

the**bmj**awards

2016 AWARDS THE WINNERS

In association with



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FOREWORD



Here are the winners of The BMJ Awards 2016, the eighth year we've hosted them. I promise that reading descriptions of the winning projects will be a wonderful antidote to anyone left downcast about the NHS.

Many of you will have been following accounts of the finalists' projects as they've appeared in *The BMJ* over the past seven weeks. If so, you will have already encountered abundant grounds for optimism.

There are several recurrent themes. One very close to this journal's heart is the shift to adopting the patients' perspective over care. Services have been reconfigured to meet the needs of patients rather than the convenience of healthcare providers.

In primary care, diagnostic and treatment pathways have been streamlined, sometimes cutting hospitals out of the loop entirely. Where hospitals have a role to play, patients who previously would have been admitted are now being treated as day cases. Hospital stays, where inevitable, are being pared down to the absolute minimum.

Many of the interventions cost nothing, and depended only on the willingness of staff to rethink current patterns. Those interventions that didn't come free mostly more than paid for themselves. As well as saving money, some finalists could make plausible cases that they had saved lives as well.

Many initiatives could be easily adopted by other teams elsewhere—one of the criteria the judges assessed the entries against. But some finalists could see how their insights could work in entirely different specialties.

Together, all 320 entries to this year's awards provide a rich motherlode of material for rethinking wide swathes of health care. When we started the awards eight years ago, we had no idea that this would be their outcome. It's all very humbling.

Here you can read detailed accounts of the 16 winners who most impressed the judges. But to get from 320 to 16 required an enormous amount of effort, both by my colleagues at *The BMJ* and our panel of distinguished judges. This year's innovation was to include a patient judge for each category.

Unlike some of the interventions we've recognised, the awards don't come free. To defray their costs we depend on a wide range of sponsors, who fortunately "get" what we're trying to do. We're enormously grateful to all those who have helped us make the awards the success they've undoubtedly become. We believe they're going from strength to strength, and this year's brochure shows why.

Fiona Godlee
Editor in Chief, *The BMJ*

JUDGES 2016

John Ashton
President
Faculty of Public Health

Tammy Boyce
Honorary Lecturer
Imperial College London

Are Brean
Editor in Chief
Journal of The Norwegian Medical Association

Martin Bromiley
Patient Representative, Clinical Leadership
Clinical Human Factors Group

Paul Buchanan
Prevention patient representative
Team Blood Glucose

Anne Marie Cunningham
Primary Care Clinical Director
Aneurin Bevan University Health Board

Ian Curran
Assistant Director of Postgraduate Education
GMC

Dave deBronkart
Cancer care patient representative

Graham Easton
Programme Director,
Imperial GP Specialty Training
Imperial College London

Bob Evans
Anaesthesia patient representative
Royal College of Anaesthetists

Robert Fearn
Consultant Physician and Gastroenterologist
Homerton University Hospital Foundation Trust

Trevor Fernandes
Cardiology patient representative
Herts Valley CCG

Huon Gray
National Clinical Director for Cardiac Care
NHS England

Jane Harris
Palliative care patient representative
British Association of Counselling and Psychotherapy

Iona Heath
Past President
RCGP

Carl Heneghan
Director
Centre for Evidence Based Medicine

Ivon van Heughten
Dermatology patient representative
Changing Faces

Anya de Jongh
Innovation into practice patient representative
The King's Fund

Bruce Keogh
Medical Director
NHS England

Andrew Klein
Editor in Chief, *Anaesthesia*

Jeremy Langton
Vice President
Royal College of Anaesthetists

Nick Levell
Clinical Director Dermatology
Norfolk and Norwich University Hospital

Emma Lewis
Primary care patient representative

Elizabeth Loder
Acting Head of Research
BMJ

Jane McGregor
Consultant Dermatologist
Barts Health NHS Trust

Bill Noble
Medical Director
Marie Curie

Nick Oliver
Consultant Physician, Diabetes and Endocrinology
Imperial College Healthcare

Kiran Patel
Medical Director
NHS England, West Midlands

Jennifer Perry
Clinical Fellow
RCPsych/St Andrew's Healthcare

Amy Price
UK research paper - patient representative
ThinkWell

Hugh Pym
Health Editor
BBC News

David Rampton
Professor and Consultant Gastroenterologist
Queen Mary, University of London

Martin Rossor
Professor of Clinical Neurology
UCL

Rustam Al-Shahi Salman
Chair of Clinical Neurology
University of Edinburgh

Mike Sampson
Consultant Diabetologist
UEA

Michael Seres
Gastroenterology patient representative
11 Health

Laura Sherlock
Neurology patient representative

David Shukla
GP and Research Lead
Dudley CCG

Alex Silverstein
Diabetes patient representative
IDF Young Leaders in Diabetes Programme

Katherine Sleeman
Clinical Lecturer in Palliative Medicine
King's College London

Rosamund Snow
Patient Editor
BMJ

Justin Stebbing
Professor of Cancer Medicine and Medical Oncology
Imperial College, London

Jools E Symons
Education patient representative
University of Leeds

Nick Turner
Academic Consultant Medical Oncologist
Institute of Cancer Research

Tony Young
National Clinical Director for Innovation
NHS England

ANAESTHESIA TEAM OF THE YEAR

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

RUNNERS UP

Improving Tracheostomy Care
University Hospital South Manchester

Comprehensive QI in the ICU
Glasgow Royal Infirmary

Day Case Shoulder Surgery Initiative
Newcastle upon Tyne Hospitals Trust

“This enthusiastic team should be congratulated for spearheading an important, highly original, highly generalizable project and achieving a great deal in a relatively short space of time”

Sponsor



The Royal College
of Anaesthetists

WINNER

SW ANAESTHESIA RESEARCH MATRIX
PLYMOUTH HOSPITALS TRUST



What they did: “Anaesthetists think of research as dry and on-the-side, done at lab bench by geniuses” says Gary Minto, consultant anaesthetist at Plymouth Hospitals NHS Trust. “We wanted to change that, so they see it as something everybody should be doing as part of their job of looking after patients in theatre.”

But outside the highly academic stream provided by the National Institute for Health Research, there has historically been little opportunity for anaesthetists – or perioperative physicians, the term Minto prefers – to engage in research. Those in training at registrar level were concentrating on their careers, with short-duration posts and a lack of credibility to lead a large project holding them back.

The solution was to set up a regional network to carry out research and audit across six centres in south west England – the SW Anaesthesia Research Matrix, or SWARM. Over the past four years ten high-quality collaborative projects have been run, annual research training meetings held, and results widely presented and published. Results are published under the group name SWARM rather than as individual authors.

“We’re still poor in the UK at collecting outcomes” says Minto. “Things like complication rates, patient experience, and finding out a year down the line if the patient is better off for the operation.” He cites the example of a SWARM telephone follow-up survey of 159 women a week after Caesarean section that found pain relief had been inadequate, with 64% of them buying additional over-the-counter painkillers.

The network relies on voluntary participation so costs very little, and the great majority of local trainees have led or been involved in a project.

Judges’ Comments: Swarm provides good opportunities for career development and will increase the future supply of highly informed, engaged and motivated anaesthetic researchers working for the benefit of patients.”

DIABETES TEAM OF THE YEAR

This award recognises an innovative project that has measurably improved care in diabetes

WINNER

BETTER MONOGENIC DIABETES CARE
ROYAL DEVON AND EXETER FOUNDATION TRUST



What they did: One in a thousand people are born with high blood glucose, in the diabetic range. But they are neither type 1 nor type 2: their disease is caused by a change in a single gene. Of 40 000 such cases in the UK, only 4 600 have been correctly diagnosed. The rest, says Andrew Hattersley, professor of molecular medicine at the University of Exeter, need “rescuing from the medical profession” because if, as is likely, they are classified as types 1 or 2, they are likely to get the wrong care.

The Exeter team identified 12 genes that are responsible and started testing for them in 1996. Since then, Hattersley says, paediatricians have found around half the cases occurring. “They’ve done brilliantly, but among adults only about 20% have been identified.” This is largely a result of variable levels of awareness of monogenic diabetes which the team has sought to correct through a range of initiatives.

Getting the right diagnosis can have profound effects. Hattersley recalls a young man of 18 wrongly diagnosed with type 1, even though his parents had taken a family history along to the clinic. “He’d been having such severe hypos he didn’t even think he’d be able to do his A-levels. Finally his family tracked us down through the internet, got a test through their GP, and he came off insulin and went on to 20mg of glipizide. This gave fantastic glucose control, no hypos, and he went on to get As in all his A-levels and became a vet.”

Judges’ Comments: We were struck by the “rapid translation of world-leading research into clinical practice” that has transformed the lives of so many people across the country and around the world by ensuring that people with monogenic diabetes can be correctly diagnosed and managed.

HIGHLY COMMENDED

Diabetes in Pregnancy Research Project
Leeds Teaching Hospitals Trust

RUNNERS UP

Beating Obesity and Diabetes
Norwood Surgery, Southport
Inside Out Paediatric Diabetes
Imperial College Healthcare Trust
Better Outcomes Via Technology
Surrey and Sussex Healthcare Trust

“This internationally renowned team makes a difference to the lives of people with diabetes in the UK and beyond”

Sponsor



Clinical Leadership Team of the Year Award

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

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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

Chief Executive and Medical Director, FMLM



Niall Dickson

Chief Executive and Registrar, GMC



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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

WINNER

BRADFORD'S HEALTHY HEARTS
BRADFORD DISTRICTS CCG



What they did: Not all patients who would benefit from drugs to reduce the toll of cardiovascular disease are prescribed them at the right dose, or at all. In Bradford, which has the seventh highest CVD mortality in England, a population-based approach was launched in October 2014 to improve matters.

The 41 GP practices were asked to share their clinical data. “We used clever searches to target the right population” says Dr Chris Harris, a GP who is long-term conditions lead for Bradford Clinical Commissioning Group. “We found 6,796 patients with uncontrolled cholesterol that could be improved by changing their medication, and 4,700 with a ten-year risk of CVD above 20% who were not on a statin at all. Almost 10,000 people were eligible for a statin because their risk was above 10% - but only a third were getting it.” Similar projects on hypertension and stroke prevention in patients with atrial fibrillation followed.

“The key was getting support from clinicians” Harris says. “We showed that we improved medication for 10 000 people but the really important things is that we’re starting to see signs that CVD rates are doing better than in other local districts.”

The programme is expected to be money-saving, based on estimates of the number of events likely to be prevented, given the numbers now on the right medication at the right dose. Reduced costs to the NHS in treating strokes and heart attacks should far exceed the £350 000 spent.

Judges’ Comments: This team showed inspirational leadership at scale in taking forward ambitious goals to tackle long standing public health challenges. It’s engagement with the public whilst balancing demands on the clinical workforce was impressive.

RUNNERS UP

Super Six Model of Care
Portsmouth Hospital, Southern Health and Solent Trusts

Delivering Community Ophthalmology
Leeds CCGs

Fighting Sepsis—Saving Lives
Great Western Hospital Foundation Trust, Swindon

Nutrition Support Team
Croydon University Hospital

“Reduced costs to the NHS in treating strokes and heart attacks should far exceed the £350 000 spent”

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General Medical Council



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NOMINEES**

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CANCER CARE TEAM OF THE YEAR

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

WINNER

BARNET AMBULATORY LUNG BIOPSY SERVICE
ROYAL FREE FOUNDATION TRUST



What they did: Treatments for lung cancer are improving but too many patients are failing to benefit, as a result of delays in diagnosis or the reluctance of hospitals to do lung biopsies for fear of a common complication, a collapsed lung (pneumothorax). So says Dr Sam Hare, consultant thoracic radiologist at Barnet Hospital.

A key step was to remove fears about biopsies by the use of a small portable device, the Heimlich valve chest drain, which in the event of pneumothorax can be inserted before allowing patients to go home. The traditional bulky drain typically requires a one to two-day hospital stay, which meant that many frail patients were denied biopsies because of fears over prolonged admission.

“We never decline a lung biopsy” Hare says. “Our patients don’t need beds, they usually go home in 30 minutes. If there is a collapsed lung, they can still go home – it’s a minor, treatable inconvenience rather than a catastrophe. Most places do 30 biopsies a year – this year we’ll do 300. Patients like it - waiting for a diagnosis is a difficult, anxious time.

“We’re biopsying the patients other hospitals say no to, with smaller cancers deep in the lung or with bad lung function because of smoking. That’s the paradox – it’s the smokers who get lung cancer and if you’re not biopsying them, no wonder the outcomes are bad. We’ve had a 73% improvement in curative surgical resection rates in the past three years.”

Judges’ Comments: Not only have they implemented a streamlined service that has meant more and better lung biopsies for patients but they have also taken a leadership role nationally by setting up a course to train other centres.

HIGHLY COMMENDED

Cancer Connections Project
Cancer Connections, South Shields

RUNNERS UP

Ambulatory Lung Cancer Service
Kettering General Hospital
Oesophageal Cancer Prevention
Gloucestershire Hospitals Foundation Trust

“This team was the clear cut winner who ticked all the boxes and was selected unanimously”

Sponsor

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The Fondazione Internazionale Menarini is a non-profit institution established in spring 1976, in Florence, with the aim of praiseworthy cultural and educational purposes.

The Foundation's primary vocation is to promote and to support own or third-party initiatives in order to spread and improve knowledge and education in many different areas such as medical science, social-human science, research, economy, art and environmental fields.

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IS PLEASED TO COLLABORATE WITH THE
BMJ SUPPORTING THE AWARD FOR THE
"CARDIOLOGY TEAM OF THE YEAR".**

CARDIOLOGY TEAM OF THE YEAR

This award recognises teams in the field of cardiology that have improved outcomes for patients

WINNER

FETAL HEART ANOMALY DETECTION
WELSH FETAL CARDIOVASCULAR NETWORK



What they did: When Dr Orhan Uzun was appointed consultant paediatric cardiologist at the University Hospital of Wales in 2001 the antenatal detection of congenital heart defects was poor. “There was a lot of enthusiasm but no leadership and no equity of access” he says. “People from different parts of the country were not getting the same quality of service. And I wasn’t happy that some people had to travel for two hours to see me – two hours there, two hours back, it wasn’t fair.”

He set out plans for a nationwide improvement through a network of centres, a team approach, and better training for the ultrasonographers. “To be honest, a lot of the sonographers lacked confidence” says Mrs Nerys Thomas, Superintendent Sonographer at the hospital. “There was a steep learning curve across all the centres in south Wales, with lots of local meetings and collaborative working.”

Uzun visited every centre regularly, sitting behind sonographers as they worked to show them how to manipulate the probe to get the best view of the fetal heart. Regular audits were held to measure progress. “Before 2008, we were losing 10% of the babies born with transposition of the great arteries, which was not acceptable” he says. “Since 2008 we haven’t lost a single baby.” By 2010 Antenatal Screening Wales was able to introduce a new screening technique, the outflow tract view, the first of the UK nations to do so.

Detection rates of the principal heart abnormalities have increased dramatically and Wales, once the laggard, has become the leader. But Uzun is not resting on his laurels, arguing that there is still more to be done.

Judges’ Comments: The winning cardiology team: “Implemented an impressive program of service transformation accompanied by comprehensive data collection and a well designed evaluation of the project, which has clear potential for wider uptake to improve patient outcomes.”

RUNNERS UP

Transient Loss of Consciousness Clinic

University Hospital Coventry and Warwickshire Trust

The Jersey Heart Team
Jersey General Hospital

Heart Failure at Home
Central Manchester Foundation Trust

“Detection rates of the principal heart abnormalities have increased dramatically and Wales, once the laggard, has become the leader”

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DERMATOLOGY TEAM OF THE YEAR

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

WINNER

HOLISTIC CARE FOR SKIN DISEASE
GUY'S AND ST THOMAS' FOUNDATION TRUST



What they did: Patients with severe psoriasis or eczema often carry a hidden burden of depression and low self-esteem, but psychological support has often been woefully inadequate, says a team at Guy's and St Thomas' NHS Foundation Trust in London.

"Patients are often reticent" says Professor Catherine Smith, consultant dermatologist at St John's Institute of Dermatology at Guy's. "Skin disease is a highly stigmatising condition." But a small survey in 2012 showed the scale of the problem, with a mean score on the Hospital Anxiety and Depression scale of more than 20, where 11 or higher indicates a mood disorder.

The team introduced screening, using a system called IMPARTS (Integrating Mental and Physical Healthcare: Research Training and Service) developed by Professor Matthew Hotopf and colleagues at King's Health Partners (of which Guy's is part). Patients are asked to arrive early for their dermatology appointment and in the waiting room use an iPad to complete a screening questionnaire. "The advantage for the clinician is that you see the results before you see the patient" says Smith.

The results, says Dr Sinead Langan, a clinical scientist at the institute, finds a lot of previously undiagnosed psychological problems. "We put forward a case for a psychologist in the clinic, which was accepted." This has proved a success, lending support not only to patients but also to teaching, training and research.

Changing the model of care was disruptive, Smith says, but difficulties were overcome and now all staff are trained and fully supportive.

Judges' Comments: We found this project inspirational. This team are leading the way, and have created a path and model that others could follow.

RUNNERS UP

Beacon Dermatology Service
Beacon Medical Group, Devon

Solution to Dermatology Crisis
Cumbria Medical Services

Sustainable Dermatology Resus
University Hospitals Bristol Foundation Trust

UK Dermatology Diploma
Barts Health and Queen Mary University of London

"All of the judges asked 'why haven't we done this before?'"

Sponsor



EDUCATION TEAM OF THE YEAR

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

HIGHLY COMMENDED

[Learn Ed](#)
Edinburgh Royal Infirmary

RUNNERS UP

[Prescribing Safety Assessment](#)
British Pharmacological Society and
Medical Schools Council

[Team for Emergency Medicine](#)
Scottish Centre for Simulation and
Clinical Human Factors

[Effective Performance Insight](#)
University of Leicester/HEE/East
Midlands AHSN

[Hydration Education](#)
NNEdPro, Cambridge

“The programme involves everyone from board to ward”

WINNER

QUALITY IMPROVEMENT PROGRAMME
EAST LONDON FOUNDATION TRUST



What they did: Attempts to improve quality of care in hospitals can lack focus. “Most people have no skills in this area” says Dr Amar Shah, associate medical director of East London NHS Foundation Trust, a mental health trust employing 5 000 people.

“That means training is a big part of the work, but it’s only one part. The second is about engaging people in the work and celebrating their work, the third is trying to redesign all of our organisation to be improvement-focussed and making sure we’re driven by our improvement goals, and the fourth is supporting projects across the organisation. We have 160 of them at the moment. That probably involves about 1 000 people using the method every week to tackle something we haven’t been able to tackle before.”

Two years after the project started, the trust is beginning to see benefits, he says, such as a 23% reduction in inpatient violence. “I don’t know anywhere else in the world able to have done that”. A staff survey found the highest scores in England for staff engagement and staff feeling empowered to contribute to improvement at work.

The costs are in training and having a dedicated central team, and amount to about £300 000 a year. “You can cover that by realigning resources –it doesn’t all have to be new money - but in the grand scheme of things the costs are relatively small compared to the return on that investment.”

Judges’ Comments: East London NHS Foundation Trust have made outstanding achievements in education and have taken quality improvement to a new level in the UK.

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NEUROLOGY TEAM OF THE YEAR

This award recognises teams that have measurably improved outcomes in neurology through innovation and high-quality care

WINNER

ENHANCED SAFETY IN EPILEPSY

CORNWALL PARTNERSHIP FOUNDATION TRUST



What they did: Epilepsy is the fifth highest cause of life years lost in the UK, responsible for 1 200 deaths a year. Many are preventable and guidance says that the risks of sudden death should be discussed with people with epilepsy – guidance seldom followed, says Dr Rohit Shankar, consultant neuropsychiatrist at Cornwall Partnership NHS Foundation Trust.

“People focus on seizures, but that’s the tip of the iceberg” he says. “You need to look at the whole patient.” A systematic review showed 18 contributory factors to epilepsy death, of which 11 were modifiable, and with the cooperation of the coroner a study of epilepsy deaths in Cornwall confirmed that these factors were present. “Some were a strong influence, some moderate and some weak” Shankar says. “And some were modifiable while others were not.”

The study showed that all those who died between 2004 and 2012 had changes in these clinical factors in the months before death – such as poorer compliance with medication, or a failure to treat anxiety and depression. The checklist has been used in epilepsy clinics for the past three years, and deaths have halved.

“Ignorance itself is a risk factor” he says. “It’s about empowering patients.” To help this, the checklist has been incorporated into a self-monitoring app, EpSMon, which people with epilepsy can use to keep track of their condition, providing regular reminders for them and putting them in charge. The checklist is now part of mainstream clinical practice in the UK, the app is on the national epilepsy commissioning toolkit and there are plans (in collaboration with Johns Hopkins and the Epilepsy Foundation) to introduce it in the US.

Judges’ Comments: A comprehensive and innovative approach to reduce sudden death in patients with epilepsy, and easily transferrable outside the UK.

RUNNERS UP

Aiming High
Belfast Health and Social Care Trust

Neurology Liaison Service
NHS Forth Valley, Stirling

Rapid Access Neurology Clinic
Belfast Health and Social Care Trust

Stroke Services
St Helens and Knowsley Teaching Hospitals

Multiple Sclerosis Partners Project
UCL Partners

“The checklist has been used in epilepsy clinics for the past three years, and deaths have halved”

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Association
of British
Neurologists

GASTROENTEROLOGY TEAM OF THE YEAR! CONGRATULATIONS TO ALL THE FINALISTS...



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BOWEL DISEASE
TOGETHER



Good luck to all the teams - you are all winners - and our thanks to Takeda for supporting this award, our work, and recognising the achievements of fantastic UK healthcare professionals.

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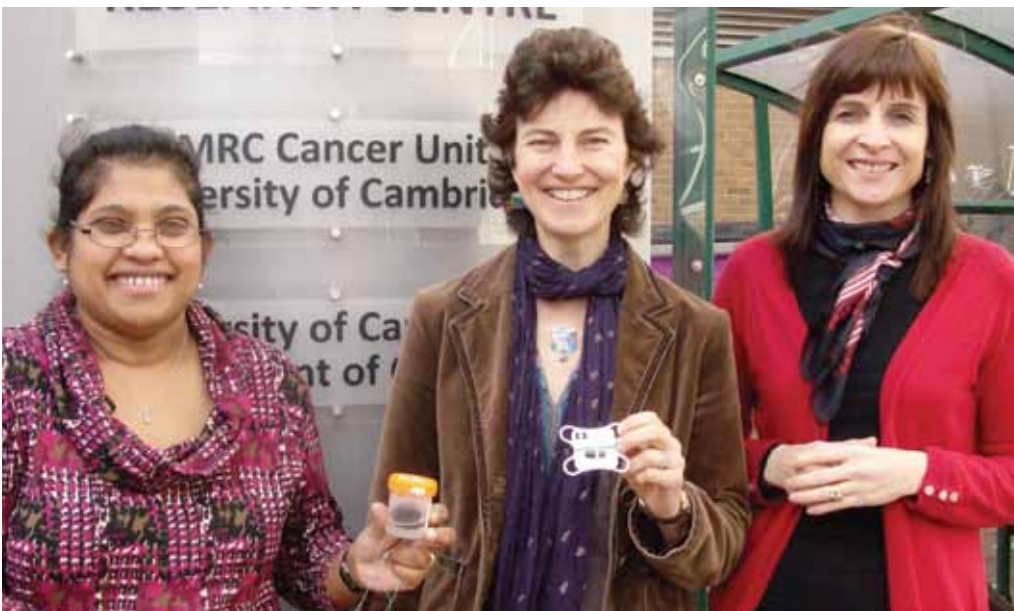
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GASTROENTEROLOGY TEAM OF THE YEAR

This award recognises projects that have improved care for patients with conditions affecting the digestive system

WINNER

CYTOSPONGE: FIND CANCER EARLY
UNIVERSITY CAMBRIDGE HOSPITALS PARTNERSHIP



What they did: The biggest risk factor for cancer of the oesophagus is heartburn - acid reflux - but the vast majority of patients who go to their GPs with this complaint are not sent for endoscopy. Given how many there are, that's hardly practicable. A much simpler diagnostic tool that can be used in primary care is needed, says Rebecca Fitzgerald, Professor of Cancer Prevention at Cambridge.

Her answer is the Cytosponge - a swab-on-a-string which is swallowed by the patient, remains in place for a few minutes for the gelatin-like coating to dissolve, and is then retrieved with only minor discomfort. The cells it has collected are tested for the presence of a protein, Trefoil factor 3 (TFF3), which is a marker for Barrett's oesophagus, a common precursor of cancer.

"The test has a very high negative predictive factor, 99%, to eliminate the largest possible number of patients from the need for further investigation" she says. In a series of four studies the Cytosponge has proved itself suitable for use in primary care, accurate in diagnosing Barrett's, and acceptable to patients.

"We're now launching a final study in primary care to make sure the health economics add up" she says. "Then we'll take it to the National Institute for Health and Care Excellence and say 'here it is'".

There is a risk that use of the test might generate such a need for follow-up that endoscopy departments would be flooded. "We're aware of that, so now we're working on going one step further" she says.

Judges' Comments: This is a novel and ingenious idea that combines a simple technology with highly advanced diagnostic techniques. We were impressed that the cytosponge has the potential to be used to diagnose other oesophageal conditions.

HIGHLY COMMENDED

IBD Passport Travel Resource
Royal Free Foundation Trust

RUNNERS UP

Dietary Intervention for IBS
Guy's and St Thomas' Foundation Trust

FCP Testing in Primary Care
Mid Yorkshire Hospitals Trust and Wakefield CCG

Direct Access Low GI Colonoscopy
City and Hackney CCG and Homerton University Hospital

Novel Small Bowel Endoscopy
Sheffield Teaching Hospitals

"The test's very high negative predictive factor eliminates many patients from the need for further investigation"

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Imperial College Health Partners is a partnership organisation bringing together NHS providers of healthcare services, clinical commissioning groups and leading universities across North West London.

We are also the designated Academic Health Science Network (AHSN) for North West London, and one of 15 AHSNs across England which make up The AHSN Network.

Our aims are to:

- Enable the discovery and adoption of emerging innovations in healthcare;
- Support the adoption and diffusion of existing best practice and innovation at pace and scale, so patients benefit more quickly;
- Develop our local NHS as an innovation-friendly culture and marketplace, strengthening its capacity to partner with academia and industry.

We congratulate the winners of both the Innovation into Practice award and also the other categories, and hope all winners will work with their local AHSN to continue to share and spread their learning.



INNOVATION INTO PRACTICE TEAM OF THE YEAR

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

WINNER

RETURN TO WORK AFTER ICU PROJECT
GLASGOW ROYAL INFIRMARY



What they did: Patients admitted to intensive care often emerge with their lives intact but their expectations in ruins. At Glasgow Royal Infirmary, says Tara Quasim, half of those who had been working before admission were not working two years after discharge. Those who were unemployed or chronically sick after discharge had “an appalling quality of life” she says.

This inspired a rehabilitation programme for people of working age discharged from the ICU, called InS:PIRE – intensive care syndrome: promoting independence and return to employment. “In the area we’re in, there are a lot of manual labour and unskilled jobs, if after discharge you’ve got muscle weakness and joint pain, trying to find work is very difficult” says Quasim, a senior lecturer and honorary consultant in anaesthesia, critical care and pain medicine.

“Prisoners in Barlinnie Jail, just two miles away, get psychological services and vocational training, but in ICU we offer people nothing.” The hospital provides a five-week rehabilitation programme, open to patients and their carers. “It’s very informal, we talk to people about what happened, we set personal goals, and we refer them to the Citizens Advice Bureau and voluntary agencies.”

Launched with funding from the Health Foundation, the programme has now been given money from the Scottish Government for the next two years. “The overwhelming message from our patient and relatives is that InS:PIRE normalises their experiences and they feel better prepared to cope with the future” she says.

Judges’ Comments: The judges were struck by the national and international potential of this intervention - the modest costs, and the significant co-design with the involvement of patients and their families in its development.

RUNNERS UP

Big Data for newborn health
Chelsea and Westminster Trust and Imperial College

Identification and Referral to Improve Safety (IRIS)
University of Bristol

Proactive Elderly Care Team
Lancashire Teaching Hospitals Foundation Trust

“Prisoners in Barlinnie Jail, just two miles away, get psychological services, vocational training and so on, but in ICU we offer people nothing”

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Congratulations to all the Palliative Care Team Award nominees

Hospice UK is proud to sponsor the 2016 BMJ Palliative Care Team Award.

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PALLIATIVE CARE TEAM OF THE YEAR

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

WINNER

TRANSFORMING END OF LIFE CARE
BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST



What they did: Patients in hospital nearing the end of life may go unidentified, with little attempt to understand their wishes or those of their families. Some are repeatedly admitted and discharged in their final months when a better anticipation of their care needs could have prevented it. Many die in hospital when they would have preferred to die at home – though for some, says Dr Harriet Preston, consultant in palliative medicine at Blackpool Teaching Hospitals NHS Foundation Trust, hospital may indeed be the right place to die.

As part of a national plan to improve end of life care, the team at Blackpool first identified the wards where improvements would have the greatest impact. Staff were trained to deliver end of life care and in communication skills. “As a palliative care team we do this day to day” she says, “but there are some wards where they don’t get that many deaths.” Ward-based training was provided, with one of the education team covering for the nurse being trained to overcome the difficulty of releasing nurses from clinical duties.

During the project 1 779 people were identified as suitable for the Amber Care Bundle, a tool for promoting advance planning. Re-admission rates for this group fell from a trust average of 33% to 8.3%, and length of stay was also reduced, saving the trust £84 000 over a period of six months. “We have trained 7 000 members of staff, increased staff confidence and increased the use of the rapid discharge pathway.

Judges’ Comments: We were impressed by the the team’s innovative and inclusive approach to training and education. They demonstrated not only a high level of trust engagement with the project, but worked hard to raise awareness and change attitudes among the public using the local press.

RUNNERS UP

End of Life Single Point Access
Harrow CCG and St Luke’s Hospice

Palliative Neurology Service
Cransley and Cynthia Spencer Hospice,
Northamptonshire

Palliative Care Team
King’s College Hospital Foundation Trust

“Some patients nearing the end of life are repeatedly admitted and discharged in their final months when a better anticipation of their care needs could have prevented it”

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this year's awards*

PREVENTION TEAM OF THE YEAR

This award recognises teams that have made a substantial contribution to reducing inequalities or the risks of future ill health, through prevention or health promotion

WINNER

HOSPITAL ALCOHOL LIAISON SERVICE
TAMESIDE FOUNDATION TRUST, MANCHESTER



What they did: Kerry Lyons, HALS team leader at Tameside Hospital NHS Foundation Trust and an alcohol nurse specialist, says that harmful alcohol use in Tameside, part of Greater Manchester, is significantly higher than the national average. More than one in four adults drinks above recommended limits, with a rise in morbidity and mortality in recent years. Before the service was launched in 2013, there was no alcohol awareness training for any grade of staff, no acute alcohol pathway, no alcohol screening, and no referrals from the hospital to the community alcohol team.

“We have two streams of work” Lyons explains. “One is those who present to A&E with an acute alcohol injury, such as a seizure or alcohol withdrawal, or those coming in with unrelated problems who are screened for possible alcohol harm. Predominantly our work comes from A&E or the acute medical unit, but we cover the entire hospital, even maternity.”

The five-strong team operates seven days a week, 8am to 8pm and can provide guidance, referral to a fibroscan if liver damage is suspected, and referral to community services on discharge. Results are very good.

“We’re lucky here because training is mandatory” Lyons says. “All of our staff, irrespective of grade, have had training in alcohol awareness and the acute alcohol pathway. We actively try to engage the entire workforce – it’s everybody’s business.”

Judges’ Comments: This exceptional project is even more impressive given the context of a district general hospital in special measures when the service was conceived. The small dedicated team brings clinicians and an administrator together to ensure the service outcomes are monitored and improved on a continuous basis.

HIGHLY COMMENDED

Not For Play: Keep Them Away
NHS Greater Glasgow and Clyde
Find and Treat
University College London Hospitals

RUNNERS UP

Expanded Newborn Screening
Sheffield Children’s Foundation Trust
Aortic Aneurysm Screening
Gloucestershire Hospitals Foundation Trust

“Six months after detoxification, 84% of patients remained abstinent and sustained reductions in length of stay have been achieved, with savings since April 2013 estimated at £2.8 million”

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PRIMARY CARE TEAM OF THE YEAR

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

HIGHLY COMMENDED

Carers Clinics
Somercotes Medical Centre, Derbyshire

RUNNERS UP

Bradford Respite and Intermediate Care Service
Bevan Healthcare CIC, Bradford
Community-Based DVT
North East London Foundation Trust
Care Home Pilot
Kendal Integrated Care Community, Cumbria

“Challenges included gaining the confidence of what Harvey calls ‘a very self-sufficient and stoical generation’ ”

Sponsor



WINNER

HYDE HEALTHY LIVING PROJECT
TAMESIDE AND GLOSSOP CCG



What they did: Elderly people living independently want above all to keep it that way, says Dr Jane Harvey, a GP in Hyde, a poor area of Greater Manchester. But they get little help to do so, being largely invisible until a health crisis intervenes. Then they are often admitted inappropriately to hospital, triggering a complex combination of health and social care needs with which services cannot easily cope.

The solution, she believes, is to prevent the crisis by intervening earlier to preserve the autonomy and resilience of the over-75s. Using money from the Better Care Fund, her practice got together with others to identify and stratify over-75s into three risk groups, low, medium and high. “The low risk group were sent a follow-up letter about the project, the middle risk group had a few visits to offer support and information, but the high risk group had intensive intervention” she says.

“We were trying to create what they really felt they needed. There were a lot of social interventions and some medical referrals. Some interventions were really simple. We found one man who’d had falls who was worried about getting his dustbins in and out of his drive for emptying. Actually you can apply to have it done by the dustbin men, but he didn’t know that, and you have to apply online, which can be difficult for the elderly.”

Challenges included gaining the confidence of what she calls “a very self-sufficient and stoical generation”. But results were encouraging, with 60% of the high risk group reporting improvements in their quality of life. More was recouped in unclaimed benefits than the project cost.

Judges’ Comments: The team implemented an integrated approach of holistic care and social prescribing to enhance autonomy and resilience in this population. 3 000 hours of relationship building, holistic They were able to demonstrate a marked improvement in quality of life and an overall return on investment.

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

WINNER

OXYGEN SATURATION TARGETS IN INFANTS WITH BRONCHIOLITIS

STEVE CUNNINGHAM AND THE BIDS TEAM



What they did: Bronchiolitis is a common infection in infants. A minority require admission to hospital, where oxygen levels are monitored and supplemental oxygen provided to those who fall below an oxygen saturation threshold. The question is: where should that threshold lie?

Professor Steve Cunningham of the Department of Child Life and Health at Edinburgh University and colleagues designed a double-blind trial in which infants were randomised to targets of 90% or 94% oxygen saturation. “We wanted to know what it means in terms of outcomes if you go for 90% rather than 94%. The other question is what does it mean for services?”

The answer is that there is no clinical difference. Time to resolution of cough – the primary outcome – was the same in both groups. “The other outcomes were better in the lower oxygen group” he says, “the kids started feeding sooner and the parents’ perception was that the kids got better sooner.” This suggests that higher oxygen levels may be detrimental, possibly because they speed RSV replication.

The findings have service implications, because they mean that fewer patients will require supplemental oxygen and in those who do the time it is needed is reduced from 27.6 hours to 5.7 hours. For paediatric hospitals bronchiolitis is a huge issue every winter - “There’s a six-week period, between mid-November and the end of December, when the whole thing is gridlocked” he says. A lower oxygen threshold can reduce that pressure and in future may enable oxygen at home rather than in hospital.

Judges’ Comments: With this study, defining oxygen saturation targets in infants with bronchiolitis can finally move from opinion based to evidence based medicine. The study is elegantly designed and brings robust evidence to treatment decisions concerning one of the most common causes of hospital admission in infants.

RUNNERS UP

Dr Nicholas Hopkinson et al
Bronchoscopic lung volume reduction with endobronchial valves for patients with heterogeneous emphysema and intact interlobar fissures: a randomised controlled trial.
The Lancet, Volume 386, Issue 9998, 1066 - 1073 doi.org/10.1016/S0140-6736(15)60001-0

Professor Richard Gray et al
Aromatase inhibitors versus tamoxifen in early breast cancer: patient-level meta-analysis of the randomised trials.
The Lancet, Volume 386, Issue 10001, 1341 - 1352 doi.org/10.1016/S0140-6736(15)61074-1

Professor Bryan Williams et al
Spironolactone versus placebo, bisoprolol, and doxazosin to determine the optimal treatment for drug-resistant hypertension: a randomised, double-blind, crossover trial.
The Lancet, Volume 386, Issue 10008, 2059 - 2068 doi.org/10.1016/S0140-6736(15)00257-3

Professor Kazem Rahimi et al
Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis.
The Lancet, Volume 387, Issue 10022, 957 - 967 doi.org/10.1016/S0140-6736(15)01225-8

“The findings mean that fewer patients will require supplemental oxygen”

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SPECIAL ACHIEVEMENT AWARD 2016

DR KATE GRANGER

thebmj**awards**

This award recognises someone who through their extraordinary individual effort has achieved a substantial impact on healthcare

WINNER

DR KATE GRANGER
SPECIAL ACHIEVEMENT AWARD



“I NEVER
THOUGHT IN MY
HOSPITAL BED
SENDING THAT
TWEET I WAS
GOING TO SET OFF
THIS CASCADE
OF EVENTS”

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Kate Granger, a young doctor from Yorkshire and winner of a BMJ Special Achievement Award, has turned an uncaring moment in an emergency department into a growing worldwide movement under the simple slogan: “Hello, My Name Is...”

Granger has cancer, and her experience of healthcare has inspired her to hold a mirror up to the NHS and say “this is what it’s like.” Her observations, conveyed through tweets, blogs, articles, books and speeches, have articulated the feelings of millions about how they are treated by doctors – a complex mixture of gratitude for the care provided and anger that it is not provided more caringly.

She remembers the moment that triggered her into action. “The first doctor that really struck me was an SHO in A&E” she told *The BMJ*. “He was wearing scrubs, he had no name badge on him, and he had a stethoscope round his neck – he could have been anyone. It was really hard to get him to tell me who he was – he was almost defensive. I wasn’t being horrible or anything, I was really poorly.”

She told her husband Chris how she felt and he said “If it is that important to you, do something about it.” Already a regular on Twitter, Granger sent a tweet on August 31 2013 saying “Going to start a ‘Hello My Name Is...’ campaign. Have sent Chris home to design the logo.”

“It’s unbelievable when you look at that hashtag (#hellomynameis) and you see people across the world responding to it. We’ve now got 42 000 followers.

“I’ve just had a Spanish radiology doctor tell me he’s introduced it into all his training. It’s being translated into different languages, it’s in sign language, people are starting to

think how to do it with disabled people who can’t communicate. The breadth of what’s happened is amazing.”

Rosamund Snow, The BMJ’s Patient Editor, says that Granger’s work illustrates that being a patient gives you insight and experience that is valuable and means that you have something to teach doctors.

Snow says. “She’s transcended the doctor/patient divide; she’s both, and she works to break down that barrier between the two sides. From a single idea while lying ill in a hospital bed, she’s inspired doctors and impacted on hospital policy and changed training in medical schools - not just here but internationally.”

Granger was a 29 year old registrar in elderly medicine at Pinderfields Hospital in Wakefield, when first diagnosed with desmoplastic small-round-cell cancer, a rare and aggressive form of the disease that occurs primarily as masses in the abdomen. The condition has few warning signs and the prognosis is poor. She soon started tweeting about her experience: the light-bulb moment when she launched Hello My Name Is ... came later, after she had learned her cancer had spread.

When working as a doctor, *The BMJ* asked, has she always introduced herself to her patients? Speaking from a hospital bed after a recent infection, she replied: “I don’t think I could put my hand on my heart and say I’ve introduced myself to every single patient I’ve ever looked after. I don’t think any doctor could, because there are times when you’re worried about things with a patient and you’re more concerned about that. But I think the experience of being a patient switched things towards me thinking about behaviours more, and how to look after people.”

PROFESSOR ANTHONY COSTELLO

This award is given to a doctor or medical researcher who has made - and continues to make - an outstanding contribution to improving health or healthcare

WINNER

PROFESSOR ANTHONY COSTELLO

THIS YEAR'S WINNER OF THE BMJ LIFETIME ACHIEVEMENT AWARD



Had Anthony Costello set out to create the perfect CV for the job he now holds - head of maternal, newborn, child and adolescent health at WHO - he could hardly have planned it better. But when this year's winner of the BMJ Lifetime Achievement Award took a job in Nepal with the Save the Children Fund in 1983, colleagues warned him his career was toast.

"They told me 'You've fallen off the academic ladder'" he says. "The job was running a public health programme for mothers and children in West Nepal, two day's walk from the nearest road. I thought 'stuff it, let's go.' You live once, take a risk."

Costello had long been fascinated by the idea of research. Born and brought up in south east London in a close-knit Catholic family, he was the first Costello to go to university. He read medicine at Cambridge after school at St Joseph Academy in Blackheath, where he enjoyed biology and was intrigued by the word research. "I didn't really know what it meant but it sounded exciting." ▶

**"I THOUGHT
'STUFF IT, LET'S
GO.' YOU LIVE
ONCE, TAKE
A RISK"**



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He trained at the Middlesex Hospital, got his MRCP, and chose paediatrics as his specialty. Any particular reason? “I like paediatricians. I mean, surgeons... they’re different, I couldn’t be a surgeon. There was one paediatrician at the Middlesex who was very lovely and gentle and he didn’t mind if babies crapped on his tie, things like that. I thought that seemed rather nice.”

After Queen Elizabeth’s Children’s Hospital in Hackney (like the Middlesex, now just a memory) his next stop was University College London. “They were into brain scanning, very high-tech magnetic resonance spectroscopy of the infant brain. It was the first paper ever published on that, and I was the baby-carrier. That captured me because I suddenly realised it’s quite exciting doing research, when you’re in a team.”

More baby-carrying lay ahead, but in a very different place. “I’d always wanted to go overseas. The MRC gave me a job in a unit in Gambia. Then a day later they rang up and said Mrs Thatcher had cut the budget of the MRC so there was no longer a job.

“A week later I was called for an interview at Save the Children Fund. I was completely unprepared for it but they gave me the job in Nepal. It was fantastic, like going back to another century. There were a lot of lovely people. But it was quickly apparent to me that doing stuff through health services wouldn’t work in a place where 90% of women delivered at home.”

Returning to England in 1990, Costello got a job at the Institute of Child Health, because they had a centre for international child health through which he hoped he could sustain his links with Nepal. “At the time I thought ‘do I want to be a white expert flying in and out of countries?’ but then I realised setting up partnerships with people is the answer. It’s best to work through local institutions—it works better, it takes longer to set up, but you have much more leverage in national policy. I found a good partner in Nepal, a local professor there, and we set up an NGO and then we worked with government doing community effectiveness research—rigorously, but about things than can be implemented at scale.

“First we did a very conventional health education study, but we did it as a trial. At the time, very few health education projects had been subjected

to a trial. We did it in a slum population in Kathmandu, over about two and a half years and we showed no impact whatsoever... which was kind of interesting.

“I then began to realise that changing behaviour is a bit more complicated, learning from psychologists about social cognitive models and peer pressure, basically that people learn to change behaviour when their peers do.

“We set up a trial in a women’s group in a remote part of Nepal and I immediately thought this can’t work because we don’t have enough women attending our groups. When we analysed the data after three years we were rather astonished at a 30% reduction in infant mortality rates. We published this in the *Lancet*, very excited, and nobody believed us”.

But lots of subsequent studies elsewhere have shown that it really does work. A recent meta-analysis of seven such trials showed that maternal mortality was halved and newborn mortality cut by one third in populations where more than 30% of pregnant women joined the women’s group programme.

Fiona Godlee, editor in chief of *The BMJ* says of Costello: “He has been a powerhouse of clinical and public health research and advocacy on behalf of women and children. He is admired as a teacher and advocate of patient involvement in research and delivery of care.”

And he is, she adds, an important voice urging action on climate change, a reference to two influential reports he chaired when he was director of the Institute of Global Health at UCL.

Will WHO slow him down? He’s very positive. “I was very surprised by WHO. I expected it would be a burnt-out slightly run-down organisation, but I’ve never worked so hard in my life. There are a lot of people there who are very passionate and smart.”

But as a self confessed supporter of Millwall FC, a positive outlook is a prerequisite. Asked if he has had a mentor, he mentions his two grandfathers. “They were best friends, they lived opposite each other in the same road in Forest Hill. They both played chess, they both supported Millwall, as I do, they both fought on the Somme. I knew them both very well, and they influenced me a lot.”

“I EXPECTED WHO TO BE BE A BURNT-OUT SLIGHTLY RUN-DOWN ORGANISATION, BUT I’VE NEVER WORKED SO HARD IN MY LIFE. THERE ARE A LOT OF VERY PASSIONATE AND SMART PEOPLE THERE”



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