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2015 AWARDS THE WINNERS

In association with



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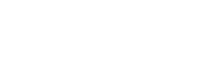
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FOREWORD

FIONA GODLEE



A little over six months ago The BMJ Awards 2015 opened for entries. We weren't sure what to expect. Winter was coming and the pressure on the NHS was mounting. We were only too aware that doctors and their teams barely had time to draw breath between patients. How would they find time to enter?

Somehow, in their scores, they managed. And thank goodness they did because in those entries lies a truth that too rarely gets spoken: the health service is stuffed full of dedicated teams doing jaw-droppingly great work for the benefit of patients. In these awards we salute you.

Plentiful excellence brings its own challenge, of course, to an awards programme which must pare down a mountain of deserving entries to a handful of finalists in each category and, hardest of all, select a winner. That most difficult of tasks was embraced by our team of judges whose professionalism and hard work was exceeded only by their eminence. And it is no surprise that many of them remarked on the privilege it had been to glimpse such amazing talent at first hand.

Contained in this winners brochure, then, are the best of the best – those teams who have gone the extra

mile and found a way to overcome obstacles that most do not. They are beacons within health care and we are proud to play our part in giving them the recognition they deserve.

Of course celebrating excellence in appropriate style and ensuring it reaches the wider audience it deserves requires financial support and we are all of us indebted to our sponsors whose generous support makes The BMJ Awards possible. We are especially blessed that our supporters come from such a wide spectrum of organisations – from pharmaceutical companies to the MDDUS and from charities to many of the most important institutions in the medical landscape. Such support is what helps make the BMJ Awards the Oscars of medicine.

But important as our sponsors and judges are, it is the entrants who deserve this moment in the spotlight. So, congratulations to the winners, commiserations to the other shortlisted teams and, to anyone reading this brochure, we hope you are inspired!

Fiona Godlee
Editor in Chief, *The BMJ*

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
Chief Executive and Medical Director, FMLM



Niall Dickson
Chief Executive and Registrar, GMC



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and Management**

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Medical
Council**

The GMC's purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

Jointly promoting effective leadership and management for better patient care

CLINICAL LEADERSHIP TEAM OF THE YEAR

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

WINNER

ANTENATAL CARE INITIATIVE
PERINATAL INSTITUTE, BIRMINGHAM



What they did: Sometimes problems conceal themselves in plain view. Stillbirth rates in the UK have been the highest in western Europe and have remained unchanged for 20 years. “Two thirds of these deaths were classified as unexplained, and many took that to mean unavoidable” says Professor Jason Gardosi, Director of the Perinatal Institute, a national not-for-profit organisation set up to improve the quality of maternity care. “People just shrugged their shoulders. It took a long time to change that and raise the profile of stillbirth.”

The Institute conducted research which identified unrecognised growth restriction in the womb as a major cause of stillbirth, and developed individualised growth charts which could be used by midwives and doctors to detect babies at risk by accurately plotting their rate of growth. “Detection is important as the only treatment we have is inducing labour at the appropriate time. These babies need to be delivered from danger, before they die.”

A pilot programme in the West Midlands saw stillbirth rates falling to their lowest-ever levels. The customised growth charts have now been rolled out nationally and in 2013 there were 500 fewer stillbirths in England compared with the average for the previous ten years. “Implementing new ways of working is not easy, and in maternity care the additional challenge is the multidisciplinary nature of the specialty. However with the help of an enthusiastic team, we found that most clinicians are keen to listen to evidence and improve the safety of their practice.”

Judges’ comments: A fully delivered programme of national and international scope saving a significant number of lives and sorrow; achieved with quiet, relentless, determined leadership across a complex network of healthcare provision.

RUNNERS UP

ADOLESCENT DIABETES TEAM
Portsmouth Hospitals Trust

BUILDING THE ED SERVICE
Surrey and Sussex Trust
@sashnhs

TIME TO HEAL TEAM
Gloucester Royal Hospital

NURSE INTRAVITREAL INJECTIONS
Moorfields Eye Hospital

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Faculty of
Medical Leadership
and Management

DEMENTIA TEAM OF THE YEAR

This award recognises a project which in line with the government's dementia strategy makes an outstanding contribution to the care of patients with dementia

HIGHLY COMMENDED

MEMORY CAFE
North Bristol Trust
@NorthBristolNHS

RUNNERS UP

DEMENTIA FIRST AID COURSE
Hertfordshire Partnership
University Foundation Trust

DEMENTIA CHALLENGE PROJECT
Surrey and Borders Partnership
Trust

**INTERMEDIATE CARE SERVICE FOR
DEMENTIA**
Dorset Healthcare University
Foundation Trust

WINNER

TORBAY AND SOUTH DEVON DCH LEARNING COMMUNITY
DEVON PARTNERSHIP TRUST



What they did: Raising the quality of care in residential homes is demanding, admits Dr David Somerfield of Devon Partnership NHS Trust. A TV documentary by Gerry Robinson in 2009 had shown that South Devon had some of the best and some of the worst dementia care homes. "That galvanised us, but we couldn't get the funding at the time" he says. The Prime Minister Dementia Challenge Fund came to the rescue with a two-year grant worth £255 000.

"One problem is that as soon as you have trained one lot of staff, they're gone. So we got together with care home owners and tried to identify people who would be around a while. With 180 care homes in South Devon and the attainment standards of staff generally low, you can't hope to do it all at once. We focussed on 13 homes and used another ten as controls."

The project identified dementia champions in each home, working with them to improve knowledge, leadership skills and confidence. Other staff were also trained, though less intensively. The aim was to improve care in the homes, and reduce emergency admissions. The first appears to have been achieved, with good feedback from patients and carers; the second will be the subject of longer-term analysis, conducted independently by a team at Plymouth University.

Judges' comments: This innovative project was truly person centred and is improving care for some of the most disenfranchised and vulnerable people in society – those with dementia who live in care homes.

Its use of change management encourages staff to develop reminiscence rooms and activities that turn ritualistic care into care that staff feel proud of. This low cost intervention is highly sustainable and its outcomes are being formally studied by Plymouth University.

Sponsor

Dementia UK
Improving quality of life

DIABETES TEAM OF THE YEAR

The Diabetes team award recognises an innovative project that has measurably improved care in diabetes through better engagement with patients and carers

WINNER

SOUTH ASIAN DIABETES EDUCATION

SOUTH ASIAN HEALTH FOUNDATION, BIRMINGHAM



What they did: One group that has proved resistant to open discussion of medical issues in the South Asian community, says Dr Kiran Patel, who chairs the South Asian Health Foundation. He traces this reluctance to the culture of the sub-continent, where to admit to health problems was to risk marital capital. “We’ve struggled with community engagement” he admits.

The answer came in asking local communities to arrange meetings themselves, outside health premises and in halls, temples and gurdwaras (Sikh places of worship). A total of 11 events were held and covered broad-brush discussions about diabetes, the services available, and self-management. “We also did some myth-busting” he says. “For example, there’s a belief that if you start taking insulin to control diabetes, you’re going to die within 12 months. We explained that you’re not.”

Outcomes from the programme, funded by an educational grant from Novo Nordisk, are qualitative rather than quantitative, but he is pleased to have found a formula that works in reaching a community with a high diabetes risk but a reluctance to talk about it.

Judges’ comments: In early 2014, the South Asian Health Foundation extended its South Asian Community Health Education and Empowerment (SACHE) programme to include South Asians diagnosed with diabetes.

This impressive project targeted a high risk population in 7 major cities in the UK and is breaking down cultural barriers by taking important diabetes education out into the communities – to schools, community centres and places of worship, embedding health ambassadors in schools and recruiting local pharmacists as champions. They are achieving powerful attitudinal changes in areas of significant educational need.

It is only fitting that the phonetic translation of SACHE in Hindi is “trust”.

HIGHLY COMMENDED

**SOUTHPORT AND ORMSKIRK
PAEDIATRIC DIABETES TEAM**
Southport and Ormskirk Trust

RUNNERS UP

**BERKSHIRE WEST DIABETES
NETWORK**
Royal Berkshire Foundation Trust

DIABETES OUT THERE
Tayside Service for Diabetes
in the Young

**DIABETES PSYCHOLOGICAL
MEDICINE SERVICE**
West London Mental Health Trust
@apksachar

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We're delighted to sponsor the Gastroenterology Team Award which recognises fresh approaches in our industry and to celebrate innovation in healthcare.



GASTROENTEROLOGY TEAM OF THE YEAR

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

WINNER

INTESTINAL FAILURE TEAM

CARDIFF AND VALE UNIVERSITY HEALTH BOARD



What they did: Patients who suffer intestinal failure need parenteral feeding, delivering nutrients intravenously to compensate for the failure of the normal digestive process. This can be done at home, once patients are trained in the technique. But in Wales in the 1990s, such training was unavailable unless patients were willing to travel either to London or to Salford. A team at Cardiff and Vale Health Board, starting in 2004, commissioned a service for training in home parenteral nutrition for Welsh patients.

When the service started, there were 22 patients in Wales on home parenteral nutrition – now there are 106. “Training is vital because if you don’t use the full sterile technique you get fevers and have to be rushed into hospital,” says Dr Barney Hawthorne, the consultant gastroenterologist who chaired the group responsible for commissioning the new service. “And each time a new line has to be put in, you run a risk of damage to the big veins.”

The scheme has been a success, with low rates of infection, an average of 0.43 catheter-related infections per 1000 patient days. Patient satisfaction is high, with 97% pleased with the training they received, and costs are lower than when patients had to be sent to England for training.

Judges’ comments: Most impressive is the empowerment of patients to become confident in management of their own line care for TPN. At discharge from hospital, 85% of people are independent in line care (compared to 27.5% nationally). Excellent team work with dedicated multidisciplinary approach and the impact on patients is what impressed us about this intervention. A great service for the population of Wales with very good patient satisfaction data, low line sepsis and a very high proportion of patients on independent line care. We were impressed by the strong team, working well together with strong training and mentorship and patients managed superbly.

RUNNERS UP

MANAGEMENT OF PAEDIATRIC CIPO

Great Ormond Street Hospital

THE NOTTINGHAM COMMUNITY BIOMARKERS TEAM

Nottingham University Hospitals and University of Nottingham

IBD-SSHAMP

Luton and Dunstable University Hospital

@drmattwjohanson

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INNOVATION TEAM OF THE YEAR

thebmj**awards**

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

HIGHLY COMMENDED

DEAN STREET EXPRESS
Chelsea and Westminster
Foundation Trust

RUNNERS UP

**OUTPATIENT MANAGEMENT
OF PNEUMOTHORAX**
Kettering General Hospital

HOME FOR LUNCH
University College London Hospital

**EBOLA VIRUS DISEASE
TREATMENT UNIT**
Defence Medical Services, London

WINNER

INNOVATIONS IN PROSTATE CANCER
UNIVERSITY COLLEGE LONDON HOSPITAL AND UCL



What they did: Taking a fresh look at the entire patient pathway in prostate cancer has led to better diagnoses, fewer and better biopsies and a vastly improved patient experience, says Dr Hashim Ahmed of University College London, an honorary consultant urologist at UCLH NHS Foundation Trust. At the heart of the change is better diagnosis. “Prostate cancer historically has been the only solid cancer that relied on random biopsies for diagnosis” Ahmed says. “They have been taken through the back passage with no knowledge of the cancer location. Bleeding, pain, and life-threatening infections can occur, and the random needle deployment leads to 30% of cancers being missed and indolent cancers detected by chance.”

At UCLH, highly accurate magnetic resonance imaging allows men without cancer to avoid biopsy, while those with a suspicious lesion can have an accurately targeted biopsy, carried out through the skin and virtually eliminating infection. A one-stop diagnostic service allows men to be reviewed, scanned and, if necessary, biopsied in one day. “It was a challenge to do all these things” says Ahmed. “But we now have 30% fewer biopsies, 30% better cancer detection, fewer radical treatments, a greater number of day-case treatments and fewer complications and side-effects. The next step is to get this new pathway adopted across Europe.”

Judges’ comments: The judges felt that the innovations UCLH/UCL had made in the diagnosis and treatment of prostate cancer were a high impact, disruptive approach that could have a significant global impact. The benefits were clear in terms of outcomes (including patient experience) and costs.

The novel approach of UCLH/UCL impacted men’s lives in a positive way, negating the need for an undignified and painful process in many cases.

The judges commended the team’s ambition for their approach to become standard clinical practice worldwide over the next five years and looked forward to seeing this becoming reality.

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IMAGING TEAM OF THE YEAR

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

WINNER

MERCURY II: LOW RECTAL CANCER

PELICAN CANCER FOUNDATION AND THE ROYAL MARSDEN



What they did: Better imaging of rectal cancers using MRI scans to locate and map the tumour site more accurately have led to improved outcomes for patients, with a reduced risk of long-term damage.

“When we started, people were wanting to do very big operations and irradiating all the patients” says Professor Gina Brown of the Royal Marsden Hospital in London, who was chief investigator of the Mercury trial into the use of MRI for staging rectal cancer. “It’s a very radical operation, fine if you need it but some patients don’t, and the side-effects can ruin your life.”

Changing this started with the study, funded by the Pelican Cancer Foundation, which aimed to validate an MRI classification system for cancers in the lowest third of the rectum, where outcomes were worse. “MRI produces exquisite detailed pictures,” Brown says, “enabling the surgeon to operate more precisely.” Incomplete removal of the tumour, typically around 30%, was reduced to 9%, even lower in some patients whose MRI scans showed that in their cases sphincter-preserving surgery without preoperative radiotherapy was possible.

Judges’ comments: Professor Brown’s group is a world-leading partnership between radiologists, pathologists and surgeons addressing a major health need – improved outcomes for rectal cancer patients. They have shown sustained commitment to quality improvement over many years with proven improvements to outcomes for patients.

The judges were particularly impressed with the way the team are disseminating their findings through events and fellowships. The benefits and improved patient outcomes apply to the UK, Europe and worldwide, they are also extremely cost-effective on a national and international scale.

HIGHLY COMMENDED

PALLIATIVE OUTPATIENT ASCITES DRAINAGE

Great Western Foundation Trust,
Swindon

RUNNERS UP

LOTHIAN STROKE IMAGING

University of Edinburgh and
NHS Lothian
@EdinUniBRIC

NON-CONTRAST IMAGING

Guy’s and St Thomas’
Foundation Trust

MINIMALLY INVASIVE AUTOPSY

Sheffield Children’s Hospital

Sponsor



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PALLIATIVE CARE TEAM OF THE YEAR

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

WINNER

BAWC LAST YEAR OF LIFE PROJECT

PALLIATIVE CARE MANAGED CLINICAL NETWORK, BRADFORD



What they did: The decision by the Department of Health in 2013 to phase out the Liverpool Care Pathway has left palliative care teams to reinvent end-of-life care, says Dr Andrew Daley, consultant in palliative medicine. Palliative care is widely available to cancer patients but they are less than 30% of those who are approaching the end of their lives, he says. “The other 70% include patients with COPD, heart failure, neurological conditions, dementia. The majority of these deaths are predictable with hindsight but not acknowledged in advance with patients and carers.” The service set out to change that by improving identification, using electronic systems to record people’s preferences about the care and introducing what Daley calls the most original element – a 24-hour telephone advisory service staffed by nurses, called Goldline.

“When patients ring the Goldline number they are through to a senior nurse. They manage the calls by advice or reassurance, send a community nurse or a doctor, or seek advice from consultants.”

Of more than 200 calls in six months in 2014, only one resulted in an admission to hospital or hospice. Over that period it is estimated that 89 admissions or A&E attendances were avoided. In 2013-14 the data show 4172 deaths, only 14% in hospital and 75% at home.

Judges’ comments: The key strengths of the Last Year of Life Project were that it was an innovative, collaborative project that brought about an impressive amount of change and positive improvement in end of life care for people in this region. The team was well established, reaching a high proportion of people at the end of their life in their population. The team were committed to making sure their interventions and services were well coordinated and have extended the project beyond specialist palliative care – with 46% of Goldline patients not under specialist palliative care services.

HIGHLY COMMENDED

PARKINSON’S PALLIATIVE CARE
Scarborough Hospital and St Catherine’s Hospice

RUNNERS UP

PALLIATIVE MEDICINE TEAM
Beatson West of Scotland Cancer Centre

HOSPICE ULTRASOUND SCANNING SERVICE
Douglas Macmillan Hospice, Stoke-on-Trent
@dougimacstoke

SUPPORTIVE AND PALLIATIVE CARE TEAM
Royal Surrey County Foundation Trust

Sponsor



MENTAL HEALTH TEAM OF THE YEAR

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

RUNNERS UP

OUTCOME ORIENTED CAMHS
Lincolnshire Partnership
Foundation Trust

SAFER WARDS
East London Foundation Trust
@ELFT_QI

ACUTE CARE REDESIGN
Manchester Mental Health
and Social Care Trust
@NHSMMHSCT

**PHARMACY AND PSYCHIATRY
PROJECT**
RAID Liaison Psychiatry,
Birmingham

GLOBE WARD VIOLENCE PROJECT
East London Foundation Trust

WINNER

CITY AND HACKNEY PCPCS
TAVISTOCK AND PORTMAN FOUNDATION TRUST



What they did: Some patients fall between the gaps in care – too complex for the talking therapies provided under the Improving Access to Psychological Therapies programme, but not severe enough for referral to community mental health services. “They take up a lot of GPs’ time and are frequent attenders at A&E,” says Dr Julian Stern, consultant psychiatrist in psychotherapy at the Tavistock and Portman NHS Foundation Trust in London. They include those with medically unexplained symptoms, those with complex personality difficulties that fall short of the secondary care threshold, and those with psychiatric diagnoses not treated in secondary care.

“We were commissioned to provide a service for these patients serving 40 GP practices in East London,” Stern says. “We provide two types of consultation, either directly with a GP to discuss cases and help GPs improve their skills, or three-way consultations with the GP, the patient, and the psychotherapist. They take place in the GP surgery – we’re bringing psychotherapeutic thinking into general practice.”

The cost per patient averages £1348 for typically 12-13 sessions, but there are savings in reduced subsequent use of services and the cost per QALY, at £10 900, is well within the National Institute for Health and Care Excellence threshold of cost-effectiveness.

Judges’ comments: Judges commended their novel, patient-focused approach which challenged the conventional view of psychotherapy by being “the opposite of precious.” The team have been able to demonstrate success with staff, local GPs, and, most importantly, with service-users, who are experiencing higher rates of improvement and recovery, with a concomitant decrease in costs and frequent GP attendances. Also commendable is their collaborative approach. Their project has been responsive and offers good value for money.

Sponsor



PATIENT SAFETY TEAM OF THE YEAR

This award recognises teams that are leading the way in working to improve patient safety and providing better outcomes

WINNER

HIP QUALITY IMPROVEMENT PROGRAMME

NORTHUMBRIA HEALTHCARE FOUNDATION TRUST



What they did: Hip fracture is common: there were 70 000 admissions in the UK last year to 176 hospitals, with considerable variation of care. Treatment is complex and mortality at one year is around 30%. Northumbria Healthcare NHS Foundation Trust resolved in 2010 to improve its own care, using the best evidence available in a comprehensive package of change, led by orthopaedic surgeon Mr Dominic Inman, chairman of the trust's hip fracture quality improvement steering group.

"This was an important problem to tackle," says Annie Laverty, director of patient experience. "One in five aren't going to make it home again." The programme covered many aspects of care, but a few stand out: pain block provided in A&E, enhanced nutrition, surgery within 36 hours, and rapid mobilisation after surgery.

"We went from none of the patients getting pain block on admission to 90%," says Mr Mike Reed, head of governance, trauma and orthopaedics at the trust. "It's so effective. It reduces pain and the need for morphine, and it's associated with a drop in mortality. It also helps with the big change we made in mobilising patients sooner, because the pain relief helps make that possible." The trust also sped patients into surgery, and is now in the top 5% in the country on this metric.

Judges' comments: We were particularly impressed that this organisation had chosen a pathway of care which is often overlooked, although it impacts on over 70 000 patients every year in the UK.

The team demonstrated an organisational culture which allows clinical innovation, recognises the value of patients being at the core of change management, and enables clinical innovation to be consistently supported by quality improvement, science and culture. The principles demonstrated by this project should be within the fabric of every healthcare organisation.

RUNNERS UP

REDUCING HOSPITAL MORTALITY
Portsmouth Hospitals Trust
@QAHospitalNews

SPSP SEPSIS COLLABORATIVE
NHS Greater Glasgow and Clyde,
NES and HIS

**PRE-IMPLANTATION GENETIC
DIAGNOSIS CENTRE**
Guy's and St Thomas'
Foundation Trust

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PRIMARY CARE TEAM OF THE YEAR

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

HIGHLY COMMENDED

MARGINAL GAINS, SCALABLE IMPACT

Sycamore House Medical Centre,
Walsall
@medtechidea

RUNNERS UP

THE I-VAN COMMUNITY PROJECT

Ipswich and East Suffolk CCG

ATLAS MEN'S WELL-BEING SERVICE
Victoria Medical Centre, London
@vicmedcentre

FRAIL AND ELDERLY PROGRAMME
Camden CCG, London

WINNER

ARGYLE CARE HOME SERVICE

ARGYLE SURGERY, EALING



What they did: Primary care in nursing homes is variable in quality, says Dr Anna Down, a GP in Ealing, West London. "In one home there were 75 residents registered with 15 different GPs. If care is needed the staff didn't know who to call." There are also, she says, issues over end-of-life care, medicines management, patient satisfaction and reduction in inappropriate A&E visits and hospital admissions.

The Argyle Surgery set out to devise a better service and in July 2013 won a tender to provide it. Named GPs make scheduled visits to homes lasting four hours per 50 patients per week and provide urgent care with a doctor on call 8 am to 8 pm every day of the year. "Residents aren't obliged to register with us, and some prefer to stay with their existing GP," she says. "We don't mind, it makes no difference to how we provide our service, just to how many patients we see. Over time patients do tend to shift across, often after we've visited a home to do flu jabs."

The service now covers 900 patients in 20 of Ealing's 23 homes and A&E attendances for the patients covered fell by 20% between April 2013 and the same month in 2014.

Judges' comments: The team have shown great outcomes for patients through reduced hospital admissions and usage. Satisfaction amongst patients, relatives, carers and home managers is very high. The team are also able to support patients reaching the end of their lives enabling them to die in the place of their choice.

This team are setting a great example of what GPs can do. They are an exceptional team of highly committed and talented people, delivering high quality, safe services to a traditionally underserved and vulnerable group of patients.

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

DISCREPANCIES IN AUTOLOGOUS BONE MARROW STEM CELL TRIALS

ALEXANDRA N NOWBAR AND THE DAMASCENE TEAM



What they did: Do stem cells taken from the bone marrow and injected into patients with heart disease improve heart function? Lots of people believe so, and meta-analyses by the Cochrane Collaboration show a significant positive effect. But individual trials produce conflicting results, for no very obvious reason.

Darrel Francis, Professor of Cardiology at Imperial College in London says: “Some things in the early trials didn’t add up and when we went to the journals that published them, we were fobbed off. So we decided to look at discrepancies in all the published trials.”

The team’s paper, published in *The BMJ*, concluded that the more discrepancies a paper contained, the more positive its results. “This field of therapy appears to be most effective in the hands of researchers whose reports contain factual impossibilities,” say Francis and colleague Graham Cole. “Indeed, when the factual impossibilities disappeared, so did any effect of the therapy.”

They expected a sharp reaction from researchers with many discrepancies. “We tried to soften the blow by not naming the hundreds of report authors directly,” Francis says. “But it was authors with few discrepancies, and small or zero effect sizes, who criticised the study most vocally.”

Judges’ comments: This study blows the whistle on therapeutic claims, signalled by errors in reporting. To do this, it pioneers a new approach to assessing the quality of research. In doing so, the authors cast a spotlight on problems in some of the original investigations and the way that the investigators reported their studies.

Their findings also slam the editorial and peer reviewer processes of the journals in which these studies were reported. This was a novel approach to detecting underlying issues in scientific reporting.

RUNNERS UP

DR EMANUELE DI ANGELANTONIO ET AL

The Emerging Risk Factors Collaboration, Glycated Hemoglobin Measurement and Prediction of Cardiovascular Disease, *JAMA*, 2014;311(12):1225-1233 doi10.1001/jama.2014/1873

PROFESSOR SARAH C DARBY ET AL

Early Breast Cancer Trialists’ Collaborative Group, Effect of radiotherapy after mastectomy and axillary surgery on 10-year recurrence and 20-year breast cancer mortality: meta-analysis of individual patient data for 8135 women in 22 randomised trials, *The Lancet* 2014; 383:2127-35 doi.org/10.1016/s140-6736(14)60488-8

PROFESSOR SUZANNE HAGEN ET AL

Individualised pelvic floor muscle training in women with pelvic organ prolapse (POPPY): a multicentre randomised controlled trial. *The Lancet* 383, March 1 2014 796-806 doi.org/10.1016/50140-6736(13)61977-7

PROFESSOR PAUL LITTLE ET AL

Delayed antibiotic prescribing strategies for respiratory tract infections in primary care: pragmatic, factorial randomised controlled trial. *BMJ* 2014;348:g1606 doi10.1136/bmj/g1606

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NICE National Institute for Health and Care Excellence

WOMEN'S HEALTH TEAM OF THE YEAR

thebmj**awards**

This award identifies an innovative project in the field of women's health which has measurably improved care for patients

HIGHLY COMMENDED

DAYCASE BREAST CANCER SURGERY

Wrightington, Wigan
and Leigh Foundation Trust

RUNNERS UP

IMPROVING INDUCTION OF LABOUR

Barts Health Trust

DIABETES PRECONCEPTION WEBSITE

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WINNER

ESSENTIAL OBSTETRIC TRAINING

CENTRE OF MATERNAL AND NEWBORN HEALTH, LIVERPOOL



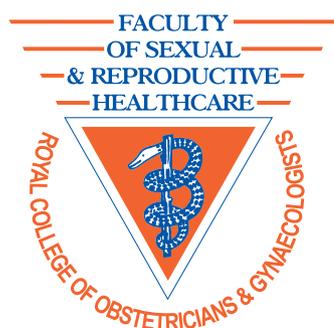
What they did: In low and middle-income countries with weak health care systems, services in obstetrics and care of the newborn struggle. This is the problem addressed by the "Making it Happen" programme from the Liverpool School of Tropical Medicine, which mobilises 300 UK-based volunteers to deliver short courses of training in 11 countries across sub-Saharan Africa and South Asia.

"We go out initially to start training and build up capacity, and then we play a quality assurance role," says Dr Charles Ameh, deputy head of the Centre for Maternal and Newborn Health at the school. "Most of our volunteers work fulltime in the NHS and take unpaid leave to carry out the training, so we make sure they are away for a maximum of two weeks at a time." Sustaining the improvements achieved is very important so the team has set up and furnished more than 200 skills rooms in countries where they have been active to scale up training packages to regional and national levels. Outcomes show a mean reduction in maternal deaths of 50% and a 15% reduction in stillbirths.

"We've trained over 12 000 health care workers so far in phase 2 of the project and our target is 17 000," Ameh says. "Clearly there's a high need for this kind of training."

Judges' comments: Over the last 6 years, this inspiring project has saved the lives of countless women and babies in 11 developing countries across several continents. In 2014 alone, its UK-based volunteers have held over 100 3-day essential obstetrics knowledge and skills training courses for local healthcare teams and trainers. The courses have had an impact in the trial countries on a wide range of staff, from senior healthcare workers to undergraduate students. Sustainability at a local level through train-the-trainer courses and fully-equipped, designated skills training rooms has been achieved for continued long-term gains. The project has been continuously expanding its geographical reach to tackle maternal morbidity.

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LIFETIME ACHIEVEMENT AWARD 2015

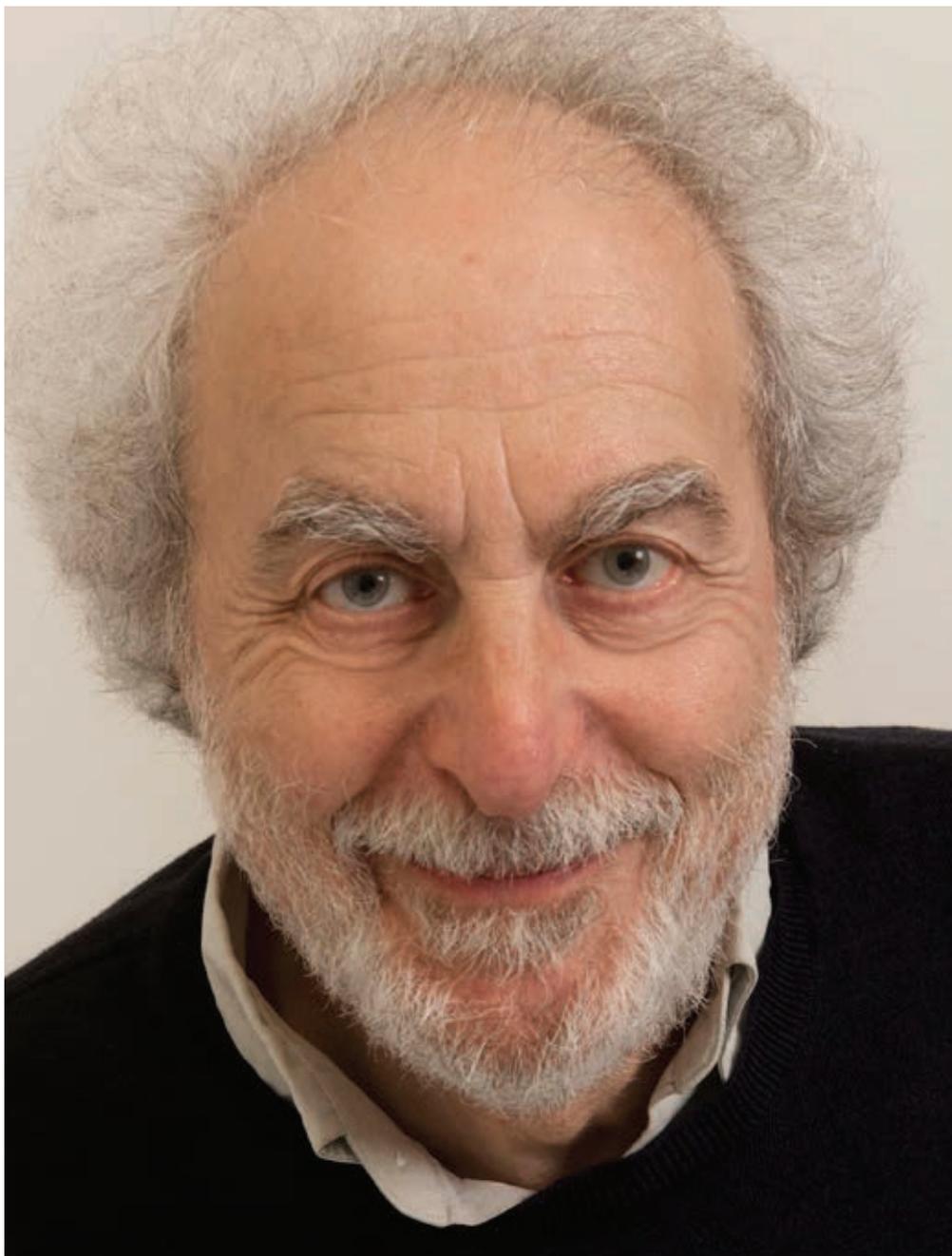
PROFESSOR DOUG ALTMAN

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

WINNER

PROFESSOR DOUG ALTMAN

THIS YEAR'S WINNER OF THE BMJ LIFETIME ACHIEVEMENT AWARD



If you're lucky enough to read a beautiful paper, clearly written, well-argued, with every necessary detail of method and outcome faithfully recorded, give a silent vote of thanks to Doug Altman, this year's winner of The BMJ Lifetime Achievement Award. He has done more than anybody to raise the standards of medical publication, in the process transforming the role of statistician from number-cruncher to custodian of important but often neglected values.

He didn't foresee this role. He was led there by experience as a young statistician at the MRC's Clinical Research Centre at Northwick Park. "These days people would come with a question and you'd help them devise an experiment" he says. "But it was different then. People used to come to me with the data and ask me to make sense of it. On one occasion the numbers did arrive literally on the back of an envelope."

He was at Northwick Park for 11 years and spent a lot of time

**"ALMOST EVERY
PHYSICIAN HAS
SEEN OR READ HIS
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in libraries. “You remember them? I just flicked through random journals and I always found the articles before and after the one I was looking for were more interesting than the one I had come to find.”

From this trove of examples from MRC researchers and serendipitous reading came two things: a best-selling book, *Practical Statistics for Medical Research*, and a growing sense that there must be a better way. “Perpetually seeing these bad articles in medical journals just got to me. I felt aggrieved by it. It was a waste of money, of course, and a breach of ethics, but that only occurred to me later. At the time, it just seemed wrong.”

The book, published in 1991, was supposed to be 250 pages long and came out at 600. It sold 50 000 copies in hardback and still sells today. “Almost every physician has seen or read his famous red book,” said Professor Karl Moons, introducing Altman earlier this year when he was awarded an honorary degree at Utrecht University in the Netherlands.

In 1994, writing in *The BMJ*, Altman called it “a scandal” that researchers use the wrong techniques (either wilfully or in ignorance), use the right techniques wrongly, misinterpret their results, report their results selectively, cite the literature selectively and draw unjustified conclusions. This was no different from a doctor who uses the wrong treatment or uses the right treatment wrongly, he argued.

Founding director

In 1995 he became founding director of the Centre for Statistics in Medicine in Oxford. There followed 20 years of work on reporting guidelines, culminating in the EQUATOR network which now provides on its website a huge resource for every kind of study. “We’ve spent a lot of time identifying what needs to be reported when people are presenting the results of research” he says. “We had a handful in the 1990s and now we’ve got 250.

“Why do we need guidelines? When you read an account in a journal you take a huge amount on trust. You have to take on trust that they did the things they said they did. And while we do always have to trust people to a degree, we don’t trust them as much as we used to. There’s been a shift along the axis from trust to transparency.



Now it’s not sufficient to say we randomised 28 people – we want to know how you did it. We want an explicit description of the methods.

“I started by thinking about people doing the wrong things. What evolved from that was the realisation that we can’t even tell if they’ve done it properly if they don’t tell us what they did. Statistics used to be seen as analysing data, the combination of numbers to get some sort of result. Increasingly I’ve come to see that as the least important part. The difficult bit is how you design a study, how you collect the data, the avoidance of bias and providing an honest representation of what you have found. These are soft skills, and it’s the soft stuff that is much more difficult. There are plenty of people who can do a regression analysis but aren’t able to design a study.”

Innate reasonableness

Fiona Godlee, Editor-in-chief of the *The BMJ*, says that despite his passion for doing things properly, Altman is never overly prescriptive. “He always acknowledges that there may be more than one right way to conduct and report studies,” she says. “Given this open mind and innate reasonableness, he has done more than anyone else to encourage researchers to fully report what they actually did, warts and all, rather than letting the best be the enemy of the good or, worse, pretending that research is perfect.”

Moons said in tribute that Altman had been “the convenor of almost every important guideline for transparent reporting in medical research.” He had also, he said, been the author or co-author of some of the most-cited papers in the medical literature, including a 1986 paper in the *Lancet* with Martin Bland on statistical methods for assessing agreement between two methods of clinical measurement, which has now been cited more than 24 000 times and stands 29th of the top 100 cited papers in all fields.

Altman says he was lucky to find what he really wanted to do – “I can look back and see the path I took but it was not visible ahead of me” – and is especially delighted to get this award in the field of medicine, not statistics, because the battle’s not yet won. But, thanks to him, it is well and truly joined.

“I CAN LOOK BACK AND SEE THE PATH I TOOK BUT IT WAS NOT VISIBLE AHEAD OF ME”
PROFESSOR DOUG ALTMAN

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