



## FEATURE

# The BMJ Awards 2020: Women's health

**Matthew Limb** reports on the nominees who are aiming to improve healthcare for women

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## Befriend Your Boobs—Lane End Medical Group, Edgware, Middlesex

### Breast cancer intervention has filled education gap for young women

"In the UK, there was no formal subject specific teaching for schoolgirls on breast cancer," says general practitioner Michelle Ferris.

"The premise that each woman has a unique breast cancer risk, based on the interplay between her genetics and lifestyle, gave rise to Befriend Your Boobs.

The one hour educational intervention is designed to help 17-18 year old women understand risks so they can adopt protective behaviours before lifestyles become "entrenched." It is available at 17 schools and universities off timetable, as a rolling intervention.

Ferris says, "It is unique in offering a forum for students engaging with medical personnel on a one-to-one basis through teaching models, covering the breadth of aetiology, individual risk impact, diagnostics, therapy, and lifestyle modification."

A PowerPoint presentation provides information on complex risk factors for breast cancer, supplemented by photographs, videos, images, and music, aiding recall of key messages.

"In unscreened young women, it covers breast self examination, lifestyle promotion, discussion of genetic and acquired risk, discussion of breast cancer presentation, diagnostics and treatment, through the clinical pathway," says Ferris.

GPs, nurses, and medical students lead interactive small group demonstrations of breast examination, with synthetic breast models. To date, 8700 women have received the intervention and numbers are expected to reach 1000 a year.

## The GooD Pregnancy Network—Basildon and Thurrock University Hospitals Trust

### Inspirational diabetes initiative boosted patient awareness and clinical outcomes

The trust was seeing rapidly increasing numbers of pregnant women with diabetes, causing overburdened specialist clinics, poorer patient experience, and worsening clinical outcomes.

This prompted a remodelling of care pathways by a multidisciplinary team, with the launch of the General Ownership of Diabetes (GooD) Pregnancy Network in 2014. This emphasised the need to equip and empower all maternity stakeholders to deliver basic care of gestational diabetes, rather than limiting care to specialist diabetes antenatal clinics.

The initiative strategically connected a midwife tele-clinic "hub" to educating gestational diabetes group sessions (EGGS) and standard antenatal clinics.

Patients were key partners, regularly participating in feedback surveys and promoting public awareness by co-producing local newspaper articles that described their stories as case studies.

"The EGGS 'faculty' includes a former gestational diabetes patient whose video testimony has inspired almost 2000 patients and their families, aiming to foster long term healthy lifestyle changes," says Amaju Ikomi, consultant obstetrician.

A final summative evaluation was done in November 2019. This showed that what Ikomi calls the "new culture of wider consciousness" has shortened "diagnosis to first consultation" intervals and eliminated overbooked specialist clinics (none since January 2016). It has also substantially improved clinical outcomes, boosted research recruitment, and avoided additional running costs of £66 384 (€74 975; \$82 210) a year.

Ikomi says the "simple and highly transferrable idea" has enhanced patient empowerment and minimised duplication of care.

## Sunflower Clinic—Brighton and Sussex University Hospitals NHS Trust

### New service model has delivered safer care to women with HIV

The Lawson Unit, Brighton, delivers HIV care to over 2350 people living with HIV.

“Our cohort largely consists of men and we recognised that women living with HIV had different and additional needs for their HIV care,” says Yvonne Gilleece, consultant in HIV and sexual health.

A survey showed that women’s medical and psychological needs were not being adequately met and women wanted a safe non-male dominant space.

The Sunflower Clinic, a fortnightly new woman’s service, was designed with input from the women’s survey, British HIV Association standards of care and monitoring guidelines, a multidisciplinary team (doctors, nurses, women’s support workers), and women living with HIV.

It offers:

- HIV care, including bone and cardiovascular health assessment
- Specialist contraception and menopause advice
- Annual cervical screening
- Fertility, conception, and pregnancy support
- Psychological support around mental health, domestic violence, and peer support.

Two audits (in 2018 and 2019) confirmed that the Sunflower Clinic provides better and safer care for women with HIV, with more effective screening for domestic violence, mental health issues, and low bone mineral density.

The service has been praised by users and peers as the ideal model of care for women living with HIV at local (Sussex HIV Network), national (British HIV Association) and international (European AIDS Conference) meetings.

Gilleece says, “We are very proud to have changed the way best care is provided to women with HIV in the UK and Europe.”

## Credential in breast disease—Royal College of Radiologists, Association of Breast Clinicians, National Breast Imaging Academy, Health Education England

### Creation of a formal qualification enhanced doctors’ skills and patient services

“Breast imaging services are in crisis due to rising demand and severe staff shortages,” says Stephen Harden, medical director for education and training in clinical radiology at the Royal College of Radiologists.

“Breast units have closed and patient care is being affected,” he says. Urgent action was needed to ensure a supply of suitably qualified staff.

In response, a collaborative team created a “credential” training programme for breast clinicians—non-radiologist doctors who work in breast units—with skills in clinical examination, breast imaging, and risk assessment.

The credential provides a recognised formal qualification “where none had existed before,” which has proved attractive to doctors who may otherwise have left the workforce, says Harden.

After wide consultation, a curriculum and assessments were developed, conforming to “Excellence by design” and a credential that was aligned with General Medical Council guidance.

With partial funding from Health Education England, 10 trainees have been appointed to breast units across England for the three year pilot. Formal review of trainees’ progress has yielded excellent results and feedback, says Harden.

He says the credential is “unique” as a standardised formal qualification for doctors who will not hold a certificate of completion of training. He adds, “Breast imaging services will be enhanced and patients will be assured that care will be provided by highly skilled medical professionals.”

## New testing for pre-eclampsia—Guy’s and St Thomas’ NHS Foundation Trust

### New biomarker has led to quicker clinical diagnosis and safer care

Pregnant women can develop pre-eclampsia, a potentially serious complication.

“For the last 100 years, we have relied on measuring blood pressure and dipping their urine for protein but these are not good tests to tell us who will have complications,” says Lucy Chappell, National Institute for Health Research research professor in obstetrics.

Women often have difficulties and delays in diagnosis or require frequent, inconvenient monitoring with little certainty of risk of developing pre-eclampsia or needing early delivery.

A multidisciplinary group of doctors, midwives, scientists, statisticians, and lay representatives developed a test for pregnant women with suspected pre-eclampsia. The test helps determine which women are most likely to need delivery and who can safely continue with outpatient management.

A new biomarker called placental growth factor was found to be far better than other tests to show which women need delivery for pre-eclampsia in the next 14 days, says Chappell. “Our trial showed that using the test helped clinicians make a faster diagnosis and reduced pregnancy complications.”

The team worked with patient support groups, relevant charities, clinicians, NHS England, and others to roll out the test nationally. Placental growth factor testing is now recommended in updated National Institute for Health and Care Excellence guidelines.

Chappell says, “This test is the first major change to antenatal care to help diagnose pre-eclampsia in 100 years. It will make a real difference to women and clinicians.”

## Perinatal mental health: the Magnolia Team—North Middlesex University Hospital NHS Trust

### Midwifery initiative on mental health has proved a “lifeline” for pregnant women

Mental health problems affect about 10% of pregnant women in the UK.

Suicide remains an important cause of direct maternal death; when suicides up to one year postpartum are included, it is the leading direct cause of maternal death in the UK.

While a key target for the Better Births project, improving perinatal mental health services has historically been

underfunded and treated as a low priority, says consultant midwife Fiona Laird.

“We established the Magnolia Team—a team of midwives dedicated to perinatal mental health.” The team of eight midwives was established to caseload at-risk women to provide their antenatal, intrapartum, and postnatal care.

A weekly multidisciplinary antenatal clinic was established, including midwives, obstetricians, psychologist, social worker, nurse and a specialist perinatal psychiatrist.

Weekly mindfulness classes were set up in a café in the community, giving patients a regular point of contact to meet their midwife and opportunities for peer-to-peer support.

“Meeting in a ‘normal’ place helped to destigmatise mental illness,” says Laird. “Most importantly, mothers were welcome

up to one year postpartum—normally they are discharged to community services by day 28, even though mental illness can relapse any time in the first year.”

Final outcome data will be analysed after the first year (May 2020). However, the rate of missed appointments in this patient group has fallen considerably (28% to 3%). Feedback from service users has been “hugely positive,” with the midwifery team typically viewed as a “lifeline” and “part of my family.”

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