

the**bmj**awards



2014 AWARDS THE WINNERS

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FOREWORD

FIONA GODLEE



Anyone who pays even the most fleeting attention to the news could be forgiven for thinking that healthcare in the UK is in a constant state of crisis. Bad news sells, and bad news about health is the gift that keeps on giving. But the reality, as The BMJ Awards demonstrate, is rather different. UK medicine is full of great teams making a real difference to patients every single day in all sorts of new and innovative ways. Prepare to be amazed.

The initiatives showcased in the following pages are truly the best of the best—and *The BMJ* feels privileged to honour these skilful hardworking teams with its awards. But those who lift the new trophy—a Malcolm Willetts sculpture based on Minerva (goddess of wisdom and medicine and long time *BMJ* columnist)—are, of course, only the tip of a glistening iceberg of work going on across the country.

As judge after judge remarked (and the scorecards for each of the 400-plus entries testify) picking winners out of this mountain of talent was far from easy. For those who did not make the shortlist, the message is clear: fine margins are all that separate you from glory, so better luck next year. For the 47 teams who made

the shortlist but not the winner's podium: you are among the very best in the country and an example to us all. And for the dozen who came out on top: enjoy your place in the spotlight; no-one deserves it more.

And we say that with confidence because of the rigorous judging process that we have put the teams through. A detailed submission process, with explicit criteria tailored to each category, was followed by shortlisting according to a strict scoring system. The shortlisted entries were then peer reviewed and the teams were invited to BMA House to present their projects and answer questions before our eminent judges retired to debate, deliberate, and decide.

Of course, none of this would have been possible without the sponsors, whose generous support allows the best of British medicine to be celebrated in appropriate style, and the judges, who gave generously of their expertise and time. But this is all about the teams. So well done to the winners, commiserations to the runners up, and a mighty thank you to all who entered. We look forward to seeing you again next year.

Fiona Godlee
Editor in Chief, *The BMJ*

CANCER CARE TEAM OF THE YEAR

The Cancer Care Team award honours an innovative project that has improved cancer care for patients or their carers, or that has made an impact on a wider population basis

RUNNERS UP

MESOTHELIOMA TEAM,
PAPWORTH HOSPITAL NHS
FOUNDATION TRUST.
@papworthhosp

THREE COUNTIES EARLY
OESOPHAGEAL CANCER TEAM,
GLOUCESTERSHIRE HOSPITALS
NHS FOUNDATION TRUST.
@glohospitals

THE TEENAGE AND YOUNG ADULT
CANCER SERVICE, YORKSHIRE
AND HUMBER/LEEDS CHILDREN'S
HOSPITAL.
@LCH_Appeal

WINNER

INPATIENT SMOKING CESSATION PATHWAY

BOLTON COUNCIL PUBLIC HEALTH/NHS FOUNDATION TRUST @boltoncouncil



What they did: All cancer teams work hard to ensure that patients have the best and most compassionate treatment—this award honours teams that have gone even further.

In Bolton, the NHS Foundation Trust decided, back in 2000, that a hospital stay was an ideal time to help patients give up smoking. Government advice had been that schemes in the community were the best way to help people kick the habit. But it occurred to the Bolton team that many of the triggers for smoking, such as social situations with family and friends, are absent in hospital, which could make it easier for smokers to avoid temptation. Anything between a quarter and a third of inpatients in the trust's hospitals are smokers (similar to the national average), and across England 26% of respiratory admissions and 15% of all circulatory disease admissions are because of smoking related illnesses. Ward staff, mainly nurses and healthcare assistants, are trained in the smoking cessation pathway and they identify smokers and support them to give up. Patients have access to all licensed smoking cessation drugs, and when they leave hospital they are discharged to a specialised stop smoking service. There has been a steady increase in the number of patients referred to this service, and the four week quit rate is between 48% and 50%, which is similar to the national average. The judges concluded that this is a sustainable, cost effective, and well thought through pathway with good staff engagement and training.

Judges' comments: "We chose this team because their work was patient focused, effective, innovative—very much so when you consider the time this was started [in 2000-01]."

Judges: Stan Kaye, head of the Division of Clinical Studies, the Institute of Cancer Research, previously head of drug development at the Royal Marsden Hospital; Martin Gore, medical director at the Royal Marsden Hospital and professor of cancer medicine at the Institute of Cancer Research

DIABETES TEAM OF THE YEAR

The Diabetes Team award recognises an innovative project or initiative that has measurably improved care in diabetes

WINNER

3 DIMENSIONS OF CARE FOR DIABETES (3DFD)

SOUTH LONDON AND MAUDSLEY HOSPITAL @maudsleyhns



What they did: The South London and Maudsley NHS Foundation Trust's 3 Dimensions of Care for Diabetes (3DFD) service offers a model of integrated diabetes care stretching beyond conventional boundaries to include psychological and social care. There is a high burden of mental health problems among people with diabetes, and this, along with other aspects of their care, is often adversely affected by social circumstances. By combining community diabetes care with liaison psychiatry and community social support workers seeing patients in the community and in their own homes, and bringing the patient's voice into every aspect of their care, the team were able to show dramatic improvements in medical and patient reported outcomes. The judges were very impressed by the team's innovative, research based, and well executed approach. Starting by clearly defining the gap in services for those people with diabetes most at need, they successfully designed, implemented, and evaluated a service that meets those needs. This not only puts patients at the centre of their own care but also offers community support for their psychological and social needs. The whole process was extremely well documented with a solid business case and preliminary cost effectiveness analysis, making this approach sustainable and potentially transferable both in the UK and internationally.

Judges' comments: "This puts patients at the centre of the programme with involvement at all stages. Support workers actually go to the patients' homes."

Judges: Melanie Davies, professor of diabetes, University of Leicester; Richard Lane, president, Diabetes UK

COMMENDED

WHITTINGTON JOINT DIABETES THALASSAEMIA CLINIC: AN EFFECTIVE NEW MODEL OF CARE

@WhitHealth

This was an innovative interdisciplinary approach to providing specialist services dealing with a rare but significant patient population with complex and usually unmet requirements. The team had an excellent dynamic and obviously included their patients in every step of the process. The judges would like to commend this excellent team on their work, which has huge relevance, particularly when considering unmet global healthcare needs.

RUNNERS UP

SHEFFIELD DIABETES FOOT CARE TEAM

@SheffieldHosp

NORWOOD SURGERY, SOUTHPORT

@SONHSTrust

WEST HAMPSHIRE COMMUNITY DIABETES SERVICE

@souther_nhsft

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BMJ Open Diabetes Research & Care

Clinical Leadership Team of the Year Award

Excellent clinical leadership is an essential part of compassionate, safe and effective clinical care.

This is why we are proud to have joined together to support the BMJ Clinical Leadership Team of the Year Award.

The General Medical Council and the Faculty of Medical Leadership and Management are committed to supporting excellence in medical leadership, by helping all doctors to become better and stronger leaders within their organisations and their teams.

We believe all doctors are leaders and that leadership skills need to be honed and developed alongside clinical skills. We hope the winner of this award, and indeed all those shortlisted, will be an inspiration to others and help promote excellence in clinical leadership throughout the UK.



PETER LEES
Medical Director



NIAL DICKSON
Chief Executive & Registrar



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CLINICAL LEADERSHIP TEAM OF THE YEAR

This award recognises a team that exemplifies the qualities of clinical leadership

WINNER

HAVERSTOCK HEALTHCARE
LONDON



What they did: The general practice consortium Haverstock Healthcare brings together 26 general practices in the London borough of Camden. The group, set up in 2008, worked with the local acute trust—the Royal Free London NHS Foundation Trust—to establish an integrated general practitioner led urgent care centre (UCC) at the front door of the emergency department to educate and redirect patients to more appropriate points of care. Since it was opened, the centre has managed to redirect 20% of ambulatory patients and treat another 58% at the centre so that only the remaining 22% needed to be seen in the emergency department. The emergency department has not breached the four hour maximum waiting time rule or had to use locums for five years. The judges thought the location of the centre was carefully thought out. They were impressed most of all by the team’s skill in overcoming mistrust and building a successful relationship between primary and secondary care. Despite a recommendation that the UCC should be closer to patients’ homes, they found it worked better within the emergency department. This was also better for patient safety. The consortium is now helping to develop other pathways in hospital services—for example, in orthopaedics and diabetes, and it has also started the TREAT (Triage and Rapid Elderly Assessment Team) admission avoidance programme to manage elderly patients proactively in the community before they present with acute problems at emergency departments.

Judges’ comments: “Fabulous! You’re blazing a trail.”

Judges: Peter Lees, founding director, Faculty of Medical Leadership and Management; Bruce Keogh, NHS medical director

RUNNERS UP

ST PETER’S HOSPITAL
ORTHOGERIATRICS TEAM,
ASHFORD AND ST PETER’S NHS
TRUST
@ASPHT

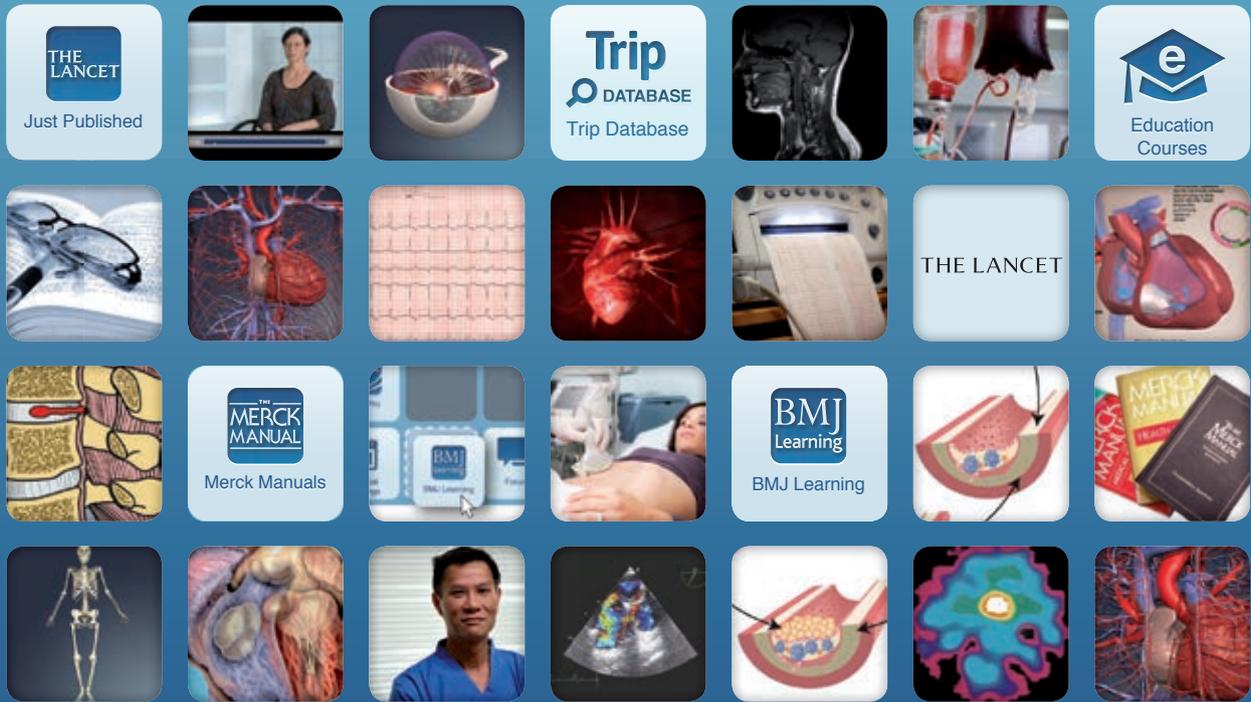
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MANAGEMENT IN MEDICINE,
UNIVERSITY OF OXFORD
@unioxford

WEST HAMPSHIRE COMMUNITY
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CONVERSATIONS,
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EDUCATION TEAM OF THE YEAR

This award recognises a project that shows outstanding innovation in educating UK healthcare professionals and improving performance

WINNER

UK ENDOVASCULAR TRAINEES (UKETS)

NEWCASTLE UPON TYNE



What they did: UKETS designed collaborative training for those involved or training to be involved in carrying out endovascular procedures (accessing the body through the blood vessels). Virtual reality endovascular simulators are used, supplemented with online lectures, an iPhone app, and instructional videos. The system allows trainee surgeons, radiologists, and cardiologists to practise the procedures repeatedly and receive progress reports. It also gives more junior doctors who have not yet made their career choice an opportunity to try practical skills in a safe environment. The use of simulation not only improved safety, teaching doctors in training how to carry out procedures with the minimum risk of complications, but it also helped identify trainees with aptitude and helped them make career choices. The judges were looking for a project that showed outstanding innovation in educating UK healthcare professionals and improving performance, and the UKETS team stood out for their initiative, good use of technology, and impressive results.

Judges' comments: "We were impressed with their novel approach to the problem. They [UKETS] aren't waiting for medical education to catch up with them, instead they are going for it themselves and innovating to meet the needs of junior doctors, and ultimately patients, by contributing significantly to training doctors."

Judges: Derek Gallen, president, Academy of Medical Educators, the professional standard setting body for clinical teachers, and postgraduate dean at the Cardiff School of Postgraduate Medical and Dental Education; Anne Marie Cunningham, clinical lecturer, Cardiff University, Wales (with a special interest in the use of new technology to further medical education)

RUNNERS UP

UNIVERSITY HOSPITALS BRISTOL FOUNDATION TRUST

Everyone gets involved
@UHBristolNHS

UNIVERSITY HOSPITALS SOUTHAMPTON FOUNDATION TRUST

MProVe-MultiPROfessional simulation in neonatal education
@UHSFT

GUY'S AND ST THOMAS' HOSPITAL, LONDON

Pan-London stroke simulation training
@GSTTnhs

GOLD STANDARDS FRAMEWORK CENTRE IN END OF LIFE CARE, SHREWSBURY

Primary care programme

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST, NORTHERN IRELAND

Leading in safety, quality and experience programme
@setrust

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to all the finalists
and winners of
The BMJ Awards 2014

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GASTROENTEROLOGY TEAM OF THE YEAR

This award recognises a team that has delivered an innovative project or initiative that has measurably improved care in gastroenterology

WINNER

THE ROYAL BOLTON DISTRICT HOSPITAL

GASTROENTEROLOGY AND ALCOHOL CARE TEAM @boltonnhsft



What they did: Over the past 24 years Kieran Moriarty and his gastroenterology colleagues have driven the development of a comprehensive alcohol care team that works across the trust and with primary care. After the team contributed to an evidence base which confirmed that alcohol specialist nurses saved 5-10 times their salary, the trust appointed four of these nurses to provide a seven day service. All hospital inpatients are routinely screened—improving identification of dependent, harmful, and hazardous drinkers and patients with undiagnosed liver disease. Improved triage times and reduced time for patient detoxification produced savings of £250 000 across the trust. The judges noted that the big impact of alcohol nurses and multidisciplinary alcohol care teams across the country can be attributed to the Royal Bolton’s original project and the team’s willingness to host other teams and help others achieve the same results.

Judges’ comments: “Twenty four years of enthusiasm and good communication—it’s a fantastic example of team working.”

Judges: Jon Rhodes, professor of gastroenterology, Liverpool University; Parveen Kumar, professor of medicine and education and gastroenterologist, Barts and the London, School of Medicine and Dentistry

COMMENDED

NURSE LED ASCITES TEAM, BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST.

@blackpoolhosp

A pilot nurse led ascites service has been extended and given extra capacity after it cut non-elective hospital admissions and readmissions among patients with alcohol misuse problems. The service also reduced the average length of stay and improved the patient experience. The pilot emerged from a study of 100 patients readmitted to medical wards within a month of discharge, which found that 12% of all readmissions were because of recurrent ascites.

Judges’ comments: “The judges were particularly impressed by the passion and dedication demonstrated by the team.”

RUNNERS UP

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

@sheffieldhosp

BART’S HEALTH NHS TRUST, AF SAWYER ENDOSCOPY UNIT.

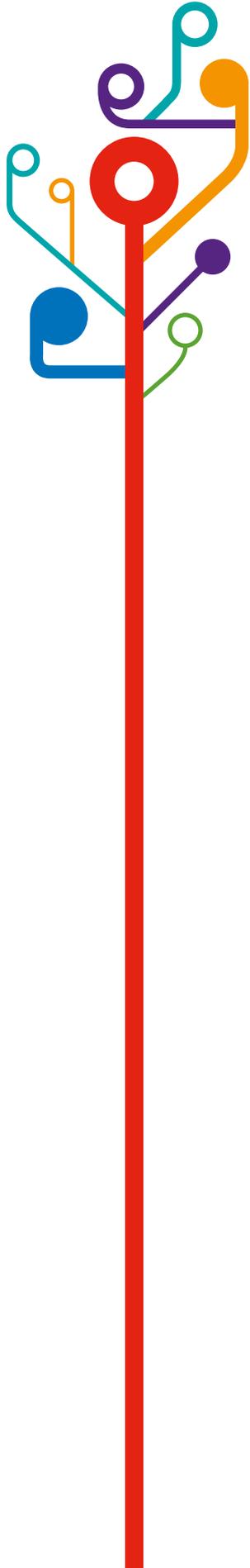
@NHSBartsHealth

LUTON AND DUNSTABLE UNIVERSITY HOSPITAL

Inflammatory bowel disease, support, self-help and management programme, IBD-SSHAMP

Sponsor

Gut



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HEALTH
SCIENCE
NETWORK

INNOVATION TEAM OF THE YEAR

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

WINNER

BIPOLAR EDUCATION PROGRAMME CYMRU

@cardiffuni



What they did: Cardiff University's MRC Centre for Neuropsychiatric Genetics and Genomics has met a previously unmet need by developing a psycho-education intervention programme for patients with bipolar disorder. Bipolar disorder is often under-recognised and undertreated, and it is estimated to cost the UK economy £2bn annually. The Cardiff team knew that patients' lives could be transformed by having a better knowledge of their condition, and they created psychoeducational courses for patients to follow either in group sessions or online (www.beatingbipolar.org) that provide information about diagnosis and treatment and encourage self management skills as well as collaboration with clinicians. To date 396 people across Wales have been through the group course and 3250 people have accessed online modules. The judges were impressed by the patient centred approach and the positive feedback from patients (97% of users said they would recommend the course to others). The package has been embraced by the charity BipolarUK, by the Welsh government's strategy for mental health, and by staff training outlets elsewhere in the United Kingdom, New Zealand, and Turkey.

Judges' comments: "The number of people helped by this initiative and the potential impact of the programme reaching far more people in the future certainly stood out for the judges."

Judges: Joshua Silver, atomic physicist and professor, University of Oxford; inventor of several prototypes of self adjustable eyeglasses and head of the Centre for Vision in the Developing World; Payam Mohaghegh, Oxford University Hospitals NHS Trust

COMMENDED

FIT FOR WORK TEAM

From Pain to Prospects. @UKVRA
The programme took referrals from Jobcentre Plus disability employment advisers for people whose chronic pain was a considerable barrier to work, and then used a multidisciplinary team to assist these people back to employment. The judges were encouraged by the considerable success—40% of participants returned to work or training compared with a national rate of 5%—and it could have a national impact if scaled up accordingly.

RUNNERS UP

GREAT ORMOND STREET

Families reporting critical incidents and near misses in a children's hospital.

@GreatOrmondSt

TOWER HAMLETS NHS CLINICAL COMMISSIONING GROUP.

Referral management: lessons for success (a programme to improve the referral behaviour of GPs).

@towerhamletsccg

UNIVERSITY OF BIRMINGHAM,

the TREAT Study Team, for a behavioural education intervention for patients with atrial fibrillation.

@unibirmingham

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KAREN WOO

SURGICAL TEAM OF THE YEAR

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

WINNER

SURGICAL TELEMENTORING IN TANZANIA

NORTHUMBRIA HEALTHCARE NHS TRUST @northumbrianhs



What they did: Surgeons at Northumbria Healthcare have provided intensive training and telementoring to surgeons at Kilimanjaro Christian Medical Centre in Tanzania, which since 2005 has provided the country's first and only laparoscopic service to patients who now come from all over the country for hernia repair and gall bladder or appendix removal. The UK surgeons were present at the Tanzanian surgeon's first operations and then a secure telemedicine link was set up for them to provide support from a distance. The link is now used as a training tool for students in Tanzania, and the team is considering extending it to other hospitals in Tanzania if the Kilimanjaro hospital is established as the country's first laparoscopic training centre. The judges were hugely impressed by how the team had identified an innovation in the West and successfully applied it elsewhere in the world. They also remarked on the excellent team structure both in Tanzania and back in the UK. The team have the full support of their hospital board, who closely monitor the development of the project and audit outcomes. Another impressive feature of this project was the desire to extend their mentoring past the acquisition of surgical skills to impart governance structures, capture epidemiological data for the local population, and spread education throughout Tanzania.

Judges' comments: "Such is the success of this particular mentoring team that they've almost made themselves redundant in their partner hospital."

Judges: Neil Weir, founder director BRINOS (Britain Nepal Otolaryngology Service); Jane Blazeby, professor of surgery, consultant in emergency medicine and major trauma, King's College Hospital, London

RUNNERS UP

MICROVASCULAR SURGERY IN LAHORE, NORTH BRISTOL NHS TRUST

@northbristolnhs

OPERATION HERNIA, MID CHESHIRE HOSPITAL NHS FOUNDATION TRUST

@PHNT_NHS

PAEDIATRIC ACUTE SURGICAL SERVICE, ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

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PATIENT SAFETY TEAM OF THE YEAR

This award honours teams that are leading the way in working to improve patient safety in the NHS

WINNER

GREAT ORMOND STREET HOSPITAL NHS FOUNDATION TRUST

LONDON, @GreatOrmondStreet



What they did: In 2007, Great Ormond Street launched a campaign called “pursuing zero by building sustainable foundations for patient safety” with the ambitious aim of embedding a culture of change and safety throughout the organisation. The campaign is led by 10 senior members of staff, who are given a day a week to work on patient safety. Measures introduced include a daily questionnaire completed by parents and patients focusing on medication errors, equipment problems, failures in communication, or problems with the way care is organised. The trust has not yet achieved zero harm but the trajectory is promising: 10% of patients are harmed now, compared with 15% at the beginning of the programme. The judges found the work was based on solid safety science and human factors, supported by strong leadership but driven by multidisciplinary teams committed to putting quality of care and patient safety first.

Judges’ comments: This work is an excellent example of an attempt to change the system and the culture. It is a broad commitment to a continual improvement.

Judges: Martin Bromiley, Founder, Clinical Human Factors Group; Sarah Burgoyne, Global Clinical Safety Officer, CSC, Sheffield Health and Social Care NHS Foundation Trust

COMMENDED

VICTORIA’S LEGACY, KETTERING GENERAL HOSPITAL

The judges thought this team should be commended for its campaign to improve safety after the death of a 17 year old patient from avoidable complications after a laparoscopic appendicectomy in 2012. The campaign focused on standards for monitoring vital signs, hydration, nutrition, preventing falls, patient assessment, management of medicines, pressure tissue damage, and professional standards. The hospital’s standardised mortality rate is now 87, compared with 97 in 2011. Hospital acquired infection rates have also dropped. The judges found there was a real shared desire to make things better by introducing a transparent no blame culture across the organization.

Judges’ comment: This is a genuine and ongoing commitment to ensure a change in systems, behaviours, and culture from board to ward.

RUNNERS UP

CHRISTIE PATIENT SAFETY COMMITTEE, CHRISTIE HOSPITAL NHS FOUNDATION TRUST

@thechristienhs

SOUTH TYNESIDE NHS FOUNDATION TRUST PATIENT SAFETY TEAM

THE PERINATAL INSTITUTE, BIRMINGHAM

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PRIMARY CARE TEAM OF THE YEAR

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

RUNNERS UP

MINOR INJURY AND ILLNESS SERVICE

Miriam Primary Care Group,
Wirral CCG.

@NHS WirralCCG

PRIMARY CARE TEAM, NORWOOD SURGERY, SOUTHPORT

Helping people with diabetes change their diet.

@SONHSTrust

PAPERLESS (PAPER LIGHT ENVIRONMENT PROJECT), AT MEDICS LIMITED.

Tower Hamlets General Practice Networks, Tower Hamlets NHS CCG.

@towerhamletsCCG

WINNER

EMERGENCY CARE PRACTITIONER SCHEME

WEST LEICESTERSHIRE @EMASNHST



What they did: Some urgent calls from general practitioners for ambulances are based solely on a telephone consultation. In an effort to reduce the numbers of “urgent call” patients being transferred to hospital, East Midlands Ambulance Service NHS Trust deployed emergency care practitioners into West Leicestershire Clinical Commissioning Group to attend urgent calls on the scene and assess whether the patient required emergency transport to hospital or alternative support. Ninety per cent of the 429 patients seen during the 99 day trial were not taken to hospital, and analysis of the financial effect suggests that it could produce annual net savings of nearly £300 000 for the clinical commissioning group. Judges were impressed by the simplicity of the project and thought it showed that there is a broad skill base in out of hospital services that needs to be put to more productive use. It was also an outstanding example of early development of stakeholder involvement, and the key relationships that were developed helped to sustain the service.

Judges’ comments: “You’re actually empowering paramedics. You’re not up-skilling them or making them into something they’re not.”

Judges: Mike Bewick, deputy medical director, NHS England; Clare Gerada, chair of NHS Board for Transforming Primary Care, former chair of Royal College of General Practitioners

Headline sponsor



UK RESEARCH PAPER OF THE YEAR

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

WINNER

PROFESSOR DIANA GIBB AND THE ARROW TRIAL TEAM



Routine versus clinically driven laboratory monitoring and first-line antiretroviral therapy strategies in African children with HIV (ARROW): a 5 year open label randomised factorial trial. *Lancet* 2013;381:1391-403. doi:10.1016/S0140-6736(12)62198-9

What they did: ARROW (Anti-retroviral research for Watoto) was a randomised controlled trial in untreated African children with fairly advanced HIV infection. It showed that modern regimens of three or four antiretroviral drugs can be delivered safely without the need for laboratory testing to check drug toxicity. This was the first such paediatric trial, and its results provide strong support for accelerating the much needed rollout of antiretroviral treatment to children in sub-Saharan Africa.

Judges' comments: "It was a fantastic achievement to do this trial, and its results really matter. It will make a difference and change practice. The team's collaboration was very strong. It was good to see, too, that the trial's drugs and diagnostic tools were donated."

Judges: Deborah Lawlor, professor of epidemiology, University of Bristol, and visiting academic, London School of Hygiene and Tropical Medicine; Richard Lehman, general practitioner, researcher, and journal critic

RUNNERS UP

JOSHI NV, VESEY AT, WILLIAMS MC, SHAH AS, CALVERT PA, CRAIGHEAD FH, ET AL.

18F-fluoride positron emission tomography for identification of ruptured and high-risk coronary atherosclerotic plaques: a prospective clinical trial. *Lancet* 2014;383:705-13. doi: 10.1016/S0140-6736(13)61754-7 (e-published in 2013)

GEORGE J, MAJEED W, MACKENZIE I, MACDONALD T, WEI L.

Association between cardiovascular events and sodium-containing effervescent, dispersible and soluble drugs: nested case-control study. *BMJ* 2013;347:f6954. doi: 10.1136/bmj. @dundeeuniv

ALLEN S, WAREHAM K, WANG D, BRADELY C, HUTCHINGS H, HARRIS W, ET AL.

Lactobacilli and bifidobacteria in the prevention of antibiotic associated diarrhoea and *Clostridium difficile* diarrhoea in older patients (PLACIDE): a randomised, double blind, placebo controlled multi-centre trial. *Lancet* 2013;382:1249-57. doi: 10.1016/S0140-6736(13)61218-0. @swanseauni

QUINT JK, HERRETT E, BHASKARAN K, TIMMIS A, HEMINGWAY H, WEDZICHA JA, SMEETH L.

Effect of β blockers on mortality after myocardial infarction in adults with COPD: population based cohort study of UK electronic healthcare records. *BMJ* 2013;347:f6650. doi: 10.1136/bmj.f6650 @LSHTMpress

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BMJ

RESPIRATORY MEDICINE TEAM OF THE YEAR

This award is for an innovative project or initiative that has measurably improved care in respiratory medicine

COMMENDED

**SOUTHEND UNIVERSITY HOSPITAL
NHS FOUNDATION TRUST AND
SOUTH ESSEX PARTNERSHIP
UNIVERSITY NHS FOUNDATION
TRUST**

Southend COPD Psychology Project
@SouthendNHS

Through collaboration with their mental health colleagues, the team showed the dramatic benefit of introducing psychological interventions into severe COPD multidisciplinary therapy. Judges were particularly impressed by the cost effectiveness evaluation showing the value of this approach.

Judges' comments: "This is an interesting, original, and timely project in an area that is seldom evaluated."

RUNNERS UP

**MANCHESTER ADULT CYSTIC
FIBROSIS CENTRE**

Manchester Adult Cystic Fibrosis
Centre Business Case for Expansion
@UHSMNews

**NHS NOTTINGHAM CITY CLINICAL
COMMISSIONING GROUP
NOTTINGHAM CITY INTEGRATED
RESPIRATORY SERVICE
PLYMOUTH HOSPITALS NHS TRUST**

Plymouth Asthma Team
@PHNT_NHS

Sponsor

Thorax

WINNER

COMMUNITY PHARMACY FUTURE

COPD CASE FINDING AND COPD SUPPORT SERVICE, ALLIANCE BOOTS @allianceboots



What they did: In 2012 the COPD [chronic obstructive pulmonary disease] Case Finding and COPD Support Service was launched in the Wirral, Merseyside, after Boots UK, Lloyds Pharmacy, Rowlands Pharmacy, and the Co-operative Pharmacy created the Community Pharmacy Future project team.

The service, run within 34 community pharmacies, helps patients to collect their prescriptions. It seeks to raise awareness of the risk factors for COPD, to identify those potentially at risk, and to make referrals to general practitioners for diagnosis.

Diagnosed patients are offered lifestyle and smoking cessation advice, and help to reduce exacerbations through improved adherence to drugs as well as support so that they can manage their condition better and improve their quality of life. Independent evaluation of the service six months after launch showed that the various interventions had led to improvements in patients' quality of life, their adherence to drugs, and reductions in the use of NHS resources. Judges noted that there was strong supporting evidence for improvement in named patient outcomes, and the cost effectiveness of the service was demonstrated by an independent health economics evaluation. Patient involvement was clearly integral to each stage.

Judges' comments: "This is an excellent example of integrated care by broadening professional roles in case finding and implementation of high value, low cost interventions."

Judges: Robert Winter, consultant respiratory physician, Adenbrooke's Hospital, NHS Trust, Cambridge, vice president of the British Lung Foundation, and director of Academic Health Science System, Cambridge University Health

EMERGENCY MEDICINE TEAM OF THE YEAR

This award recognises an evolving and multidisciplinary specialty in which effective team work is particularly important

WINNER

RESUSCITATION RAPID RESPONSE UNIT

EMERGENCY MEDICINE RESEARCH GROUP, EDINBURGH. @EdinburghEM



What they did: The Emergency Medicine Research Group in Edinburgh identified an opportunity to improve prehospital resuscitation practice using simulation training, and they created the Resuscitation Rapid Response Unit (3RU), a 24/7 service that now attends more than 85% of all out of hospital cardiac arrests in the area. In 2013, the local survival to discharge rate increased to 32% of witnessed shockable arrests, from 0.7% in 2007. The judges thought the project fitted the award criteria best—there was a clear need for something like this; it is a team project for which there has been enthusiasm among doctors, paramedics, and students; and it was well planned and evaluated.

Judges' comments: "We could see that the project could have a high impact and had the potential to be applied across other networks in different areas."

Judges: Jonathan Benger, national clinical director for urgent care, NHS England; Chris Lacy, consultant in emergency medicine and major trauma, King's College Hospital, London

COMMENDED

ROYAL DEVON AND EXETER NHS FOUNDATION TRUST; EMERGENCY DEPARTMENT, ROYAL DEVON AND EXETER HOSPITAL

The emergency department team at the Royal Devon and Exeter Hospital developed and tested a protocol for the use of the anaesthetic propofol in joint relocations as an alternative to reduce the risk of oversedation and the inefficiency of long recovery times associated with the benzodiazepine and opiate combination commonly used to sedate patients in emergency departments.

RUNNERS UP

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST, LONDON. EMERGENCY CARE PATHWAY Occupancy Project
@GSTTnhs

WHIPPS CROSS UNIVERSITY HOSPITAL, LONDON
Emergency Gynaecology Unit Team

EAST MIDLANDS AMBULANCE SERVICE NHS TRUST, NOTTINGHAM
Falls Rapid Response Team.
@EMASNHSTrust

ROYAL FREE HOSPITAL, LONDON
TREAT—Triage Rapid Elderly Assessment Team.
@royalfreeNHS

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Emergency Medicine Journal

LIFETIME ACHIEVEMENT AWARD 2014: SIR IAIN CHALMERS

This award is given to a doctor who has made an outstanding contribution to improving health or healthcare in the UK, reports Nigel Hawkes

Sir Iain Chalmers, celebrated for a lifetime of achievement in this year's *The BMJ Awards*, is a man who has to be coaxed into the limelight. He agreed to a portrait for the National Portrait Gallery (right) with reluctance; friends say he wavered over accepting a knighthood, agreeing only because it brought shared credit to his collaborators. He refuses many invitations to talk about evidence based medicine—about which, as founder of the Cochrane Collaboration, he knows more and has contributed more than any other living person—because he has not practised medicine since 1973 and therefore feels his views don't deserve any credibility.

"I actively discourage anyone from seeing me as an expert in the sense of actually applying what evidence has taught us," he told me.

Energy and single minded commitment

So let his contemporaries and colleagues sing his praises. "His energy and single minded commitment is extraordinary—his working life has been studded with so many amazing achievements it's hard to know where to start," says Angela Coulter, director of global initiatives for the Informed Medical Decisions Foundation. "I tried to nominate him for this award a couple of years ago, but he refused to let his name go forward; so I'm really pleased that he's finally succumbed."

"Iain has a vision and an unequalled capacity for motivating people all around the world to want to achieve the vision," says Richard Smith, former editor of *The BMJ*. "He always says that he's a leader like Tom Sawyer, who gets everybody painting the fence and then goes fishing. When the National Portrait Gallery wanted a portrait, Iain didn't want to be photographed on his own but rather with all the people who had helped make the Cochrane Collaboration. He and the photographer reached a compromise in that he was photographed in a room filled on the walls and on the ceiling with pictures of people who mattered to him. It's a very evocative picture."

Klim McPherson, visiting professor in epidemiology at Oxford, says simply: "Iain's done a fantastic job, with great calmness, passion, and a bit of anger. He's done more than almost anybody to make evidence based medicine possible."

Early years

Chalmers' obsession with making the evidence sing began when he went to Gaza to work as a young doctor for the United Nations. "I realised some of the things I had learnt in medical school were harming patients and leading to deaths," he says. For example? "I had been taught that children with measles should not be treated with antibiotics—you should never give antibiotics to patients with viral diseases. But in fact there had been six trials, dating back to 1939, showing that sulfonamides can be beneficial in controlling bacterial infections in such patients. This was a wake-up call. In retrospect it was really galling that relevant evidence had been ignored."

Returning to the UK, he worked as an obstetrician, then for many years as director of the National Perinatal Epidemiology Unit in Oxford, finding his natural habitat "in the cracks between academia and the health service" as he put it in an interview for BBC Radio 4's *The Life Scientific*. The unit conducted a lot of randomised control trials of medical and social interventions, finding (among many other things) the benefits of women being able to hold their own case notes. But before launching trials it always made serious efforts to discover through systematic reviews what was already known.

Small beginnings

This principle, though obvious, is still ignored. "Most people would think it extraordinary to enlist patients in a trial before first finding out what is already known," Chalmers says. "I think it's unethical to do so, but it happens. It makes me angry."

By 1991, he thought by his own admission that he'd shot his bolt in obstetrics, but his work on the





systematic collection and publication of evidence had been noted by Michael Peckham, the first director of research in the NHS, who asked him to establish a small centre to propound the methods more widely.

Cochrane days

This was the Cochrane Centre, named after Archie Cochrane, whom Chalmers had met in Wales on his return from Gaza and whose book, *Effectiveness and Efficiency—Random Reflections on Health Services*, Chalmers compares to “being given a compass in a jungle.” Among those he recruited was sociologist Anne Oakley, who recalls some “amazing arguments,” and Andrew Herxheimer, who says he sometimes helped calm them down. “Iain was driven and impatient and wouldn’t have achieved what he has without that,” Herxheimer says.

Chalmers remains impatient but concedes almost

reluctantly that progress has been made. “Are we closer now to practising evidence based medicine? It would be churlish to say we weren’t. The development of guidelines that depend on systematic reviews has been quite important.”

But the battle isn’t over. “I’ve been talking about publication bias since the 1980s with no detectable effect,” he says. “It causes waste—85% of medical research spending is wasted, the public is not getting good value, and the academic community is not going to sort it out.” He has called for regulation to require all clinical trials to be registered, and their results published. He welcomes the AllTrials initiative and Ben Goldacre’s book *Bad Pharma* as game changers. He told the House of Commons Science and Technology Committee: “I think that those who continue not to take the under-reporting of research seriously will find themselves on the wrong side of history.”

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“IAIN HAS A VISION AND AN UNEQUALLED CAPACITY FOR MOTIVATING PEOPLE ALL AROUND THE WORLD TO WANT TO ACHIEVE THE VISION” RICHARD SMITH



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