

SECONDARY CARE TEAM OF THE YEAR

The magic of teamwork

Tony Delamothe introduces the shortlist

Judges for the award for secondary care team of the year were looking for initiatives in secondary care that improved patient outcomes. Entrants needed to have identified a clinical need, produced measurable improvements in outcomes that mattered to patients, and showed that a team was responsible for achieving the goal. The award was restricted to UK based secondary care teams whose initiatives had been evaluated since June 2009.

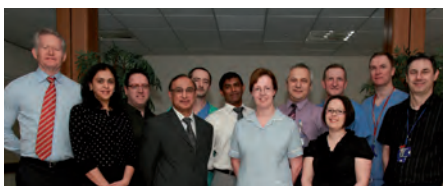
Despite these onerous entry requirements we received 47 entries from around the country. Three entries were shortlisted for consideration by our judging panel: John Black, president of the Royal College of Surgeons; Bernard Crump, chief executive of the NHS Institute for Innovation and Improvement; and Jane Dacre, director of medical education, UCL Medical School. Two of the three teams had extended their activities beyond their original "patch." The teams comprised members from many different professional silos and straddled the boundaries between primary care, secondary care, and the community—a testament to what is possible in the unreformed NHS.

Hepatitis B immunisation programme, NHS Croydon

Immunisation of infants prevents 95% of perinatal transmission of maternal hepatitis B infection, and the UK offers selective immunisation of infants who are at risk. Croydon has the highest burden of maternal hepatitis B infection in south London, but before this initiative fewer than half of its at risk infants were being immunised. The programme's goal was to ensure antenatal identification of all pregnant women infected with hepatitis B and immunisation of their infants.

Barriers to achieving the goal were many: poor documentation, failure to follow guidelines, language problems, high mobility, difficulties of asylum seekers and refugees in accessing health services, and parental lack of knowledge about hepatitis B and its effect on children. These were addressed by a multidisciplinary team comprising midwives, paediatricians, microbiologists, general practitioners, health visitors, and child health and public health specialists.

By developing a clear pathway leading from antenatal screening through to preschool booster immunisation, the team achieved its goal. According to the latest Health Protection Agency update (July 2010), 100% of babies received three vaccinations by 12 months and 100% received a fourth vaccination by 24 months old.



Top to bottom: the teams at NHS Croydon, King's College Hospital, and Freeman Hospital

Although a lot of time was needed to develop the programme, since its launch it has been maintained by quarterly statistical review, annual audits, and email and telephone exchanges.

Primary stroke prevention in children with sickle cell disease, King's College Hospital

Sickle cell disease is probably the commonest cause of infarctive stroke in children in England. Primary stroke prevention is possible by screening children with transcranial Doppler ultrasonography and electively transfusing those at high risk of stroke.

With one of the largest paediatric sickle cell disease clinics in Europe, King's College Hospital instituted a programme of primary stroke prevention in this population. Paediatric haematologists, community paediatricians, clinical nurse specialists, paediatric neurologists, vascular scientists, paediatric neurosurgeons, and paediatric neuroradiologists were all involved.

Since 2005, all children with sickle cell disease between the ages of 2 and 16 years attending King's College Hospital have had ultrasound screening at least annually. In the past two years the team has extended its service to children at other hospitals in south London. A peripartetic service visits three other hospitals with large affected populations and is due to start a fourth visiting clinic this year.



Between 2000 and 2007, seven children with sickle cell disease attending King's College Hospital presented with acute infarctive stroke. Although screening was fully established in 2005, some children presented with stroke after this because of vascular damage that had occurred before screening. In the past three years there have been no new strokes among the hospital's patients. Benefits are accruing outside the hospital's area. Between 2006 and 2009, the team managed nine children with sickle cell disease and infarctive stroke from other south London hospitals. In 2010, no children with infarctive stroke presented to King's College Hospital.

Freeman Hospital mechanical assist devices for advanced heart failure team

The number of heart donors in the UK continues to fall. Mechanical hearts have been researched since the 1960s, but ventricular assist devices (VADs) have become a realistic option for supporting patients awaiting a donor heart only recently.

In the past two years the Freeman Hospital team has provided circulatory support for more than 50 patients awaiting cardiac transplantation. After stabilisation in hospital, most patients have been successfully managed at home—in places as far afield as Aberdeen, Bristol, and Belfast.

The main challenge has been organising a multidisciplinary team, dedicated not only to supporting patients during their inpatient stay but afterwards at home. The programme required the coordination of cardiothoracic surgeons, cardiologists, specialist technical staff, nurse practitioners, ward and community based nursing teams, social workers, and physiotherapists.

Support begins with educating patients and their carers throughout the hospital admission and dispatching a VAD coordinator to the patient's home on discharge. Extensive support, including 24 hour access to the VAD team, is provided for community healthcare practitioners and patients.

On admission, these patients had a very poor prognosis, which the intervention improved substantially. The team has shown that home management is feasible. It increases patients' independence while providing an excellent quality of life, and some patients have been supported at home with these devices for more than two years.

Tony Delamothe deputy editor, *BMJ*, London WC1H 9JR, UK tdelamothe@bmj.com

For more information about the BMJ Group awards go to <http://groupawards.bmj.com>

Cite this as: *BMJ* 2011;342:d2320