION TEAM



For the past 25 years, men with suspected prostate cancer on the basis of a raised prostate specific antigen (PSA) test have typically been offered standard transrectal ultrasonography (TRUS) guided biopsy of the prostate gland. However, this approach sometimes misses clinically significant tumours and can lead to the over-detection of low grade cancers.

The PRECISION trial¹ was one of the first multicentre randomised trials to compare the standard approach with using magnetic resonance imaging (MRI) to guide targeted biopsies. Veeru Kasivisvanathan, lead author, from University College London, says, “If the MRI is not suspicious the man will avoid a painful biopsy altogether and its associated risks. And if it is suspicious he can have a biopsy specifically targeted at the abnormal areas.”

The trial, carried out at 25 centres in 11 countries, randomly allocated 500 men with clinical symptoms

or signs of prostate cancer to MRI and targeted biopsy or to standard TRUS biopsy.

Kasivisvanathan explains, “We showed that the MRI and targeted biopsy pathway allowed 28% of men to avoid a biopsy altogether, whereas in the other pathway every man had a biopsy.” The MRI and targeted biopsy pathway also increased the detection of clinically significant cancer by 12% when compared with the standard pathway.

“The cancers that were going to affect men in their lifetime were better identified by this pathway,” says Kasivisvanathan. And, because significantly fewer men in the MRI targeted biopsy group had clinically insignificant cancer diagnosed, they avoided having unnecessary treatment.

In view of the trial results, the National Institute for Health and Care Excellence (NICE) and the European Association of Urology now recommend MRI as a first line investigation for people with suspected clinically localised prostate cancer.

Sponsor

NICE National Institute for
Health and Care Excellence

OUTSTANDING CONTRIBUTION TO HEALTH

PARVEEN KUMAR

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

DAME PARVEEN KUMAR

WINNER OF THE OUTSTANDING CONTRIBUTION TO HEALTH



Parveen Kumar is recognised around the world and is often treated like a rock star. When she visited Pakistan to speak to an audience of over 1000 people, a photo of her face was plastered on huge billboards. Two years ago, after giving a lecture in Khartoum, she had a rather scary encounter when she was mobbed and jostled by a crowd wanting to take selfies, who chased her car down the road.

The professor of medicine and education at Barts and the London School of Medicine is best known as the coauthor of *Clinical Medicine*, the indispensable textbook used for decades by medical students and doctors around the world. Now in its ninth edition, the book is renowned for its clear, authoritative, and detailed coverage of clinical medicine and has sold millions of copies worldwide.

But Michael Rawlins, chair of the Medicines and Healthcare Products Regulatory Agency, says that she is much more than a medical editor and writer.

“She is an exceptional clinician with a broad range of knowledge and understanding of all aspects of general internal medicine,” he says. “And she has made significant advances with her gastroenterological research especially into coeliac disease. But she is so much more: she is a devoted mother and grandmother. She still travels the world teaching

and examining. And she remains one of the most generous people I know.”

A love of teaching

Kumar was born in Lahore, which at that time was in India. During the chaos and violence of partition her mother had to get her three children, all aged under 5, in an army convoy so that they could join their father, who was posted in China. Not long afterwards, communist forces forced the family to flee once again and return to India. “My family had been fairly well off, but we lost everything during partition. We had to live in tents for a while,” she recalls.

Soon after returning to India her father lost his eyesight, forcing her mother to take up teaching. “My mother was an amazing woman. She always told me everything is possible as a woman,” says Kumar. She was sent to Lawrence School Sanawar, a famous boarding school in the foothills of the Himalayas, before the family moved to England when she was 13.

As a medical student at Barts, she became dissatisfied with the only clinical medicine textbook: Davidson’s. “It was very verbose and unfocused,” she says. “I wanted evidence based data to tell me what to do.” She approached her supervisor, Michael Clarke, who eventually agreed to cowrite a new textbook.

She recalls, “I had the naive idea that I could get together with a few consultants at Barts and write it over a few months in the summer. Two and a half years later—after working every night, every weekend, and every lunchtime—we eventually finished it.”

Clarke agrees: “We did not initially realise the enormity of the task. It would not have been possible without Parveen’s dedication to hard work and a considerable amount of personal time, frequently in the evenings and at weekends.”

Writing the book has enabled Kumar to visit over 40 countries to examine, teach, advise, and lecture. “I love teaching; I absolutely adore it,” she says, with evident delight. She

It is telling that on the two occasions I have tried to contact her to discuss this award, she has been teaching or in clinic, this despite her so called retirement

enjoys the opportunity to see education and health systems in other countries: “When I come back it makes me think how lucky we are, with the NHS and the quality of our medical teaching.”

She specialised in gastroenterology and for 20 years was the only woman in the Barts gastroenterology team. Her “coeliac clinic” was memorable, recalls Michael Farthing, who worked with her during that time. He remembers “its magnitude, its duration, and the enduring exquisite care she gave her adoring patients. The only problem arose when Parveen asked one of us to cover the clinic when she was away: the look of disappointment on her patients’ faces when they saw one of us, and not her, was unbearable!”

Women in medicine

In addition to a full commitment to clinical practice and teaching, during her distinguished career Kumar has been president of the BMA, president of the Royal Society of Medicine, and academic vice president of the Royal College of Physicians. She was chair of the former Medicines Commission of the UK and a founding non-executive director of the National Institute for Health and Care Excellence (NICE). “My time at NICE was probably the most exciting time, as it was a

blank page,” she says. “We were trying to persuade people to go from safety, quality, and efficacy to clinical and cost effectiveness.”

While at the Royal Society of Medicine she became more interested in global medicine and came up with the idea for a global health textbook for students, by students. Written by 127 medical students from all over the world and coedited with Babulal Sethia, *Essentials of Global Health* was finally published in 2018.

A champion of women, Kumar became president of the Medical Women’s Federation in 2016 and organised the landmark photographic exhibition *Women in Medicine: A Celebration*. Although being a woman has never held her back, she thinks there is still work to do to get more women to the top. “We are still losing a lot of women between senior registrar and consultant level,” she says.

At 76, Kumar is still a whirlwind of activity and fizzes with energy. She is currently chair of the BMA’s Board of Science, president of the Royal Medical Benevolent Fund, and a trustee of the BMA Foundation for Medical Research.

A massive opera fan, she also is a trustee for British Youth Opera.

Nici Kingston, who has been her PA for 32 years, probably knows her better than anyone. “She is an extraordinary lady who has the most amazing outlook on life but works too hard,” says Kingston. “Between us, we manage to get her chaotic life into some form of normality, even when she has agreed to be in three different continents at the same time!”

“Despite all of this chaos she will always spare a minute of her time to anyone who asks.”

Jacqui Wise, freelance journalist, London

The awards ceremony took place on 24 April in London. Find out more at thebmjawards.bmj.com



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