BMA Patient Information

Awards 2018

Programme and awards winners

Tuesday 25 September 2018
BMA House, London
The BMA Patient Information Awards aim to support and encourage patient-centred care in meeting the needs of patients through the production and dissemination of accessible, well-designed and clinically balanced information which will promote greater awareness and understanding of health matters and patient choice.
The provision of information to patients is an important and significant part of providing good health care. The BMA Patient Information Award was established in 1997 to encourage the production, dissemination and evaluation of patient information materials which are accessible, evidence-based and well designed. Such information should also support patients as active participants in decisions about their care. These awards are organised by the BMA Library and demonstrate the BMA’s commitment to the provision of consumer health information.

Each resource is assessed by a consumer health information expert who completes a structured online appraisal form. The first four questions are mandatory criteria. This means that the resource must fulfil all these criteria for it to be accepted. If the resource does not fulfil one or more of the mandatory criteria, then the reviewer will be unable to proceed further with their review. If the resource fulfils all the mandatory criteria, then the reviewer can move on and answer the remaining questions. When the reviewer answers ‘Yes’ to one of the mandatory criteria questions they will also be asked to rate how well the resource achieves the criteria – whether it is excellent, good or adequate. Guidance is provided to help them make these decisions.

The mandatory criteria are:
– Have health professionals and appropriate experts been involved in developing this resource?
– Have users been involved in developing this resource?
– Has the applicant listed the references or sources of information (in the entry form or in the resource) used in developing the resource?
– Was the resource published in the last two years?

The next two questions relate to how the resource is disseminated and evaluated. Although these are not mandatory criteria, they are an important part of the development of a high-quality resource and, applicants should be able to demonstrate that they have implemented or planned effective methods of ensuring their resource reaches their target audience and that its effectiveness is evaluated. The reviewer will be asked to answer ‘Yes’ or ‘No’ to these questions. If they answer ‘Yes’, then they will also be asked to rate how well the resource achieves the criteria – whether it is excellent, good or adequate – and a score will be given. Guidance is provided to help reviewers make these decisions.

The questions asked in stage two of the review relate to the resource itself. When all the questions have been answered a score for the resource is given with a suggested category of exceptional, excellent, very good, good, adequate or poor (depending on the score).

The reviewer is asked to leave their overall comments for the BMA judging panel. The reviewer’s comments are used by the judging panel to decide whether a resource should be given an award or shortlisted. A final judging panel considers all the resources graded as very good or higher and chooses the shortlists and winners for each special award.

PIF (Patient Information Forum) members have been associated with both reviewing resources and in the selection of winners since the start of the Awards.

The Information Standard and National Voices have also helped to publicise the Awards.

The BMA’s PLG (Patient Liaison Group) celebrates its 15th year anniversary this year and, over this last decade, it has provided an informed patient view on matters of interest to the medical profession and highlighted areas of patient concern to the BMA.
The following patient information specialists and BMA members with a special interest in patient information helped with the assessment of the entries this year:

- Dr Sue E Ablett
- Dr Ignasi Agell
- Dr Vassilis Aggelis
- Dr Geeta Agnihotri
- Mr Pouya Alaghband
- Dr Sabiha Ali
- Dr Noman Ali
- Dr Pammal Ashwin
- Dr Ruth Ayling
- Mr Anjan K Banerjee
- Dr Karin Bara
- Dr Stella Barnes
- Dr Laura SE Barracough
- Dr Abdul Basit
- Dr Aishah B Beaumont
- Dr Lucy Bernard-Qureshi
- Dr John DC Bennett
- Mr Sanjoy B Bhattacharja
- Ms Isobel Booth
- Prof Bruce Braithwaite
- Ms Kate Brian
- Dr Hannah R Bridges
- Ms Jane Bridges
- Ms Juliet C Brown
- Dr Adrian Brown
- Dr Jane Brundish
- Prof David Cahill
- Dr Doris Campbell
- Dr Aideen Carroll
- Mr John B Carter
- Dr James Chidgy
- Ms Andrea Ciutac
- Dr Brendan Clarke
- Dr Felix Clay
- Mrs Debbie Clayton
- Mrs Louise Coghill
- Mr Simon Collins
- Ms Amanda Cool
- Dr Sian Copley
- Dr Rosa Crunkhorn
- Prof Peter Dangerfield
- Dr Phil Davies
- Dr Heather Davis
- Dr Beryl de Souza
- Dr Michael Denman
- Prof Alastair Denniston
- Dr Helen Dormand
- Dr Tatiana Drenckova-Khosla
- Dr Kathleen Duffin
- Dr Obaghe Edieghere
- Dr Karen A Eley
- Dr Mohamed Elshiekh
- Dr Beth J Endersby
- Dr Claire Etherington
- Dr Nansi-Wyne Evans
- Dr John Ford
- Dr Boyd Gilmore
- Ms Katrina Glaister
- Dr Peter Glennon
- Dr Liz Goode
- Dr Jackie Gray
- Dr John DW Greene
- Dr Aldona Greenwood
- Dr Sunanda Gupta
- Dr Laila Gumma
- Dr Elizabeth Hancox
- Dr Matthew Hanks
- Dr Judith Harvey
- Dr Steve Head
- Ms Andrea Heath
- Dr James Heathcote
- Ms Elizabeth Hendron
- Dr Jason Holdcroft
- Dr Judith Holmes
- Mr Marius Holmes
- Dr Sara R Homer
- Mr Munier Hossain
- Dr Anitha Howard
- Mr Dawid Hubert
- Dr Ambreen A Hussain
- Dr David Ingram
- Dr Sharif Ismail
- Dr Anil Jain
- Ms Marie Jasmin
- Dr Kate Jefferies
- Ms Nicola M King
- Dr Selena Knight
- Dr Mehrzad Ko
- Dr Steve Krinker
- Dr Sonia Kumar
- Dr Raj Lakhan
- Mrs Jenny Lang
- Dr Ian Lawrie
- Ms Jasmin Lee
- Dr Alex Lee
- Prof Greg Lip
- Dr Jonathan Lyne
- Ms Catherine Macadam
- Dr Kate Mackay
- Dr Sarah Maidment
- Dr Guy Makin
- Dr Helena Macomber
- Dr Quiser Malik
- Mrs Nargis S Mandry
- Dr Frank Margison
- Dr Kirstin May
- Dr Peter Mayer
- Dr Stephen McAlister
- Dr Susan McGladdery
- Dr Aislaid McNeill
- Mr Wayne Middleton
- Dr Helen C Miles
- Dr George Millington
- Dr Charilaos Minas
- Dr Susan Mollan
- Dr Joanne Morling
- Dr Claire Morton
- Dr Andrew Mowat
- Dr Peter Murphy
- Ms Claire Murray
- Mrs Nicole F Naylor
- Dr Joel Newman
- Mrs Emily R Newsom-Davis
- Dr Dimitry Novikov
- Mrs Olivia O’Mahoney
- Dr Stephanie Ogden
- Dr Caroline Parfitt
- Dr Peys Patel
- Mr Michael Pearl
- Dr Katie Pearson
- Dr Rose Penson
- Mr Jonathan R A Phillips
- Dr Jessica Pinto
- Dr Janet Porter
- Dr Ewa Posner
- Dr Bashir Qureshi
- Dr Melody Redman
- Dr Laura J Richmond
- Dr Timothy Ritzmann
- Dr Fiona Robertson
- Dr Alexandra Roche
- Mrs Kay Roderick
- Dr Sanad Saad
- Dr Les Scath
- Dr Vikas Shah
- Dr Ranjit Shail
- Dr Deidre Shields
- Dr Jane Siddall
- Mr Sotirios Siminas
- Dr Prabhjot Singh
- Mrs Sarah Smith
- Dr David Smithard
- Dr Carmen Soto
- Dr Maria S Spears
- Ms Eleanor Stanley
- Dr Martin Sutcliffe
- Dr Sandip Talukdar
- Mr Alex W Tatlow
- Dr Julie Taylor
- Ms Janet E Teather
- Dr Emma Teper
- Dr Mike Townend
- Dr Hsu Tzu Tung
- Dr Sunil Upadhyay
- Dr Raj Verma
- Dr Tushar Vincent
- Dr Susan E Walker
- Dr Gary Wannan
- Dr Nicky Whitaker
- Dr Anna V. Williams
- Dr Graeme Wilson
- Dr Lisa Woodford
- Prof Kevan Wylie
- Dr Phil Xiu
- Dr Chris Yates
- Dr Andrew Young
The BMA general practitioners committee

General practice has been at the heart of the delivery of primary healthcare for decades, and is often described as the cornerstone of the NHS. Over recent years, general practice has faced increasing pressures on the service, including unsustainable workload, a workforce crisis and inadequate resource. GPC has undertaken significant research into the issues faced, including a large survey of general practice held in 2016 which showed that more than eight out of ten GPs believe they cannot provide appropriate and safe care to patients because of their level of workload.

GPC representatives sit on many national and local boards and committees and regularly liaise with key stakeholders to ensure we get the best for all GPs, whether at a local or national level. GPC has played a key role in negotiating with government on the support needed for the profession, and has been successful in securing a number of commitments to sustain and develop the service over the coming years, and will continue to work to ensure a viable and sustainable future for general practice.

5 things to know about the PrEP IMPACT Trial

The website (and accompanying video and small resource) is intended to help potential participants in the England PrEP IMPACT Trial to be ‘trial ready.’ Being ‘trial ready’ includes: being aware of the eligibility criteria for the trial; understanding what would be involved in the trial (from what paperwork would need to be completed, through to what a participant would actually need to do to participate); knowing about different ways of taking PrEP whilst on the trial; and understanding that trials (and their participation) are not the same as ‘standard’ health services. The interventions were targeted at people who are most likely to be involved in HIV acquisition—including men who have sex with men, transgender people and black African communities.

‘This is a very well-designed information resource. I was impressed that the content of the website was written directly by PrEP users themselves. It features an excellent design and clear and simple language is used.’

A patient’s guide to relaxation and breathing techniques

‘This is a simple easy to use leaflet. There is evidence that feedback is incorporated into the revisions. It is produced specifically for patients who are undergoing cytotoxic chemotherapy treatment and radiotherapy as part of their cancer management at Mount Vernon Cancer Centre. This leaflet forms part of the information prescription whilst they are attending for treatment.’

The special awards will be made from this shortlist of highly commended resources

A guide for young people looking after someone with cancer

‘This is an excellent publication which has been produced to a high standard for the intended impact group. The layout is very clear; the different colours used for each chapter aid navigation through the publication. The photos help to demonstrate the breadth of young people who are involved as carers.’

All About Leukaemia: An Easy Read Document

‘This is a simple easy to use leaflet. There is evidence that feedback is incorporated into the revisions. It is produced specifically for patients who are undergoing cytotoxic chemotherapy treatment at this centre so it is handed to them in person. It is distributed to 100% of its target audience.’
comprehensible as well as factually accurate. To increase the accessibility of this booklet, it is being translated into six different languages.

"Specialists were involved in writing and reviewing the booklet and I was pleased to see that patients were involved and that their feedback resulted in changes to the draft booklet. I found it very easy to read with good illustrations."

Anaesthetic procedure for elective caesarean section (C section)
Oxford Medical Illustration, March 2017

Women who are having a planned caesarean section will have had the process explained to them by an anaesthetist in the assessment clinic. This video will help them visualise what will happen and to consolidate the information they’ve been given. Women who are not planning to have a caesarean section but want to know what it might be like to have one should it become necessary may have any anxieties or worries addressed with the information in this video. Familiarity with this information will help with the consenting process in the emergency setting. This resource aims to show the location and process of anaesthesia and caesarean section and to discuss the different types of anaesthetic used and their risks and benefits. It also considers what it feels like to have a caesarean under a regional anaesthetic. Many patients would like to know more about what to expect if or when they have a caesarean. A video would help them visualise what is going to or may happen to them and would help to relieve any anxieties that they have.1 The resource could be used as a part of the informed consenting process. We worked with a patient volunteer and the patient panel to develop the resource. The intention was to produce a booklet that was easy to read and understand, and provided practical advice to women on what to expect.

‘This is an excellent video which outlines the local services for caesarean section in Oxford. It was created by a local anaesthetist, but the patient contributions are reassuring and work well. It is nearly 10 minutes long, but not tedious, providing clinical information and emotional reassurance. It is integrated into the maternity services and links to other leaflets. Evidence demonstrates that it is well received and distributed widely. YouTube analytics demonstrates that the resource maintains the viewers’ attention. The production standards are good.’

Bowel cancer screening – a guide to the NHS bowel cancer screening programme in England
Bowel Cancer UK and Beating Bowel Cancer, February 2017

This resource aims to provide a succinct standalone resource for the public about bowel cancer screening in England: what is screening, why is it important, who is eligible and how to find out more. bowel screening has been proven to save lives, however in some areas uptake is low. Raising awareness of screening is an important area of focus for the charity. Although the NHS does produce a comprehensive leaflet about screening, this is only distributed at the point someone is invited to take part in screening. This resource meets a need for providing overview information to the public about approaching screening age and their relatives/friends to help increase awareness.

‘I consider this resource to be very good. It is well-presented and the pictures are very useful and up-to-date.’

Brain Tumours and Epilepsy
Brain Tumour Action in association with SANON, May 2017

This resource aims to provide easy-to-read answers to questions people with a brain tumour may have about epilepsy as well as more specific advice about medications, seizure management and self-help strategies. The intended audience are adults with a brain tumour and their carers. It has been designed to give information while avoiding more complex or negative aspects that can be associated with this challenging condition.

‘This is excellent, pitched at exactly the right level to tell patients and relatives what they need to know at the point of diagnosis. Patients and relatives will often be shocked at point of diagnosis and need a paper booklet handed to them to read once they’re home, not some app or online website link info when they’re reeling from diagnosis. It is spot on for the layperson.’

Breast cancer in younger women: coping with a diagnosis at 45 or under
Breast Cancer Care, July 2017

Breast cancer is not common in younger women and most women diagnosed with breast cancer are more than 50 years old. Nevertheless, it is the most common cancer in women under 40 years old. This group tend to have unique needs and they may not meet others during treatment or at support groups who are in the same situation. This booklet aims to provide support for this group and signpost specialist breast care cancer services.

‘This is an excellent resource which covers a wide range of issues that might arise for a young woman with breast cancer in a sensitive way. It is written well, clearly laid out and is easy to understand without feeling patronising. The use of quotes from women with lived experience is effective. It covers the emotional response to diagnosis and to living with breast cancer particularly well.’

Breathing and lung function tests
British Lung Foundation, March 2017

The audience is everyone who take tests of their breathing for diagnosis, or management of a condition. Often people are asked to take tests and they don’t know why, or what a test involves. They also don’t know what the results mean. The aim is to prepare people for their test, to help them understand why they’re being tested and to give them confidence to talk to their health care professional about the results and share decision-making as a result. We found some people are really interested in the detail of results – such as those for spirometry – so we’ve included some more complex information graphically. This information is online, rather than printed, as people often search for information about tests, and our information about individual conditions links to tests. There is no other such comprehensive look across the broad range of breathing and lung function tests for a lay reader online in one place.

‘This online resource brings together information on different tests in one easy to use resource. The layout is crisp and clear. The user is presented with general information but has the choice to delve into detailed information about specific tests. They are described in useful detail with pictures and figures. I was impressed by the clear signposting to information on how the resource was created. The resource and organisation are linked to the Helplines Standard, Fundraising Regulator and Information Standard.’

Breathlessness
British Lung Foundation, November 2017

The audience is anyone who experiences breathlessness that is not expected – that is, not the ordinary breathlessness associated with exertion and people living with long-term breathlessness. We know that many people with lung conditions remain undiagnosed. Long-term breathlessness affects about 10% of the population and 30% of older people. Many people accept that feeling short of breath is part of getting older. Our online information explains possible causes of the symptom and encourages people with breathlessness to see a doctor. Our online breath test (bhf.org.uk/breathtest) can help them find out if their breathlessness is something to get checked out. We explain what happens as your doctor explores the potential causes of breathlessness. The booklet aims to help self-management. It explains how everyone experiences breathlessness uniquely, and how our thinking about getting out of breath, our habits and our lifestyle all interact. It explains treatments which are available, and what you can do to manage your own breathlessness, using breathing control and other breathing techniques, and positions that will speed your recovery. It also gives tips and quotes from people living with breathlessness.

‘The booklet has clear aims and was planned and developed well. A range of authoritative clinicians with different specialisms from different institutions were involved at a variety of stages. Large numbers of users (over 100) were consulted and further feedback was invited. The promotional plans seem exceptional — it’s hard to think of feasible extra steps the BLF could take to ensure the booklet reaches its intended audience. The booklet provides a lot of useful information in a friendly, understanding and helpful way, without seeming overwhelming. It uses plain English and has a clean design that aids navigation. It supports and encourages readers to take steps to seek help — ensuring they know what to expect when they see their doctor and how to get further support from other local services. I believe the booklet is well-designed to help people to improve their lives.’

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The BMA’s ethics and human rights department provides a wide range of dedicated services and products designed to support doctors in their professional lives. These include the following:

**Ethics advice service**
We offer a dedicated individual ethical advice service for doctors, responding via the BMA’s telephone advice service (First Point of Contact) or directly. We receive enquiries on a wide and varied range of topics, including confidentiality, consent, child protection and the provision of treatment to patients lacking the capacity to consent to specific interventions.

**Publishing advice and guidance**
The advice service is supported by written advice and guidance covering all areas of ethics in medicine. In addition to our main ethics handbook, Medical Ethics Today, we produce a number of short tool kits on specific issues such as the Mental Capacity Act and consent. All of our website resources are publicly accessible.

**Providing training**
We also seek to promote good practice by giving talks and training sessions to groups of doctors and medical students. The topic and format of these sessions depend on the needs of the audience and the wishes of the organisers but most are on core topics, such as confidentiality, mental capacity and consent and many involve facilitated case-based discussions.

**Monitoring and influencing medical law**
In order to provide accurate and up-to-date advice to doctors, we monitor developments in medical law, both statute and case (judge-made) law across the UK. We also seek to influence the development of statutory law to ensure it reflects the highest standards of medical professionalism.

**Campaigning for changes in public policy**
We seek to influence public policy, through a combination of published reports, talks, lobbying, media work and liaison with other organisations.

**Human rights**
We defend and speak out about human rights in health care. We conduct letter-writing campaigns in response to evidence of abuses of health-related human rights such as breaches of medical neutrality. We respond to cases where doctors are involved, either as perpetrators or victims of human rights abuses. We are an active member of the World Medical Association and participate in the drafting of WMA statements relevant to human rights. We also produce in-depth reports addressing areas of tension in health-related human rights.

**Cervical Screening Flower Campaign**
NHS Health Scotland and Scottish Government, February 2017

Flower was a joint campaign between NHS Health Scotland and the Scottish Government which aimed to grab the attention of young women aged 25-35 years old and start breaking down some of these barriers to attending their cervical screening appointment. The overall ambition of the campaign was to increase levels of uptake in cervical screening among women aged 25-35 years old in lower socio-economic groups living in Scotland. The campaign was informed by independent commissioned focus group research with our target audience, who told us that they wanted to be spoken to in a conversational manner, using language and phrases they use and hear about them every day. They felt the campaign needed to evoke an emotional reaction to overcome the significant barriers about the topic area, which is reflected in the language and imagery used in the film.

“This is a simple resource with one key message: to increase the uptake of cervical cancer screening in Scotland. The message (‘It’s time to stop fanning around’) concisely conveys the urgency of the situation and the poignancy of unnecessary deaths. The voiceover artist is exceptional, and her tone conveys humour, urgency and warmth. The video is short and direct using the folds of a rose petal on a funeral wreath to bring home that six women are diagnosed with cervical cancer each week in Scotland. The dissemination of the video was widespread and involved social media campaigns as well as cinema advertising. I was impressed too that primary care toolkits were developed to support the anticipated uptake in screening. The metrics supplied demonstrate the success of the campaign: half of the testing group acted after seeing the film. The views of the video were five times over target and the return on investment was calculated at 7:1. An impressive 59% of women recognised the campaign.”

‘I think this resource is very good. It is very easy to use, and the information is clear and comprehensive.’

**Brook Learn**
Brook Charity, September 2016

Brook Learn is a free, high quality e-learning resource to empower, support and encourage professionals who work with young people to deliver effective relationships and sex education. The eLearning resource currently consists of five modules: How to deliver SRE?, Relationships & Enduring love?, Contraception, Consent and Pleasure. We plan to continually evolve and create new courses for the resource. Brook Learn was launched with an event at the House of Commons hosted by MPs Natascha Engel and Tim Loughton and attended by MPs Maria Miller and Nicky Morgan on 13 September 2017.

“This is good work: health professionals are more than likely to benefit from these resources. A range of health professionals and experts have provided feedback and input.”

**Cancer and Fertility—resource for 16 to 24-year-old cancer patients**
CLIC Sargent, December 2016

Chemotherapy and sometimes radiotherapy and surgery can significantly reduce fertility. Most 16 to 24-year-olds diagnosed with cancer will be offered fertility preservation treatment (egg or sperm storage) prior to treatment starting. This requires a very quick decision from the young person about whether it is the right thing for them. Where treatment is needed urgently, fertility preservation is not always possible. When fertility issues start to present themselves (sometimes many years after treatment has finished) young people can be left feeling depressed, isolated and unsure where to turn for help. CLIC Sargent wanted to develop an online resource that would help them understand and address these issues from the start. We also wanted to manage and, where possible, mitigate any negative experiences within the fertility journey (e.g. how well they feel medical professionals communicated with them, the emotional impact of fertility testing, fertility preservation and menopause).

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Chloe Gets Cochlear Implants
National Deaf Children’s Society, April 2017

This comic expands the range of information directly targeted at deaf children under eight years old and their families. The aim was that children under eight have information that they can share with their parents that helps them better understand the assessment and switch-on process in getting a cochlear implant. Chloe has worn hearing aids since she was a baby but now her hearing has got worse and her audiologist suggests cochlear implants might help. This comic follows Chloe and her family as they find out more about cochlear implants and decide whether they’re right for her. The comic also shows Chloe going into hospital for surgery, recovering and having her cochlear implants ‘switched on’.

“This is a fantastic high-quality leaflet about cochlear implants. It is engaging for children and will be greatly received by families and children.”

Clinical trials in lymphoma
Lymphoma Action, February 2018

There are more than 60 types of lymphoma and about 19,000 people have a diagnosis each year in the UK. Lymphoma is broadly split into three groups: HL (Hodgkin lymphoma), HGNHL (high-grade non-Hodgkin lymphoma) and LGNHL (low-grade non-Hodgkin lymphoma). For those with HL and HGNHL, treatment is given with the aim of cure. However, for most people diagnosed with LGNHL, the aim is to control the disease until it becomes troublesome. As a result, those with LGNHL are living with a lifelong condition that is relapsing and remitting with periods of treatment. Clinical trials are vital to answer key questions about lymphoma and its treatment. However, with so many different types of lymphoma, and clinical trials often looking for specific criteria, clinicians often struggle to recruit people onto trials. The aim of the films was to help people decide whether to participate in a clinical trial by: explaining what clinical trials are, why they are done, and how they are organised; giving people all the information they need, in a straightforward format, to help them decide whether taking part is right for them.

“I think this resource is really good; it is helpful to not just lymphoma patients/carers as it is a good clear outline about clinical trials in general.”

Coping with Bereavement
Independent Age, February 2017

This guide is designed for older people who have been bereaved: the target audience is people over 60 years of age, but much of the information is relevant to people of all ages. It aims to reassure people about what they are experiencing by exploring some of the common effects of grief and to provide people with information about support services and organisations that are available and how they can help and encourage them to use these services.

“The tone, language, structure and content of this resource is excellent. There is sound, practical advice for people who have been bereaved in several specific circumstances, with appropriate observations and advice, as well as sign-posting, at every stage. It is brief enough to be read by someone who is grieving, but also has enough ‘onward suggestions’ to be exceptionally useful to them as time moves on. There is a lovely use of very brief quotes from individuals who have been bereaved which helps enhance the text of the resource.”

Dealing with depression
Independent Age, September 2017

This guide was produced not only because mental wellbeing is important for older people, but they are more likely to dismiss the symptoms of depression, not recognise them, or assume they are a normal part of ageing. It is aimed at our target audience of over-60s, specifically anyone who is worried about their own mental health or that of a relative or friend. The guide aims to convey the messages that: depression is not a normal part of ageing and that mental health is just as important as physical health and there is help available, no matter how long someone has been feeling depressed, and that there are ways for people to help themselves. It is important to seek help and not to feel that you can only talk to your GP about your physical health.

“This is a very useful document for the target audience. The whole document is based on clear, well-written and brief sections. There are pointers to ways to improve wellbeing and connectivity although for me there should be more on ‘going out’ eg cinema, friends, holidays though it does talk about pursuing hobbies and other interests.”

The BMA patient liaison group

The PLG (patient liaison group) was established in 2004 to ensure patients are represented within the BMA. The PLG provides the BMA with an informed patient view on matters of interest to the medical profession. It works to inform BMA policy by ensuring that patient views are represented, and also highlights areas of patient concern to the BMA.

PLG members come from a range of backgrounds and draw on their knowledge and experience as patients, carers, advocates and professionals working in a range of health-related fields. The group has seats for 11 lay members and five doctor members who work on a voluntary basis.

For the past 14 years, PLG has provided the patient perspective on a number of issues ranging from seven day services to raising concerns and patient safety. It has produced patient-focused resources on topics ranging from self-care to toolkits for doctors on patient involvement. PLG has also organised themed events and workshops on quality care, self-care, five year forward view, patient-centred care, healthcare devolution and the impact of Brexit on patients.

The group works alongside BMA committees on behalf of patients, with representation on key committees including BMA council. PLG is also active in contributing to BMA consultation responses on matters requiring a patient perspective.

The full mission statement and links to the PLG resources can be found at: bma.org.uk/plg
Diabetes UK Learning Zone

Diabetes UK, December 2017

The Diabetes UK Learning Zone helps adults with Type 1 and Type 2 diabetes in the UK to increase their knowledge and confidence to better manage their diabetes. The Learning Zone does this through encouraging sustainable behaviour changes across a range of different diabetes self-management topics. Content in the Learning Zone is co-produced and co-designed by people living with diabetes. The content is personalised through a tagging system in the LMS (learning management system), meaning that the same content item (for example, video) may have up to 36 different versions, depending on; the type of diabetes a person has, what treatments they use, where they live in the UK and whether they are experiencing long term complications of diabetes. This content has been carefully curated to ensure that each personalised version is clinically relevant and accurate for that person’s situation.

I would highly recommend this resource for shortlisting. Its very innovative use of content provides a truly person-centred user experience. The resource demonstrates extremely good practice particularly in two areas that are often weak in patient information. First, involving users not only in reviewing but co-producing the resource from the start. And secondly, in evaluation, using the targeted information and quizzes etc to gather anonymised data that indicates where people are less engaged or informed about a topic and segmenting this by demographics. The video aids the policy of providing positive reassuring tone throughout, though the visual learner may find it easy to consolidate learning from text and it might be good to have an option to view a visual summary or print out. A range of presenters ensures there are practical case studies that could relate to. If the aim of the patient information is to support patients through a journey, this is the most likely resource to do that that I’ve seen in a long time. It meets the patient where they are, and then gently and positively encourages them to engage with the topic, through the lens of their own health, offering lots of praise and reassurance along the way.’

Easy read booklets: Information for people living with a terminal illness and their friends and family

Marie Curie, June 2017

This is a set of eight Easy Read booklets which are designed to provide clear, accessible information for people living with a terminal illness and people caring for someone with a terminal illness. They are produced in Easy Read format, using pictures and simple words, and designed for people with a learning disability. People with a learning difficulty face challenges if they, or someone close to them, come to need palliative and end of life care. They may experience poorer quality care, because their specific needs are not always understood or fully considered; and may find it difficult to cope with adverse events, like death and grief. The booklets aim to explain what a terminal illness is and where people can get support, so that people with a learning disability have a better understanding of their options and feel empowered to be part of making decisions about their health and social care.

‘This Easy Read resource has been developed for carers who themselves have learning/reading disabilities. It was reviewed by users before print, and feedback that has been/is being collected will be used to develop the resource in the future. It meets the European Easy Read Standard and has been developed and checked by the Making it Easier Group of people with learning disabilities. It is simple and pictorial and uses icons and pictures throughout that are all appropriate for the section they are supporting.’

Eating and drinking with motor neuron disease

Motor Neurone Disease Association, February 2017

Eating and drinking with motor neuron disease is a group of linked resources, including a comprehensive guide, a companion video and a new web app. A diagnosis of MND (motor neurone disease) can be devastating; if eating and drinking are affected, it can be hugely distressing, with significant impact on quality of life, relationships, social activity, self-esteem and general wellbeing. Extreme weight loss is also common with the disease and, if not managed in the early stages, can affect timing and effectiveness of treatment interventions. We wanted balance, where appropriate, with positive content on quality and enjoyment of life. With such a challenging and relentless progressive disease, self-care is crucial and about this complex, often difficult, but eating and drinking offered an opportunity to help people take back some control and find pleasure too. This was our aim – to help people with MND reset expectation and in doing so feel a sense of positivity. The overall vision for the eating and drinking project was to provide a warm and friendly “cook book” with easy-swallow recipes and guidance. With positive user feedback and evidence of global professional influence by using a family-oriented approach, the content appears to be achieving its primary goals.

I think this is a good resource for patients and I have passed it onto one of my MND patients. The printed copy I received was well-presented. I tried a couple of the recipes with my family and found them enjoyable.’

Eating Disorders – a self-help guide

Northumberland, Tyne and Wear NHS Foundation Trust, December 2016

About 1.25 million people in the UK live with an eating disorder. Eating disorders are on the rise and in February 2014 showed an 8% increase in the number of hospital admissions. Eating disorders can be devastating. Anorexia has the highest mortality rate of any psychiatric disorder from medical complications associated with the illness as well as suicide. Research has found that 20% of anorexia sufferers will die prematurely from their illness. This resource has been produced to help readers if they feel that their eating might be causing them difficulties, but they are unsure if they’re an eating disorder, and want to find out more. If the reader is worried about someone or would like to know more about eating disorders. Pen and paper exercises are included to help readers understand and begin to deal with issues practically. As well as written information, it is also available in a range of formats including Easy Read, BSL and audio.

‘I think it is very good! I wish I had had it available when I was in general practice. It makes impressive use of social media, apps, and it appears that the producers keep an eye on new opportunities: eg typical items in the press to publicise and disseminate the booklet.’

Encephalitis in Children. A Guide

Encephalitis Society, October 2017

81% of the public worldwide do not know what encephalitis is. Having a child diagnosed with encephalitis can result in a whirlwind of emotions and information for parents, the majority of whom will not have seen care options. This is a devastating condition. Encephalitis in Children. A Guide aims to provide a one-stop-shop full of information essential to parents. The types of encephalitis, symptoms, diagnosis, treatment, recovery, rehabilitation and returning to school are all covered comprehensively. We have written and designed the guide in such a way that families can easily dip in and out as and when they need, depending on where in their journey they are, saving them from becoming overwelmed. Alongside the facts about encephalitis, we also include hints and tips about what parents can do to aid their child’s recovery, looking at the emotional impact and social opportunities.

‘The content of this resource is comprehensive and excellent. The target audience is clear, and this is a resource for quick information as reference and for instant information. The resource itself is very user friendly and engaging to pick up and the colour and excellent photographs really help.’

Exercises for MS symptoms

MS Society, January 2018

The audience is people with MS (multiple sclerosis) who want to better manage a range of MS symptoms. Its objectives are to help people practice symptom-specific exercises to better manage their MS-related balance and walking problems, fatigue, bladder issues, muscle spasms/ stiffness and memory and thinking problems as well as signposts of further information. Five people with MS took part in the video filming, with varying ages, levels of mobility, with both types of MS (relapsing and progressive) and at different times since diagnosis. From publication in late January 2018 until the end of February 2018 there have been 13,749 views of the videos.

‘I liked this suite of resources. The page looks very good with bold images of the patients who discuss each issue. The presenters have a natural warmth which is engaging and who could relate to. If the aim of the patient information is to support patients through a journey, this is the most likely resource to do that that I’ve seen in a long time. It meets the patient where they are, and then gently and positively encourages them to engage with the topic, through the lens of their own health, offering lots of praise and reassurance along the way. The page links to further web information on each of the issues.’

Family history, genes and breast cancer

Breast Cancer Care, March 2017

The booklet is for people who’d like to know more about breast cancer in families. The first part of it looks at the main risk factors for developing breast cancer, how having breast cancer in the family can sometimes affect decisions about your future care options as well as what you can do if they’re concerned. This includes information on how risk is assessed and genetic testing. The second part of the booklet is aimed at people who have an increased risk of developing breast cancer,
including gene carriers (people who have inherited an altered gene). There is also information for people who have had breast cancer and remain at high risk of developing a new breast cancer. It looks at the options for managing risk such as breast screening and risk-reducing treatment. There is also information about things people may want to consider in the future, including concerns about having children.

‘This is a clearly explained, simple and easy to understand booklet which provides practical information on the subject matter of the resource’.

*From Me to You*
*The Children’s Trust, May 2017*

Often children and their families who stay at The Children’s Trust for neurorehabilitation have been through a traumatic and life-changing experience. They’ve spent a long period in hospital and life can be very frightening. From Me to You is a short film for families coming to the Children’s Trust for neurorehabilitation. It provides an honest account of what to expect when you move to The Children’s Trust from families that have been through a similar experience themselves. Three families were involved in the making of the film, and their interviews are unscripted – they’re talking openly and honestly about their experiences.

‘It touches one’s heart when watching the video of children and their carers or parents sharing their experiences. It gives the message very clearly of service provision in The Children’s Trust and the standard of care provided there. Hearing from service users and parents/carers makes it more powerful.’

*Give HIV The Finger*
*Terrence Higgins Trust, November 2017*

The Give HIV The Finger campaign was the IT Starts With Me campaign’s 2017 offering for National HIV Testing Week. The campaign encouraged people to get tested through digital, print, and out of home advertising, and generated a significant amount of press from support from HRH Prince Harry and other celebrities and influencers. The campaign’s objective was to emphasise the ease of testing with a finger-prick test and inform people about the different ways of getting tested. The campaign included a diverse range of real people from target communities and encouraged people to spread the message as well as getting tested themselves. Resources were available free of charge via a dedicated portal hresource.nrls.co.uk/index.html where partners and non-partners could also customise posters to promote their local activity. A broad range of media were used to promote the resource. It was also promoted in the national and regional gay and African press as well as outdoor advertising across England (in and around public transport) and through merchandise. ‘This campaign supports the National HIV Testing Week to promote regular testing among the most affected user groups. It is to be commended for its versatility and adaptability. I liked the focus on enlisting the energies and participation of local agencies who can adapt the resources to meet their local needs. The message is simple and great attention has been paid to the media used to disseminate it.’

*Glue Ear: A guide for parents*
*National Deaf Children’s Society, December 2017*

This resource is aimed at parents/carers of children with glue ear. It explains the condition of glue ear and possible treatment options. We have recruited a Parent Review Panel which is made up of parents of deaf children with a variety of types and levels of hearing loss, and they review our information resources monthly to help us improve them and to ensure they meet user needs. We asked the Parent Review Panel to review a draft of this updated resource to check that it met the target audience’s needs and expectations – that it was fit for purpose. We also encourage readers to give us their feedback after publishing. We record all feedback on this (and every) information resource on a Product Log – a document that captures all the information about that resource for the duration of its life.

‘The very detailed entry form lists the efforts made to ensure parents are able to contribute and that feedback has been acted upon. It includes up-to-date reference to evidence not being in favour of routine antibiotic treatment, ability to swim with grommets, and the use of the eustachian tube inflator.’

*Having a gastroscopy in hospital – Patient information*
*Oxford Medical Illustration, March 2017*

This resource aims to increase patients’ knowledge of what to expect when they are asked to attend the department for an endoscopy and to reduce patient anxiety about coming for an appointment. We want to improve patient experience, by better briefing patients in what to expect and want to encourage engagement of patients in the work of the department. The endoscopy lead at Buckinghamshire Health NHS trust, Dr Sue Cullin, determined the initial need for the resource and approached us to produce it. We met and discussed the production scope, purpose and aims. From this discussion we produced a brief that was then approved by the endoscopy team at Buckinghamshire Health before we arranged dates and scheduled in shoots.

‘The involvement of users is a particular strength of this resource and the number of people who have watched the video is testament to them having got their dissemination plan right! I really like the use of video and it does help reduce any anxiety.’

*Hearing Voices and disturbing beliefs – an NHS self help guide*
*Northumberland, Tyne and Wear NHS Foundation Trust, December 2016*

Up to 15% of people will hear voices at some time in their life. For some people who experience hearing voices and disturbing beliefs this can be very worrying and frightening. The resource has been produced by a group of people who have personal experience of hearing voices and disturbing beliefs, including relatives and carers. It aims to provide accessible, useful and reliable information where the user is helpfully guided through identifying and exploring their thoughts and feelings. The resource also offers practical advice and tools enabling the reader to work through their emotions as well as information on where to go if they need further help. As well as written information, it is also available in a range of formats including Easy Read, BSL, and audio.

‘This is a professionally produced and well-researched booklet, which includes evidence that academic resources have been used and that professionals and service users have been heavily involved in its production. A strength is the continued reference throughout the booklet to input from users and carers; another strength is the extent to which feedback is used and acted upon in updated versions. The text is easy to read, and the leaflet is freely available online. There is information about further sources of help, and spaces through the booklet for readers to note down their own experiences. I feel this booklet would be helpful to people experiencing these symptoms.’

*Having a Gastroscopy Feeding Tube*
*Sheffield Teaching Hospitals NHS Foundation Trust, December 2017*

Having reviewed a dozen patient/client information leaflets regarding gastroscopy tube insertion within the NHS and from other organisations it was clear that there was a lack of clarity about the insertion method, key information, sedation provision, aftercare, removal and decision making. We set out to create an evidence-based novel document addressing the key aspects of tube insertion which would support the shared decision-making process and informed consent addressing the pros, cons or alternatives in line with the (recently updated) legal and ethical aspects of consent. The inclusion of clear images, which we created, aid the understanding of patients who find pictorial expression easier to comprehend. The intended audience are anyone who is considering a gastroscopy tube. The booklet is used to support a one-to-one consultation with patients/family/carers and informs referring clinicians.

‘I liked this resource which addresses a common procedure. A wide range of specialties such as dietitians, speech and language therapists, specialist nurses [neurology, cancer, surgical], consultant radiologists, consultant gastroenterologists and clinical governance have been consulted. It gives sufficient information to be helpful and includes diagrams. It describes the procedure in some detail to forewarn the patient of likely sensations. It also focusses on likely risk factors but not in an alarming manner. I can see that this will be very helpful to its users.’

*Programme and Award Winners*
The committee on community care (CCC) is a multi-branch of practice group which includes general practitioners, specialists in elderly medicine, psychiatry and paediatrics, those working in public health and community medicine, palliative care and doctors in training.

The committee also co-opt members with particular expertise in aspects of community and social care.

The main responsibilities of the committee include monitoring policy and service trends in community care, advising on resolving problems at the interface of primary/secondary care and social care, identifying unmet needs of care, and promoting new approaches to care.

Over the last 12 months the committee has focused on the following key areas: its vision for community care, social care, children and adolescent mental health services and personal health budgets.

Dr Ivan Camphor, CCC chair, has been a GP on the Wirral since 1993 with a special interest in Surgery and Ear, Nose and Throat. Ivan was Honorary Secretary of Wirral Local Medical Committee 2000–2006 before joining Mid Mersey Local Medical Committee as Medical Secretary in 2009. He has also been a member of the General Practitioners Committee (GPC) since 2014. Alongside this Ivan is a Trustee for Mid Mersey Age UK. His vision is for doctors to be at the forefront of making community care patient-centered, integrated and of high quality.

Heart Matters online
British Heart Foundation, January 2016

The British Heart Foundation (BHF) is the nation’s leading heart charity. In conjunction with a quarterly print magazine that is provided free to members, Heart Matters online supports people with a heart condition, providing healthy lifestyle information and explaining the BHF’s pioneering research. Most of Heart Matters members are more than 60 years old and have a heart condition or a risk factor or look after someone who does. Traditionally, most members have read the print magazine, but in 2017 the number of online-only members started to overtake print readers for the first time. The goal of Heart Matters online is to give information and support to people with a heart condition or a risk factor, and to inspire them to live a heart-healthy lifestyle. We connect with Heart Matters’ 300,000 subscribers, as well as a wider audience who come across the website through other sources. The Heart Matters microsite averaged more than 13,000 unique page views per day in 2017, with visitors coming through our own email newsletter as well as organic search. We provide a consistent stream of high-quality content, including advice from world-leading medical experts, sensitive real-life stories, and award-winning videos and animations. Our content is delivered in a broad selection of formats: editorials, listsicles, infographics, quizzes, interactives, videos and animations ensure there’s something for everyone, whatever their preference for consuming online content.

‘This online resource uses a magazine format to present interesting lifestyle advice and engaging stories. The videos on how to cook healthily on a budget were instructive. The items are arranged under five broad themes and include interviews, advice and videos. Other BHF material is included too and it makes full use of online capability. I can see why an increasing number of users prefer using it to the print version: the statistics on its increasing use are impressive.’

Heart transplantation. A guide for families
Little Hearts Matter, August 2017

The booklet is aimed at parents whose children have a single ventricle heart condition and young adults who have a single ventricle heart condition. Children born with this condition can have a single ventricle heart condition and young adults who have a single ventricle heart condition. Children born with this condition can have a single ventricle heart condition. Children born with this condition can have a single ventricle heart condition. Children born with this condition can have a single ventricle heart condition.

How is myeloma treated?
Myeloma UK, January 2018

Myeloma is a rare and complex cancer arising from plasma cells within the bone marrow. The relative rarity of myeloma is one of the main reasons why most people have not heard of it before diagnosis; when patients are diagnosed with myeloma, clear and comprehensive information is an absolute necessity. This Easy Read publication has been
produced to address the need for diversity in formats of information available for myeloma survivors, their family and carers. Its purpose is to explain clearly and succinctly how myeloma can affect people in an open and accessible way. It aims to follow Easy Read guidelines and uses pictures and simple text to give readers an understanding of the physical and emotional effects and complications of myeloma, and to encourage them to speak to their healthcare team if they have any questions. Consequently, anyone reading this publication would have a greater understanding of their situation. It also aims to complement other Easy Read publications we have produced.

This is an excellent resource and a welcome addition to genuinely Easy Read patient health information resources. The use of text and images combined is appropriate for the audience. The information is also available online for those who prefer this method of reading information.

Joe’s Liver Transplant Story

Joe’s Liver Transplant Story is designed to help children to understand what a liver transplant is and to learn about the processes involved. It is aimed at children who may need a transplant in the future or who are on the waiting list and children who have undergone a liver transplant in the past but were too young to understand what was happening at the time. It can also be used by siblings and friends of children who have had or need a liver transplant. The book can be used by parents, play specialists, or psychologists with children. Primarily targeted at four to eight-year-olds, it is suitable for younger and older children as a starting point for discussion. It tells Joe’s story from liver transplant assessment right through to recovery after surgery, using simple language and appealing illustrations. Healthcare professionals from three specialist paediatric liver transplant centres were involved to ensure the processes within the story accurately depicted each of the centres. Copies of the book have been sent to each of the three paediatric liver transplant units to be used by nursing staff and play specialists as part of the liver transplant assessment and preparation process. The book is available on request from CLDF for parents who want to explain clearly and succinctly what a liver transplant is and to help them to understand what will happen to their child.
good explanation of medical team members and complicated things such as ITU stay and the wires/ machine/drain that may be around. The story is well-written, clinically accurate with extensive medical and user feedback conducted to ensure its content is applicable and appealing to the intended audience. The illustrations turn the text into a story book for children; the depictions of staff are friendly and non-threatening. This resource deals with a sensitive topic in a way that is highly accessible to its target audience.’

**Just for kids**

**Epilepsy Action, November 2017**

Just for kids is Epilepsy Action’s range of online and print resources aimed at children aged 5-11 years old with epilepsy and their families. These include: six short animations featuring Ali, Jack and Anna; a children’s pack distributed to paediatric epilepsy clinics, containing a DVD of the animations, storybooks, an activity book, colouring pencils and stickers; and a new child-friendly section of our website, to contain all new resources and existing material for schools and families. The aim was to provide child-friendly patient information about epilepsy, to enable children to understand different aspects of their condition and discuss it with their families and healthcare professionals.

The intended outcomes of the project were: children with epilepsy have increased knowledge and understanding of their condition; feel more confident and less anxious, take part in the management of their condition, discuss their questions and concerns with parents, teachers and healthcare professionals, realise that other children and adults have epilepsy. Distributing the packs for free provides engaging, easy to understand information in many clinics.

‘I liked this suite of resources which has been developed in consultation with paediatric epilepsy nurses who have daily contact with children with epilepsy. The suite includes pdf and online picture books and animated videos. I liked the style and tone of the videos. The resource has been widely disseminated and promoted. The evaluation plan to use a structured telephone interview with the nurses who distribute and use the packs is better than most plans. I like the way that the feedback is geared to children. Each pack also contains a prepaid postcard, which both children and families can use to state how they have used the pack. All in all, its positive tone succeeds in its aim to educate children about not only living life to the full but safely.’

**Life after transplant:**

**An Essential Guide to GvHD**

Anthony Nolan, January 2018

GvHD (graft versus host disease) is a common side effect of allogeneic stem cell transplant, affecting 80% of the 1,600 patients who have a transplant each year. GvHD occurs when the patient’s new transplanted immune system (‘graft’) attacks their body (‘host’). It can affect many parts of the body, commonly the skin, eyes, liver or gut. The effects of GvHD vary widely from person-to-person, ranging from short-term, mild and easily treated to long-term, debilitating and life-threatening. Developed with consultant haematologist Dr Fiona Dignan and transplant patients who have experienced GvHD, our updated Essential Guide to GvHD helps patients to detect and manage this unpredictable and poorly-understood side effect.

‘The target audience is clear: patients who have had stem cell/marrow transplants, and their family/ carers. The inside covers explain the purpose of the guide succinctly and the information does not use jargon, and is in simple, easy to read language. The diagram on the centrefold outlines symptoms in a very clear way and there is a good diagram of the balance of immunosuppression. The back cover containing space for contact details of the CNS contact is a very good idea.’

The availability of relevant and reliable health information is a prerequisite for a fully-functioning health system. Without it, health professionals cannot deliver effective, safe and timely healthcare. Patients and other service users also require appropriately targeted health information in order to make decisions about their own care and the care of those for whom they are responsible. As health information needs change over time, the medical research and publishing communities must keep pace and continue to produce resources which are fit for purpose.

In low- and middle-income countries (LMICs), lack of access to accurate and up-to-date information remains a major barrier to evidence-based health care. The consequences of this “information poverty” are devastating. Tens of thousands of women, children and men die every day, often because the mother, family caregiver or health worker does not have access to the information and knowledge they need, when they need it, to make appropriate decisions and save lives. The majority of these deaths can be prevented through simple interventions, often available locally.

The BMA International Department is working with external stakeholders both to address the root causes of this crisis and to provide direct assistance to organisations in LMICs where access to reliable and relevant health information is limited or non-existent.

**The BMA International and Immigration Department: tackling ‘information poverty’**

The BMA Information Fund

Since 2005, the BMA Information Fund has provided books and other learning resources to health-focused not-for-profit organisations in LMICs and other areas of need. Working with the charity Health Books International (formerly Health Books on a Budget – Teaching-aids at Low Cost), we invite and consider applications for assistance from the Fund on an annual basis. In 2017, South Sudan, Lao PDR, Sierra Leone, and Iraq, were among the countries which received donations from the Fund.

More information and details of how to apply: bma.org.uk/informationfund

Contact Arielle Nylander, senior policy advisor, International and Immigration Department anylander@bma.org.uk

**HIFA (Healthcare Information for All)**

Since 2008, we have provided strategic and financial support to Healthcare Information for All (HIFA); a global multi-disciplinary network of over 17,500 individuals from 177 countries, working in collaboration with the World Health Organization and more than 305 health and development organisations worldwide towards a shared vision:

‘A world where every person and every health worker will have access to the healthcare information they need to protect their own health and the health of those for whom they are responsible.’

HIFA harnesses the unique experiential knowledge of members to build a global picture of health information needs and develop strategies for meeting them. The BMA’s 2015 Annual Representative Meeting gave unanimous support to HIFA and urges the UK government to prioritise support for initiatives that improve the availability and use of health information.

More information: www.hifa.org

Contact Arthy Hartwell, head of international and immigration ahartwell@bma.org.uk
Living with ADPKD: Diet and Lifestyle
PKD Charity, November 2016

The PKD Charity is a small charity established in 2000 by a doctor and PKD (polycystic kidney disease) diagnosed patients. We are the UK’s only charity solely dedicated to the concerns of people with PKD, a range of inherited, curable disorders that can cause kidney failure and a reduced quality of life. We are committed to producing a range of information materials on PKD, diagnosis and treatment, and living with PKD, which are available in print and online. This diet and lifestyle fact sheet is for people with ADPKD (autosomal dominant polycystic kidney disease), who are not on dialysis and have moderate or good kidney function. ADPKD is a rare disease leading to progressive loss of kidney function, often resulting in kidney failure. Progression of the disease might be slowed by dietary and lifestyle adjustments. It aims to help people with ADPKD to self-manage their disease, protect their kidney function and reduce their blood pressure and risk of cardiovascular problems, such as stroke.

‘I thought that this was a very well-written resource. It is simply produced but the information is well-set out and the graphics are well-designed to illustrate and support the text. This small organization has established contacts with clinical experts who have contributed to this resource, but they’ve also set up a lay panel. The contribution of this panel is demonstrated by the practical focus of the content and the specific instances given where user feedback has changed the resource. It is a simple but effective resource.’

Living with bronchiectasis
British Lung Foundation, June 2017

The audience is people affected by bronchiectasis, their families and carers. Our Respiratory Health of the Nation research highlighted that about 210,000 people in the UK were living with diagnosed bronchiectasis in 2012. This was at least four times higher than the estimate commonly used by the NHS. The aim of this booklet is to provide reliable information about bronchiectasis, so that people affected have the knowledge to self-manage their condition and know where they can get support. It is written to give practical advice — answering questions such as what treatments work — and giving tips and quotes from other people living with bronchiectasis. More than half of the booklet sets out what people can do to manage their condition. It talks about maintenance treatments – such as using antibiotics and clearing sputum – and treatment for chest infections or flare-ups.

‘This is an excellent resource, underpinned by thorough research into the need for the resource and the required content. The evidence base is excellent, as is the input from healthcare professionals and patients. I was very impressed with the involvement of users, beginning with ascertaining the prevalence of the disease and the need for the further development of what was a leaflet into a booklet; followed by finding out through various channels what information users wanted in such a booklet. The resource is widely and effectively disseminated and has received much positive feedback. The resource is clearly set out and the content excellent, clearly easy to read. The examples from people suffering from this condition enhance the content.’

Me and my Brain
The Children’s Trust, January 2018

Me and my Brain was created by The Children’s Trust as a way of helping teenagers and young people manage the many, often hidden, effects of mild to moderate ABI (acquired brain injury). It is estimated that more than 40,000 children in the UK are left with an ABI after an illness or accident. Many make a good recovery, but ABI can result in long term changes and only a small percentage of children are supported with the help they need. The difficulties can be subtle and sometimes do not surface until many years later — often when a child transitions into their teenage years. This can result in young people not getting the help and support they need. The overarching opinion from the teenagers we spoke to was that they felt it was their parents who were given any information about their condition from health professionals and that on most occasions their own questions were overlooked. However, they wanted to have more information about how to help themselves and hence feel empowered in implementing tangible rehabilitation techniques and management strategies. The primary aim of Me and my Brain is to further educate teenagers on their ABI. It uses plain non-condescending language and includes evidence-based information, as well as tips and advice from experts in this type of brain injury. The real-life stories interspersed throughout Me and my Brain are a vital aspect of the book, providing an element of empathy for our readers and allowing them to draw on the experience of their peers. The book is written in a way that it will also help teachers understand the difficulties associated with the condition.

‘This is an exceptional resource. The production methodology is not as developed as other resources I have seen but The Children’s Trust follows the IS (Information Standard) and the user panel of young people resonates throughout the resource in terms of content and in the pictures. The resource includes pictures of the contributors and a group photo on the cover, so their presence is certainly visible. The advice given is practical, sensible and non-judgmental. The section on alcohol drinking is very well done: it makes the point consistently that alcohol will damage the brain further but acknowledges that some young people will want to drink in moderation.’

Medicines in Rheumatoid Arthritis
National Rheumatoid Arthritis Society, April 2017

Our aim is to make it as easy as possible for people living with RA (rheumatoid arthritis) to know about the available medications used in their treatment, help them feel more confident about what the future holds and understand why their treatment may need to change from time to time. The reasons for a comprehensive publication are to provide a short summary of RA; what it is, why and how it is treated and to increase understanding that the aim of treatment is to control RA by either achieving remission or sustained low disease activity. It also aims to provide suitable and accessible information for all RA medicines in one booklet and to outline the possible treatment options available and any likely progressions from one treatment to another.

‘Patients and their relatives reading this publication will have varying understanding of the clinical and scientific issues. This publication is a model example of how to help all readers with explanations which will be comprehensible. The booklet makes clear that its purpose is to inform and thereby help patients with rheumatoid arthritis to understand the rationale of their treatment. However much of the description is difficult because it is a complex subject and oversimplification would be pointless dumbing down and might threaten patients’ confidence. Some complexity is unavoidable. Many readers will need further explanation and guidance, but they already know, or will now know, to whom to turn. This was a carefully conceived and orchestrated project. There were inevitably many sources of information of varying medical and scientific sophistication. Congratulations on a team effort.’

Moving more with MS booklet with DVD
MS Society, April 2017

The audience is people with MS who want to self-manage their condition better by increasing their physical activity. Its objectives are to: raise awareness of the benefits of physical activity on MS (mood, muscle strength, fatigue and mobility) and to provide information on specific physical activity and exercises that help people with MS manage their physical and mental health. It informs people wanting to move more with MS about how physiotherapists and occupational therapists can be a source of guidance and support and helps people with MS plan and stay motivated so that physical activity becomes a personal long-term strategy.

‘This is an excellent video and web resource. People with MS have been involved at all stages and they take centre stage in the video. The video has a human-interest story about how the narrator’s mother’s life could have been improved through exercise.’

My Alcohol Tracker
Cancer Research UK, November 2017

My Alcohol Tracker is an alcohol tracking skill for Alexa-compatible devices. You can use My Alcohol Tracker to add drinks to your weekly total and set yourself a personal goal to drink no more than a certain amount (you can use the recommended guidelines of no more than 14 units a week or pick a limit based on your individual needs). The tracker will give informed information on the number of calories you are drinking as well as hints and tips on ways to cut down. The aim of this innovative, sector leading project is two-fold: to test whether the public would want to access health and/or cancer related information from Cancer Research UK via voice technology and to reach the public with health information on the topic of alcohol — hopefully to motivate and help them to cut down on their consumption. The intended target audience for the My Alcohol Tracker skill are drinkers (of any age or sex) with an Alexa-enabled device. With its ease of use, and no need to fiddle about with handheld devices, voice could also be a valuable aid for people with visual impairments or certain physical disabilities — such as limited mobility or dexterity. It could also help people access and understand information if reading lots of text isn’t for them, offering something that better suits their needs.

‘The app is designed to record data and provide a summary and basic information. It’s an innovative use of technology and Alexa skills. It achieved good coverage during Alcohol Awareness Week. It would be very interesting to see the results of the evaluation. I hope you publish them to encourage other information producers to follow in your steps.’
**My care, my future**

Target Ovarian Cancer, May 2017

Target Ovarian Cancer’s My care, my future guide aims to inform and support women with incurable ovarian cancer in their thinking and talking about their diagnosis and the future. It provides clear, realistic and unbiased information about palliative, hospice and end of life care. It includes sources of support about emotional and psychological impact of a diagnosis of incurable ovarian cancer and sources of support about the practical and physical impact of incurable ovarian cancer. It will help women get the most from every day while living with incurable ovarian cancer and provide comfort and reassurance that they are not alone in their diagnosis. The guide contains information about what incurable ovarian means; dealing with the emotional impact of the diagnosis; sharing the news with others and the impact of incurable ovarian cancer on relationships with loved ones; living with incurable ovarian cancer; looking after your wellbeing and managing your symptoms and thinking about the future including advance care planning. The intended audience is all women with incurable ovarian cancer and family and friends of women with incurable ovarian cancer.

‘This is one of the best booklets on a medical topic I have ever read, particularly as it is for a group of patients who may not have the information they need. It is realistic but reassuring, and acknowledges that they have a life to live, with advice on how to live with the diagnosis of incurable ovarian cancer. This is extremely well done with truth and a genuine sharing of experience and information. Some women are photographed in their homes and this works very well. The resource is for women who have been diagnosed with incurable ovarian cancer, but not yet reached the final stage of the disease. This group is most women diagnosed with the disease, and I am not aware of any other information specifically for this group. I think it fills a gap in the market, is well-researched and well-produced. I would recommend it to our local clinicians.’

**My decisions**

Compassion in Dying, January 2016

The first free online service of its kind in the UK, mydecisions.org.uk enables people to consider and record their values and preferences for their care and treatment so that their healthcare team and family know what they would want if they were unable to make decisions for themselves.

My Decisions was developed to support people to set out their treatment and care preferences so that if they lose capacity to make their own decisions, whether due to illness or an accident, their wishes can be known and respected.

The website guides people through a series of questions and scenarios to help them consider what is important to them. At the end of the process, it generates a personalised Advance Decision or Advance Statement which can then be printed, signed, witnessed and shared as required.

The tool is part of a set of four guides bringing together the Stroke Association’s main information about stroke in one place. We worked with readers to tailor the guides to provide the right level of information for people in the early stage as well as those six months after a stroke. We’ve also created a guide for family, friends and carers, and a stroke prevention guide suitable for stroke survivors as well as the general reader.

‘I liked this resource which demonstrates a new approach and shows how user feedback has been used to update a resource. They have used a consumer health information professional to co-ordinate their update to the resources. The presentation of the information through different phases of recovery is unusual but its implementation, in response to user feedback, is commendable. The resource itself is clearly laid out and easy to use with practical tips and user stories.’

**National Lung Cancer Audit 2016: Key findings for patients and carers**

Royal College of Physicians, September 2017

Our Key findings for patients and carers booklet is an accessible summary of our annual report. It includes the results (from England, Wales and Guernsey) from the 2016 annual presenting them in a clear way that can be understood by those who do not have a clinical background. The measure we report include, but are not exclusive to, the number of patients that were seen by a lung cancer nurse specialist, had their PS (performance status) and disease stage recorded and how many patients received different treatment types; we also look at one-year survival. The purpose of this booklet is to ensure patients, their families and carers can see the rates of patients receiving treatment as well as the likelihood of experiences such as seeing a nurse specialist. The lung cancer pathway can be complex, this booklet helps to break it down into segments that can then be better understood. Patients diagnosed with lung cancer, their families and carers are the intended audiences for this booklet. Including case studies was a very important part of this project to tell lung cancer patients’ stories and readers might even recognise parts of those stories in their own pathway.

‘I think this is an exceptional resource which shows a wonderful commitment to present very technical information in a way which is comprehensible to the public. The methodological approach is superb in involving expert patients in the dissection of the annual report and in giving the report a context. Key findings and recommendations are clearly made.’

**Next steps after a stroke**

Stroke Association, June 2017

Next steps after a stroke is for people six months or more post-stroke. It gives more details about the effects of stroke and how to get support with problems, along with information about life after stroke such as driving, accommodation and tips on reducing the risk of another stroke. This publication is part of a set of four guides bringing together the Stroke Association’s main information about stroke in one place. We worked with readers to tailor the guides to provide the right level of information for people in the early stage as well as those six months after a stroke. We’ve also created a guide for family, friends and carers, and a stroke prevention guide suitable for stroke survivors as well as the general reader.

‘I liked this resource which demonstrates a new approach and shows how user feedback has been used to update a resource. They have used a consumer health information professional to co-ordinate their update to the resources. The presentation of the information through different phases of recovery is unusual but its implementation, in response to user feedback, is commendable. The resource itself is clearly laid out and easy to use with practical tips and user stories.’

**My lung surgery**

Roy Castle Lung Cancer Foundation, July 2017

My lung surgery booklet will provide patients with a deep understanding of the surgical options available to them. It is designed to help patients and their families to make well-informed decisions and gain the most from their treatment. It offers guidance on issues about surgery, summarising what the patient should expect during their time in hospital and during their postoperative period, including the first six weeks at home where patients are more likely to feel less well-supported.

Following surgery, it is important for patients to know what is considered normal and to know when and where to go for advice and support. Helping patients understand and manage some of the emotions they experience are also covered in the booklet.

‘This is a great leaflet which presents information in a clear and concise manner. It answers many of the questions patients may have regarding lung cancer surgery throughout the patient journey. This is a worthwhile and invaluable leaflet.’

**Nystagmus Information Pack**

Academic Unit of Ophthalmology and Orthoptics, University of Sheffield, November 2017

The Nystagmus Information Pack is primarily aimed at patients, families, doctors and health professionals yet it has been created for anyone wanting to find out information about nystagmus. The need for better information about nystagmus was identified when orthoptic lecturers from the University of Sheffield took
Planning for recovery: leaving hospital after a mental health crisis: Mind, the mental health charity. February 2017

People leaving hospital after inpatient mental health treatment can have very poor experiences, often due to problems with coordination of care, failure to involve people properly in decisions and discharge planning, and failure to address the full range of people’s needs. Our objective was to improve people’s experiences and outcomes following inpatient care by providing a resource that supports people while they’re still in hospital to know what they should be able to expect in terms of discharge and care planning and arrangements and to take part in planning and decision-making, and knowing where to find further information and support. It aims to communicate NICE guidance on hospital discharge to people for whom and at a time when it is most relevant and to enable people to feel more in control of their lives at this stage in the acute/crisis care pathway and to provide top line rights information and signpost to further advice. We intend that it should encourage people to think about their needs post-discharge and to communicate these in discharge/care planning sessions, using prompt headings/ questions and space to write

‘This is a very well-written booklet. It may seem simple but it fills a huge gap and I am sure will be very helpful to patients.’

Portion guide—helping you keep your diet balanced: British Heart Foundation, February 2018

The BHF are committed to providing lifestyle advice in print and digital forms for people with or living with heart and circulatory disease. Our healthy eating advice aligns with The Eatwell Guide – a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. The purpose of this resource is to inspire behaviour change in our audiences. After conducting thorough research, we discovered more information on portion size would be very welcome by patients needing to make lifestyle changes. This resource is split into five sections: portion size, how to eat, heart and cancer, and life limiting care for cancer and non-cancer patients. These aspects can be overlooked but this resource reminds and helps us to access this. I recommend clearly the palliative care for homeless patients which is overlooked at times. ‘I was particularly impressed by the ease of feedback and diverse and credible contributors. This is a resource to use in practice and as a teaching resource.’

Recipes for people affected by cancer: Macmillan Cancer Support, December 2017

‘This is a positive resource for anyone affected by cancer. The text is easy to read and the recipes simple to follow as only basic cooking skills are required. The food appears colourful, fresh and appetising in the accompanying photography. The text has been presented in an engaging way with effective use of font, bold text and colour to attract the reader’s attention. The tabs on the edge make it easy to flick through as you would wish with a recipe book. Recipes have been developed to appeal to people of different cultures as well as different dietary requirements. Macmillan have made sure that the resource is accessible and available in different languages and formats to reach its target audience. There is no medical jargon. I thought the sections on low immunity and food hygiene were excellent in their clarity and an essential addition to the resource. Overall, especially in contrast with other booklets available in the series, this is a helpful, practical and appealing booklet that could help support many individuals.’

Returning to School After Encephalitis: Guidance for School Staff: Encephalitis Society, June 2017

Parents report that one of the biggest issues faced by a child after encephalitis is returning to full-time education. The nature of a brain injury such as encephalitis means a survivor can be left with memory problems, changes in personality and like, motivating the palliative care for homeless patients which is overlooked at times. ‘I was particularly impressed by the ease of feedback and diverse and credible contributors. This is a resource to use in practice and as a teaching resource.’

‘This is a practical resource which is easy to use and understand, gives clear pictures of standard portion sizes as well as other interesting news stories and helpful tips. The marketing company used a very sophisticated methodology to canvass a broad range of users and ensure that it meets the needs of its target audience.’

This booklet has been a comprehensive pack of information for all school staff, ranging from teachers through to meal supervisors and administrative staff. The full guidance is aimed at special educational needs coordinators and those teachers who spend lots of time with the child. For other teachers and other school staff, the summary may be more appropriate initially. The full guidance includes everything from key facts about encephalitis and tips on how school staff can help a child, through to specific chapters on areas such as planning and organisational skills, challenging behaviour and social skills. In each section, we included recommendations for the teacher or staff member, further resources for reading or list of useful websites and organisations. The summary guidance includes everything from key facts about encephalitis and its effects on health and learning. It also includes a very helpful form which outlines key facts about the child and their parents helping the child and their family reduce the amount they must repeat information to different people.

‘I thought this resource packed a lot of information into a small space without being text-heavy or dry. The form at the back, where family and teacher can summarise important features of a child’s needs, is very nice. I can see this being used when pressed for time of with limited contact time with a child returning to school after encephalitis, would then be able to refer to a reminder that, even with successful ‘cure’, the after-effects can be significant and lifelong. I would hope that this resource makes less of a mystery how staff at school can support the next crucial steps of a child’s recovery after their discharge from hospital.’

Sex and sexuality after brain injury: Headway—the brain injury association, September 2017

This booklet has been written to offer information and guidance to people on how sex and sexuality can be affected following a brain injury. It includes information on differences between brain injuries (physically and psychologically), the impact this has on survivors and sexual partners, tips on how to cope with the changes, where to seek professional support from, and other miscellaneous information. This information is primarily for brain injury survivors, but sexual partners, other family members and professionals may also find this information helpful. By providing the booklet in a freely downloadable
format as well as the print version, people affected by this issue can access the information by themselves and discretely. The information is offered in a sensitive manner and provides contact details for a range of external support organisations at the end.

‘This is an often-neglected area and one that causes embarrassment for patients and their carers for a number of reasons. This resource attempts to help with dealing with the reality of the head injury impacting on sexuality and intimacy.’

Social anxiety – a self-help guide
Northumberland, Tyne and Wear NHS Foundation Trust, December 2016

Social anxiety is one of the most common anxiety disorders; as many as 12% of anxiety disorders are social anxiety. Social anxiety disorder is common in men and women but tends to be higher in women. It’s a common problem that usually starts during the teenage years. This resource has been produced for anyone affected by social anxiety, their relatives and carers and for health professionals to signpost those who are seeking support with their social anxiety. The aim of the guide is to provide accessible, useful and reliable information where the user is helpfully guided through identifying and exploring their thoughts and feelings. The resource also offers practical advice and tools enabling the reader to work through their emotions as well as information on where to go if they need further help. As well as written information it is also available in a range of formats including Easy Read, BSL and audio.

‘This is a lovely resource – portable, discreet and written in a non-judgemental style. It is full of useful further resources and sources of information. I would strongly recommend it.’

Supporting someone with MS – a guide for family and carers
MS Society, May 2017

The audience is partners, family members or friends who are supporting or caring for someone with (non-advanced) MS (multiple sclerosis), especially those new to this role. Its objectives are to raise awareness of the needs of carers and the benefits of identifying as a carer and to signpost to sources of further information and support. The resource also signposts to existing information and support about social care services.

‘This is a high-quality resource for carers of people with MS which gives helpful, supportive information. It has clearly been developed with extensive input from carers themselves throughout the design and the content development – you can hear their voice all the way through it. The photos used are also of the carers who took part so the whole booklet has an authentic ring to it. The information is well-written and nicely paced with quotes from carers and helpful tips. The carers’ assessment information and checklist were one of the most helpful parts and an empowering way to support carers in their role. The design is simple but it’s easy to find what you need, and the use of the tips sections means that the reader isn’t overwhelmed with information but can find out more if they would like. All in all, a great resource.’

Target Ovarian Cancer symptoms awareness campaign
Target Ovarian Cancer, February 2018

Target Ovarian Cancer’s symptoms awareness campaign aims to provide clear and objective information about the symptoms of ovarian cancer and raise awareness of the recognised symptoms of ovarian cancer among the general population and health professionals. It provides clear, realistic and unbiased signposting to next steps for women who are experiencing symptoms of ovarian cancer and encourages communities to share the symptoms of ovarian cancer and raise awareness levels further. The intended audience is: all women in the general population and women who are worried about ovarian cancer or who are experiencing symptoms that could be a sign of ovarian cancer. Health professionals who are a first point of contact with women experiencing symptoms that could be a sign of ovarian cancer GP’s and practice nurses. Our symptoms awareness campaign, developed with contributions from women and health professionals, aims to meet that information need. Our symptoms awareness materials comprise: a patient information leaflet (in multiple languages); an A4 poster; a symptoms diary and a symptoms animation film.

‘I think this is an exceptional suite of resources. The methodology has enlisted the support of key clinical experts and a focus group has been used to elicit feedback on what symptoms matter. The presentation is clear and the consistent messages across the different media work very well. I am impressed by the support given by other mass media.’

The Brain Tumour Charity: Education resources
The Brain Tumour Charity, November 2016

Every year in the UK, about 400 children under 14 years old are diagnosed with a brain tumour or central nervous system tumour. Being diagnosed with a brain tumour can be devastating for all those involved and can have a huge impact on a child or young person’s everyday life. School is a large part of their day and the impact it can have on this area of their life is massive. The charity identified a need for support to be given to families and educational institutions who are facing these challenges to make sure a child’s return to school is as easy as possible. Our education resources are designed to be short, easy to read and used inside and outside of the classroom during recreational time. They have been designed with the child and their family in mind, giving the family control of the situation and the child greater confidence when returning to school.

‘This is an excellent resource and something that has really been developed to meet a need. It is mostly online for download but hard copies can be obtained. I particularly like that it consists of several smaller resources rather than just one large one – this means that the most appropriate part can be used for a particular child or young person. The organization is doing a lot of work on collecting feedback through questionnaires, surveys, face-to-face interviews. I was particularly liked the poster on possible effects of brain tumour’s and their treatment. The educational support strategy is clear and comprehensive.’

Thyroid Cancer: For Patients, By Patients (third revised edition)
British Thyroid Foundation, June 2017

The booklet has been written to help people facing a diagnosis of thyroid cancer and those who are caring for them. It takes the reader through the steps they will face along the way: from diagnosis, treatment (including surgery and radioactive iodine ablation) follow up care, and life after cancer. Many thyroid cancer patients have helped to write the booklet, from the first and second editions (in 2006 and 2010), through the review and update process, and by contributing to the ‘patient experiences’ at the end of each chapter. The resource aims to help patients understand their diagnosis, to answer many of the questions they may have, and to help them be more confident about the treatment and recovery they face.

‘This is an excellent resource and is likely to be of considerable value to patients facing a diagnosis of thyroid cancer.’
About BMA House

BMA House is a grade II listed building in central London’s fashionable and historic Bloomsbury.
Home to the prestigious British Medical Association, BMA House was designed in 1911 by the famed architect Sir Edwin Lutyens. It has been the Headquarters for the BMA since 1925.
Highly accessible, the venue has a superb location just a short walk from the Eurostar (at nearby St Pancras), as well as Russell Square, Euston and King’s Cross stations. Ideal when you have meetings and events please email or phone and we will be delighted to help you.

Conferences and meetings
BMA House is a favourite for conferencing, boasting an impressive range of larger rooms suitable for lectures, presentations and talks. Conference spaces include the magnificent Great Hall (maximum capacity 294 conference-style) and the Council Chamber (fixed board room style). There are also 11 different purpose-built meeting rooms, the largest of which can accommodate up to 65 people in board room style.

Event spaces are fitted with state-of-the-art audio visual technology as well as free Wi-Fi for all standard requirements. A team of friendly and very knowledgeable in-house technicians are also on hand to offer guidance and support for any event.

Corporate and private events
Adorned with high ceilings and magnificent decorative features, BMA House provides an opulent setting for both corporate and private events. BMA House boasts five different event spaces, as well as outdoor entertainment facilities and a creative in house catering team. The venue can tailor for any event; from private dinners and cocktail parties, summer soirees and barbecues, to Christmas parties and stylish evening receptions. With capacities ranging from 20 to 320, this historical central London venue is ideal for both intimate gatherings and larger scale corporate affairs.

Summer and outdoor parties
Ideal for summer parties and outdoor events, BMA House offers two beautiful and peaceful outdoor spaces, namely The Courtyard and Garden; a remarkable asset given its central London location. Built on the foundations of the house where Charles Dickens wrote classics such as Bleak House and Great Expectations, the Garden is a picturesque secret spot located on one side by an ornate iron gate, on three sides by the majestic on three sides by the majestic

A dedicated planning team
When you organise an event at BMA House, you will have the assistance of an in-house events team, which encompasses catering, audio visual support and the services of a dedicated event planner who will work with you from concept to fruition of your event. Menus are created by our in house caterers who have a focus on British produce and healthy eating. They have created seasonal menus which are notable for their innovative design, stunning presentation and high quality ingredients. BMA House has been accredited with a gold rating under the Green Tourism Scheme due to its dedication to placing sustainable and ethical practices at its forefront. Ingredients are sourced locally and sustainably wherever possible and supportive of Fairtrade tea and coffee growers. In addition, all food waste is composted and all glass bottles recycled.

Weddings
The historic BMA House is an idyllic location for weddings. The venue holds a wedding licence for four of its feature rooms: Great Hall, Snow room, Paget room and The Prince’s Room. The Prince’s Room has, for example, a maximum capacity of 60 for a ceremony. BMA House is also a fabulous location to hold a private outdoors drinks and canape reception. In addition to its splendid interiors, The Courtyard and Garden, both provide a stunning setting for wedding photographs and pre-dinner drinks.

If you would like a guided tour of our building to discuss any plans you have for meetings and events please email or phone and we will be delighted to help you.

Visitors have included Princess Anne, Boris Johnson, Sir Mo Farah and Lesley Garrett

Get in touch and let us assist you
Call 020 7874 7020 or visit www.bmahouse.org.uk
BMA House, Tavistock Square, London, WC1H 9JP

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Call 020 7874 7020 or visit www.bmahouse.org.uk
BMA House, Tavistock Square, London, WC1H 9JP
Transition: your journey from paediatric to adult services
British Heart Foundation, December 2018

This is a film to help provide information and support to teenage heart patients who are transitioning from paediatric into adult services. The film provides accurate, reliable information delivered by young people with heart conditions and cardiac professionals. It includes the real-life experiences of other young people with heart conditions in an engaging, sensitive but frank way and young people can identify with those giving them advice. Our primary audience is all young heart patients in the UK, aged 13–19 years old who will transition from paediatric to adult cardiac care. Our secondary audience is the parents of these young people. The resource is also for healthcare professionals working with young heart patients. The film includes animations and interviews covering the most important topics about transition, as identified by young heart patients and healthcare professionals.

‘This resource is absolutely fantastic. The transition for children or adolescents into adult care can be a daunting time and is sometimes a neglected area of healthcare. This resource provides much-needed reassurance in the voice of the user, on a range of topics which may not usually be discussed. Research has been carefully undertaken to find out what matters to adolescents as they transition to adult care and what issues and anxiety they may have. The other brilliant thing that this resource does is highlight that some of the issues covered would be relevant for the average adolescent, not just an adolescent with a heart condition, so this also helps normalise the issues raised. The real-life experiences demonstrate a young person’s worries and concerns but provides a really positive take on these to provide reassurance. The format used for the resource is perfect for the target audience. I highly recommend this resource.’

Understanding brain metastases and lung cancer
Roy Castle Lung Cancer Foundation, May 2017

Understanding brain metastases and lung cancer booklet is for those patients who have been diagnosed with a brain metastasis and those people who are looking after someone affected by brain metastases. It explains what brain metastases is, available support and the different treatments, why the patient is receiving it and how it works. It also provides information on putting your affairs in order. It is produced with input from people affected by lung cancer and lung cancer experts. It has undergone a rigorous assessment to produce clear, accurate and up-to-date information. The key target audience is anyone affected by lung cancer. The booklet is designed to support and empower anyone affected by lung cancer to make informed decisions about the most effective treatment options. It achieves this with a lay guide to symptoms, side effects, the practical and emotional impact of dealing with a diagnosis of brain metastases.

‘I think this is a well-researched document with the views of patients, carers and professionals considered. An extensive evidence-base has been sought. The resource is very well-presented with lots of signposts to contact details and other sources of information. The tone and language are well-suited for the resource.’

Understanding your pathology results
Breast Cancer Care, February 2018

The main purpose of this resource is to help patients with a breast cancer diagnosis understand what pathology testing is in relation to their disease, how, when and why it is carried out, and what their individual results may mean for their treatment choices and prognosis. Further aims are to help people to communicate effectively with their breast care team about their pathology results and to reduce isolation through identification with other people going through a similar experience. This is an excellent resource which explains the form of a pathology report and suggests questions which the patient may wish to ask. It includes a full glossary and the robust incorporation of user feedback and user testing is reflected in its practical focus and ease of use. It contains many useful features such as space to write responses to suggested questions. The processes used to produce the leaflet are exemplary.

Understanding your small cell lung cancer
Roy Castle Lung Cancer Foundation, July 2017

Understanding your small cell lung cancer booklet is for those patients who have been diagnosed with small cell lung cancer and those people who are looking after someone affected by small cell lung cancer. The booklet explains what small cell lung cancer is, living with small cell and the different treatments, and how they work. It also provides information on what happens after your initial treatment ends. It is designed to support and empower anyone affected by lung cancer to make informed decisions about the most effective treatment options. This is not only a lay guide to symptoms and side effects but a helpful resource which also tackles the practical and emotional impact of this diagnosis.

‘This is a beautifully presented, attractive, concise resource for patients recently diagnosed with small cell lung cancer. It addresses its target audience as well as being very easy to navigate. It makes good use of clear text, pictures and quotes. I particularly like that it directs patients to other resources, and especially that it gives them a nurse-led telephone helpline. There is a good question list at the end that will help the reader to get answers directly from the healthcare professionals. Appropriate resources and a wide variety of healthcare professionals and user reviewers have been involved. The publication itself is high quality and is available on a good range of media.’

What now? Questions to ask after a terminal diagnosis
Compassion in Dying, November 2017

Compassion in Dying’s new booklet What now? Questions to ask after a terminal diagnosis is based on the experiences of more than 600 people living with terminal illness and their carers, reflecting how people access information, who they speak to about their options, and crucially, what people wish they’d known at the time they first received their diagnosis. What now? aims to enable people to make the decisions about their treatment and care that are right for them. The booklet is designed for people with a terminal illness but can be used by anyone making decisions about their treatment or care, for instance people living with one or more long term health conditions. What now? includes information from real-life experience about how it feels to get a diagnosis, what it’s like to live with an illness, the impact this can have on family and friends, who people can talk to about their health, and practical advice about things to get organised. Importantly, What now? includes a list of questions that can be removed and taken to appointments, so people can decide what they want to know, how to ask, and have space to write things down. It aims to enable people to take a more active role in their health and care decisions, equipping them with the knowledge and confidence to ask questions in line with their personal values and priorities.

‘This is a novel idea: peer support made into a leaflet. This is a fantastic section guide to asking the right questions; it gives patients a clear message that individuals will want different information and at different rates. They can access this to ask the questions they want to ask. Many patients struggle to know how to ask sensible or appropriate questions when faced with a tight consultation time and under pressure. It is a perfectly sized sustainable guide to take to appointments. It normalises emotion and I am confident it will ensure patients feel less alone when facing the decisions and journey.’

When you have a stroke
Stroke Association, July 2017

This is one of a set of four guides bringing together the Stroke Association’s main information about stroke in one place. We worked with readers to tailor the guides to provide the right level of information for people in the early and later stages after a stroke. We’ve also created a guide for family, friends and carers, and a stroke prevention guide suitable for stroke survivors as well as the general reader. When you have a stroke is designed for people who may have had a stroke recently, or who have some level of aphasia, fatigue, or concentration problems. The guide aims to give a stroke survivor and their family and carers a broad understanding of stroke and explain how to find more information and support if they need it.

‘The Stroke Association has taken care to evolve their information based on extensive feedback. This booklet, aimed only at patients and carers very soon after a stroke, is very simple and carefully done.’
BMA Charities

BMA Charities is two charities, the BMA Charities Trust Fund and the Dain Fund, which provide support for doctors and medical students in the following ways:

Helping medical students

Students studying to be doctors face several challenges, not least the cost of tuition fees. Many students have done a previous degree and then entered medicine later, meaning that they are currently unable to claim a tuition fee loan, and their main source of income is a maintenance loan, which is insufficient to meet their fees.

Helping refugee doctors

When refugees who have a medical qualification come to the UK, they are unable to work as doctors until they have satisfied the GMC requirements for registration, a process which is lengthy, difficult and expensive for the refugee doctors, despite discounts offered by the GMC to some of its exam fees. The Dain Fund has supported some unemployed refugee doctors with grants for nursery school fees so that they can attend essential English language classes while their children are educated and looked after.

Helping doctors’ families

Doctors who are not in work, whether because of health problems, refugee status or other reasons, may find it impossible to gain funding through welfare and benefit systems for items such as disability equipment, IT equipment or school uniforms. The BMA Charities Trust Fund offers one-off grants for essential items to out of work doctors who are in financial need. Any doctor who is struggling with debt can receive money advice from a licensed money advisor who assists with managing income and outgoings. The Dain Fund helps with the education and support of doctors’ children when there are financial problems in the family. Grants are made for items such as school clothing, essential IT equipment, children’s bedroom furniture, disability equipment and, occasionally, short-term school fees.

The charities, BMA Charities Trust Fund [Charity registration number 219102] and the Dain Fund [Charity registration number 313108] are managed by a single administration:

Ms Marian Flint
BMA Charities, BMA House, Tavistock Square, London WC1H 9IP
E: info.bmacharities@bma.org.uk
T: 020 7383 6142

Dr Andrew Mowat
Chair, BMA Charities

When your child’s cancer comes back or does not respond to initial treatment

Children’s Cancer and Leukaemia Group, October 2017

This information resource is for parents and families of a child or young person with relapsed or refractory cancer. Finding out that your child’s cancer has come back or sadly hasn’t gone away after first line treatment can come as a huge shock. Parents report that this news can be even more unsettling than the original diagnosis. Common questions from parents include: ‘How can this be happening again?’, ‘Haven’t we been through enough?’ This booklet acknowledges these feelings and gives information to help parents cope with the experience once again. We asked for expert input from two specialist psychologists in paediatric oncology to ensure that the language used was appropriate, particularly for the ‘talking to your child’ section and coping with uncertainty. We also included sections on searching for alternative treatments and asking for second opinions which is common at this stage when options become limited. We wanted to emphasise that staying hopeful shouldn’t just be about finding a cure, which becomes more challenging at this stage, but about quality of life and making sure that a child feels loved and special no matter what the outcome is. We signpost at the end to other sources of information which parents might find useful as well as space for notes.

This is a clearly written, well-produced, and informative resource. It is clearly targeted at a specific population, and deliberately provides information at a higher level than would be appropriate for newly diagnosed patients. It combines information, direction and support in one booklet. The target population is one that are often thought to have less needs than newly diagnosed families, but who are faced with what are often much more difficult decisions. This is a commendable resource addressing a clearly identified need in a very user-friendly format.

Your IOPD Information Pack: Support for families with children with Infantile Onset Pompe Disease

Sanofi Genzyme, September 2017

Pompe disease is a very rare genetic disorder, which can affect infants, children and adults. It impacts muscle function with consequences for breathing, eating, sleeping, mobility and cardiovascular function. The infantile onset form (in children diagnosed under one year) is extremely rare. Sanofi Genzyme identified an unmet educational need for families of children with IOPD. There was no comprehensive source of support and advice for parents about access to school. As a result, metabolic clinical nurse specialists were spending considerable time supporting parents with children at this important life stage. The intended audience was: the eight families of school-age children with IOPD in the UK and school head teachers, administrators and local education authorities. It equips parents with information and tools to promote full discussion of their child’s needs with the school or education authority. It aims to equip schools to address the specific needs of each of these children and to provide resources to healthcare professionals so that they could support families more efficiently and holistically.

This is an excellent pack which meets a clear information need. The head of patient advocacy at Sanofi Genzyme has written that rare (or in this case very rare) diseases are often overlooked but an information need still exists. A nurse is quoted as saying this resource saves them hours of time since it collates information which did not previously exist. I liked the comprehensiveness of the pack and the colourful and clear design. The pictures are very good too. The leaflets are well-organised and visually appealing.
Your treatment and care: Planning ahead for the LGBT Community
Compassion in Dying, October 2016

Compassion in Dying’s publication, Your treatment and care: Planning ahead for the LGBT community, produced in collaboration with Opening Doors London and Stonewall, is the first ever resource designed specifically for the LGBT community on end of life care planning. The LGBT community can face specific and significant barriers stopping them from getting the end-of-life care they want. This can include healthcare professionals making assumptions about their preferences for care and a lack of understanding about what or who is important to them. This booklet sets out the different ways in which LGBT people may plan. It explains that by making an Advance Decision, an Advance Statement or appointing a Lasting Power of Attorney for Health and Welfare, individuals can set out their wishes for treatment and care and their preferences about who they would like involved in their care, in case they lose capacity to express this themselves. The booklet includes case studies to highlight the diverse concerns faced by older LGBT people when thinking about their end of life care. Therefore, it is also aimed at supporting health and care professionals working in a range of settings to understand the varied experiences of their patients, so that they are better able to facilitate meaningful person-centred care.

‘This is a really valuable resource which adds to the body of patient literature on end of life decisions/LGBT-specific healthcare resources. Congratulations on producing this; I’m sure it will take the complexity out of a very hard to understand but important aspect of healthcare decision making.’

The BMA consultants committee

The BMA consultants committee (CC) is the only body that represents all consultants in the UK. It deals with all matters affecting consultants, whether or not they are BMA members. In addition to negotiating national terms and conditions, the UK CC takes an interest in all matters concerning the professional lives of consultants.

CC is currently in negotiations with NHS Employers and the Westminster Department of Health over a possible new consultant contract in England. The committee’s team of negotiators, supported by the BMA’s expert staff and guided by CC and the wider BMA, have spent the last few years negotiating towards a contract that will be acceptable to current and future consultants.

As well as negotiating a new contract for consultants, CC engages in a range of work relevant to the wider health and care system. The committee has previously sought to engage with sustainability and transformation plans, particularly through regional consultants committees, and is participating in work looking at the primary-secondary care interface. Through its elected specialty leads, CC liaises with medical royal colleges and specialty associations, representing the views of CC on key issues for consultants and serving as vital links on specialty-specific issues.

The consultants committee is committed to providing essential support to consultants, and has been working on a range of materials and tools that will help to inform consultants about aspects of their working life and to assist them in discussions with employers. The committee produces regular newsletters to keep consultants up to date on the latest contractual and professional issues, along with other materials to educate consultants about the terms and conditions in their contracts. It conducted surveys of consultants to identify the key issues facing its membership, and to help direct future decisions.

CC has created a job planning app that will be offered as a BMA member benefit later in 2018. This will be available in mobile and desktop form and help consultants to keep track of their work to help with job planning discussions. The committee has also been looking at ways to strengthen LNCs and allow them to fulfil their important role in advocating for consultants. A new online document store has been developed to allow quick access to national template policies for all LNCs and additional support is being considered.

CC provides support to consultants working as educational supervisors and guardians of safe working, helping them as they guide and support junior colleagues through their training. CC has worked with the BMA’s terms and conditions of service team to produce guidance for consultants in England on exception reporting and the guardian of safe working hours role, which was published at the end of 2016. Guidance encourages consultants to support their junior colleagues to exception report, to identify where work has varied from their agreed work schedule, as part of a culture of honesty and in order to promote patient safety.
Commended

A quick guide to dementia
Alzheimer’s Research UK, March 2017

This leaflet was developed to provide a resource explaining the basic facts about dementia, designed specifically to be accessible for people with lower health literacy levels, and those for whom English isn’t a first language. It was also intended to provide a basis for translation into different languages, particularly those spoken by BAME communities: people from minority ethnic communities are one of the groups known to have disproportionately lower health literacy levels. The leaflet is now available in Arabic, Bengali, Gujarati, Polish, Punjabi, Urdu and Welsh, as well as English, and we are working on a Tamil edition.

‘The resource is easy to read and understand and appears very user-friendly.’

ART in pictures: HIV treatment explained
HIV i-Base, June 2017

The aim was to develop an easy to read resource that explained the science behind HIV treatment. Although it was developed from a course for treatment advocates, it’s written for anyone who is HIV positive. The starting points are firstly that these medical advances are very exciting but that you might not understand these. Secondly, understanding a little more about your personal treatment can help you become more empowered and in control of your health and more confident when talking to your doctor.

‘This is an innovative approach to explaining medication to patients: an important topic. It starts with a diagram showing what is happening, then explains the diagram in basic terms, then offering a more detailed section with further information when it is wanted or needed.’

Atrial Fibrillation and You
Atrial Fibrillation Association, April 2017

AF (atrial fibrillation) is the most common arrhythmia (heart rhythm disorder). It affects about one in 10 people and half a million people in the UK alone and can lead to serious complications such as AF-related stroke and heart failure. The condition can be debilitating and concerns about the impact AF may have on their life can cause patients to restrict their normal day to day activities leading to a reduced quality of life. Our publication was developed to provide clear and concise information to patients diagnosed with AF and their carers about the condition and how to reduce the impact of it on their life. It aims to provide advice on coping with AF and guidance and reassurance on a range of subjects from diagnosis and medication to lifestyle management.

‘This is a very good resource for patients. The presentation is pleasant, and the outlook is very positive, with clear messaging and good sign-posting for further investigation.’

Brain injury: a guide for friends
Headway–the brain injury association, September 2017

Loss of social networks is a common occurrence after brain injury and can have a major impact on the brain injury survivor’s psychological well-being. While many friends drift away, even those who remain often lack a proper understanding of the hidden effects of the injury that may cause frustration to many survivors. The objectives of this factsheet are therefore to offer information to friends of a brain injury survivor about brain injury, and to offer suggestions for what friends can do to help during the hospital stage and long-term. This will help brain injury survivors to explain to their friends how best to help them and what to avoid saying.

‘This is a very good resource, with good user involvement and relevant content.’

Caring for someone with dementia
Age UK, September 2016

This guide is written for those caring for someone with dementia. The guide is written for carers of all ages, but with the number of cases of people aged 85 years old and over increasing by 128% over the last decade (Age UK, 2015), we want to ensure this growing demographic of older carers have an accessible resource. Some of the information in the guide is particularly relevant for those living with the person they’re caring for. The guide aims to outline what a carer can expect as the illness progresses, as well as where they may be able to receive their own support. This guide is written in Plain English and is intended for someone who is coming to the subject for the first time, with no previous knowledge.

‘This is a very good resource, well-designed and well-written. It gives practical advice and covers everything you might want to know if you were caring for someone with dementia.’

Community breastfeeding services
The Royal Marsden NHS Foundation Trust, February 2018

The aim of the booklet is to promote the community services to local mothers-to-be and parents with babies/infants so that pregnant women, parents and carers know where to get face-to-face support, telephone support or useful, evidence-based information online and apps.

The leaflet is advertised on our local community website and Facebook page, Carshalton mums (an online support network for local mums) and the trust intranet (The Royal Marsden). The booklet also has some useful tips for managing breastfeeding in the early weeks. Evidence has shown that many women stop breastfeeding sooner than they want to because they are worried that their baby might not be getting enough milk and they are worried about breastfeeding in public or have unrealistic expectations about feeding and sleep patterns in the early weeks. Tips in the booklet raise awareness regarding the above, and health visiting teams encourage mothers/parents to read and discuss the information during visits.

‘This is a useful resource for patients. It shows good ground work, input and engagement in developing the resource.’

Cranial surgery for pituitary tumours
Salford Royal NHS Foundation Trust, Dept Neurosurgery, June 2016

The leaflet is aimed at patients with pituitary tumours undergoing surgery in Manchester through the head (ie cranial surgery). The leaflet describes the basics of the surgical technique to the patient, potential benefits and risks and potential issues during postoperative recovery in hospital and at home. The leaflet also describes the roles played by the wider pituitary team including secretarial staff, and others in theatre, wards and clinics.

‘This is a very good leaflet with excellent illustrations. It is easy to read with detailed descriptions. The extensive list of named contacts is also very helpful. Some patient ‘likely experiences’ have been included but a few case studies would have brought these to life.’

Crohns and Colitis: Young Person Films
Crohn’s and Colitis UK, November 2017

In 2017, Crohn’s and Colitis UK received funding from the People’s Postcode Trust to create a series of innovative videos for young people, comprised entirely of case studies of real people with IBD (irritable bowel diseases). By harnessing this digital medium, we succeeded in reaching the younger audience the information is aimed at. They cover issues such as school, leaving home, starting work or university, and sex and relationships, highlighting the challenges younger people with Crohn’s and colitis face and how they are coping with issues relating to their disease. This aims to offer advice to other young people in similar situations to make them feel less alone. One of the videos also includes tips on handling the move from paediatric to adult care, a time of great change where current guidance and advice is severely lacking.

‘This is an excellent resource for young people with real potential to improve their quality of life.’

Eat Well During Cancer – Helping you to cope with common side effects of cancer and cancer treatment
World Cancer Research Fund (WCRF UK), September 2017

Aafter a cancer diagnosis, people may feel motivated to do what they can to give themselves the best possible chances of survival. However, the symptoms of cancer and side effects of its treatment can make eating a challenge. These side effects, alongside cancer-related metabolic changes, can lead to malnourishment, which in turn can result in poor quality of life, reduced tolerance to treatment and is the cause of one in five deaths of people with cancer. Maintaining health and nutritional status is therefore vital during treatment. However, there is little dietitian-approved information available that supports the cancer patient to cope with side effects as well as maintaining a healthy diet. Results from a World Cancer Research Fund UK (WCRF UK) online survey of nearly 180 health professionals supported the need for such a resource to be made available, with 71% agreeing that there is a need to provide more consistent advice to cancer patients to help them cope with the side effects of their treatment while being in line with general healthy eating advice, and 76% saying they would utilise such information in their work. This was further supported by findings from a YouGov survey, which found that 43% of people surveyed who were receiving or had received treatment for cancer were given no dietary advice by a healthcare professional as part of their treatment.

‘This is an appealing booklet, which is easy to use and contains useful, reliable information for people going through cancer treatment. There has been excellent involvement of users and health professionals to fill a gap in the information
available to this user group. The methods used to design and distribute the booklet will ensure a wide range of users will have the opportunity to get a copy. The evaluation plan is thorough, and it will be interesting to see the feedback from younger users, as the users involved in the focus group were over 50.

Endoscopic surgery for pituitary tumour
Salford Royal NHS Foundation Trust, Dept Neurosurgery, June 2016

The leaflet is aimed at patients with pituitary tumours undergoing surgery in Manchester through the nose (ie endoscopic surgery). The leaflet describes the basics of the surgical technique to the patient, potential benefits and risks and potential issues during postoperative recovery in hospital and at home. The leaflet also describes the roles played by the wider pituitary team, including secretarial staff, and others in theatre, wards and clinics.

‘I think this is a very good information leaflet and really clear images have been used. I like the use of staff photographs as this is very patient-friendly. I particularly like the way that all of the multi-professional team have been involved.’

Exercise and Parkinson’s
Parkinson’s UK, November 2017

Parkinson’s affects everyone differently therefore there isn’t a one-size-fits-all approach to exercise. Emerging evidence also suggests that increasing exercise to 2.5 hours a week can slow the progression of Parkinson’s symptoms. We worked with expert physiotherapists and exercise professionals to produce better information, including short online animations, for people living with the condition who want to find their best exercise options. Our new information looks at different styles of exercise to focus on depending on the way Parkinson’s affects someone, at all stages of the condition. We also look at different ways to improve your balance, posture, strength and flexibility, and ways to keep your heart and lungs healthy.

‘Simple but clear, attractive layout, links for personal advice/self management, carer support, local venues and advisors, participation in research, list of experts to reach out for etc: all of this makes this resource user-friendly and pretty much a one-stop shop.’

Having a Video Swallow (Videofluoroscopy)
Betsi Cadwaladr UHB, North Wales Dysphagia Team, Health Liaison Team for Adults with Learning Disabilities, July 2017

This patient information is primarily for people with learning disabilities to understand the procedure of having a videofluoroscopy. The Easy Read format including clear pictures enables people with learning disabilities to understand what is going to happen at the appointment and help them to make an informed decision as to whether to proceed with this investigation. The content of the booklet can be made available in other languages or formats (such as Braille). Due to the simplicity of the booklet, other patients who do not have learning disabilities but who may have difficulty reading the written word can also benefit from using this resource.

‘This is a good resource to explain the entire process of a videofluoroscopy to a patient with learning disability who is about to undergo the procedure. It is really useful for this target audience and is likely to greatly alleviate anxiety in attending this procedure. I particularly like the use of photographs which will make navigating the procedure much easier, and the addition of a patient in the pictures gives context.’

Little Ted goes to school
Teddington Trust, September 2016

Little Ted goes to school is an educational resource pack aimed at children at primary school age (Key Stage 1 and 2). This resource comprises several media types to maximise its value and impact. It includes a physical UV reactive character bear, a comprehensive learning pack with workbooks, poster, story cue cards and secure online dedicated schools hub and forum for participating schools. The objective of the pack is to deliver messages about the ultra-rare disease of xeroderma pigmentosum and the wider topic of rare disease into schools, raising awareness about this little known about condition and living with rare disease whilst also delivering a strong message on the need for rigorous photo-protection for all young children. The learning material allows all children to benefit from a fun and educational method of learning about the importance of sun-related self-care. It aims to empower teachers to deliver these messages in a variety of learning ways using varied topics giving them all they need to know to teach the programme, including advice on language and behaviour and more.

‘This is a very carefully considered resource pack which has a clear purpose. The consultation process has been full, and the organisers have worked with teachers too to make sure the resource mirrors the national curriculum. They’ve also involved the specialist team at Guys. The resource is expensive, but I can see how children will engage with it and use the toy.’

Maintaining your physical wellbeing: support for bereaved parents
Child Bereavement UK, February 2018

A positive, practical printed and online leaflet that encourages bereaved parents to look after their physical wellbeing, which may help them to manage issues arising from bereavement. The intended audience is parents bereaved of a child of any age.

‘This is a very important information leaflet as parents often want something to take away and reflect on later.’

Mental Health & Money Advice
Mental Health UK, November 2017

Mental Health & Money Advice is designed to help people understand, manage and improve their mental and financial health. The website is aimed at four main audiences; people living with long term mental health conditions who are struggling to manage money, people who are having money issues which are impacting on their mental health, carers, friends and relatives and any professional who may be working with any of the groups. The vicious cycle of mental health and money issues is well-documented. This is the first, UK-wide resource to give practical information on a wide range of mental health and money issues together.

‘This is a very good resource and I will be recommending this site to my colleagues and patients particularly relating to Personal Independent Payments. The sample letters are very useful and again would be a useful resource to my nursing colleagues who must support patients. The interactive tools such as the budget planner are useful to people who may not have a significant problem with finances. The topics on paying for residential and social care are also useful to carers of older people. A lot of thought has gone into the design and layout which results in a very user-friendly website. I will be using this web resource and am pleased I was asked to review this.’

My Baby has a Hearing Loss: Support for parents of children aged 0–2
National Deaf Children’s Society, November 2017

This resource is intended for parents and carers who have just found out their baby or young child (under two years old) has a hearing loss. It is intended to be a flagship, introductory booklet for NDCS. The aim of the booklet is to acknowledge and briefly address some of the top questions and concerns that parents have at the point of diagnosis with some key information, to raise awareness of the National Deaf Children’s Society and our services, and reassure them that we’re here to support them, so that they’re encouraged to access our services.

‘This is a very good resource which makes good use of user stories and pictures. I liked the issue-driven structure: there is clear evidence of user involvement.’

Nacao website
The National Association for Children of Alcoholics, February 2018

Nacao has four broad aims: to offer information, advice and support to children of alcohol-dependent parents; to reach professionals who work with these children; to raise their profile in the public consciousness; and to promote research into the particular problems faced by those who grow up with parental alcoholism and the prevention of alcoholism developing in this vulnerable group of children.

‘This is a thorough and in-depth resource: the information is broken down into a series of click through sections.’

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Patient Information Forum (PiF) – supporting high quality health information for all

PiF is a non-profit organisation that exists to improve the quality and accessibility of health information and support for patients and the public. Our vision is a society where everyone is empowered to make informed decisions about their health, wellbeing and care.

We are the UK’s largest membership organisation for people involved in producing and providing health information and support. We campaign to ensure that information and support is central to high quality, patient-centred care. We help individuals and organisations to deliver evidence-based and clearly communicated information and support, which is accessible and developed with its users.

IMPACT – We promote the importance and impact of high quality health information and support.

QUALITY – We raise quality in the production and provision of health information and support.

INTEGRATION – We campaign for high quality health information and support to be an integral part of the care pathway.

EXPERTISE – We champion and enhance the expertise of people working in the field of health information and support.

If you produce or provide health information for patients or the public, or simply have an interest in the field, then PiF is YOUR organisation.

PiF is more than just a network; it is a whole community. We provide opportunities for our members to discuss the key issues, find solutions, share their expertise and support each other. We produce practical materials, tools and guidance that will help any individual or organisation to achieve consistently high standards.

We provide a range of services for members and the wider consumer health information community. These include a website, weekly email newsletter, events, guides, query service and online specialist groups.

Join us today!

Whatever your level of expertise, and whatever sector you work in, PiF has something for you.

To find out more about PiF, our work and our members, or to join go to www.pifonline.org.uk or contact admin@pifonline.org.uk

Pancreatic Cysts and Cystic Tumours
Pancreatic Cancer Action, May 2016

There are many different types of pancreatic cysts therefore it is not always possible for healthcare professionals to give a certain diagnosis. Some types of cyst carry an increased risk of developing into pancreatic cancer and so patients are monitored and offered treatment if necessary. Some are unlikely to become malignant, yet some can cause symptoms that need treatment, which may be like the treatments given for potentially malignant cysts. Being diagnosed with a pancreatic cancer cyst can therefore lead to uncertainty and worry for the patient. The medical terms used can be confusing and clinical decisions that are based on a sometimes-uncertain diagnosis can be difficult to understand. The discussion of cancer risk can be particularly alarming. The objective of this booklet is therefore to provide clear and simple information to patients with pancreatic cysts and cystic tumours to help them understand the uncertainties in relation to their own situation and so help them deal with the worry their diagnosis brings. Before the resource’s production, there was no consistent, up-to-date information available for patients (or for clinicians to distribute) nationally. We sought to change that, making the booklet free of charge to those who need it.

‘This is a good resource which was produced to meet a specific need. It does a very good job of explaining a technical topic and uses diagrams to good effect.’

Personal Health Budgets, What are they and how do they work?
Steps Charity, October 2017

This booklet aims to give parents of children with long-term health needs information on how to obtain and manage a personal health budget. The publication was compiled with the input of the charity In Control, a national charity working to help those with long-term health needs to get the support they need, to live a good life and make a valued contribution. The booklet was produced following consultation with people receiving personal health budgets, clinical commissioning groups and NHS England. Those involved gave input into various sections of the publication and the accessibility of the text was evaluated by those already receiving personal health budgets. The accuracy of the text was confirmed by NHS partners and various clinical commissioning groups. The publication was made available for comment to a Steps’ closed Facebook group’ of some 2,000 members, dedicated to families affected by lower limb conditions, many of whom agreed for their children’s photographs to be used in the publication.

‘This is a good resource; the photos are lovely and the cartoon characters are charming.’

Prepwell Video
South Tees Foundation Trust in association with the School of Computing at Teeside University and ELM Alliance, January 2018

This is a short, animated video for adults undergoing any surgical procedure. It introduces patients to the concept of prehabilitation. This is the coordinated improvement of general health in the approach to surgery through modification of lifestyle factors, unhealthy behaviours and optimisation of medical conditions. The goal is to enable patients to better withstand the stress of surgery, reduce perioperative complications and safeguard postoperative quality of life. In the north of England 15-50% of patients presenting for surgery smoke, are physically inactive or drink above recommended levels leading to a 2-5-fold increased risk of complications. Collectively these factors markedly elevate perioperative risk and commonly cluster in the same patient. Enabling prehabilitation is a key element of national efforts to deliver improved surgical outcomes within the broader concept of perioperative medicine. The video animation outlines the link between these factors and outcomes. It aims to motivate patients towards considering personal lifestyle modifications they could make, take the first steps in behavioural change and engage in locally available intervention support schemes. As a recognised ‘teachable moment’ the preoperative period offers a unique opportunity to engage patients in collaborative prehabilitation.

‘This is an exciting project and has potential to be replicated elsewhere and will definitely improve morbidity and possibly mortality for patients undergoing surgery. I think the project is commendable.’
It includes a variety of dissemination methods including downloadable resources, videos and a podcast which are readily available.

'This resource is easy to read and includes links to clinical guidelines on Kawasaki disease. It is very clear and easy to navigate.'

Self Harm – a self-help guide
Northumberland, Tyne and Wear NHS Foundation Trust, December 2016

The number of people self-harming has risen dramatically in the last ten years, especially in young people. In 2014 figures suggested a shocking 70% increase in 10 to 14-year-olds seeking help for harming themselves. About one in ten people self-harm. Research is likely to underestimate how common self-harm is as it’s based on surveys of people who seek help after harming themselves, however a lot of people do not seek help after self-harming, in fact some types of self-harm, like cutting, may be more secret and less likely to be noticed. Therefore, it is vital that good quality, accurate and clear information is available, free of charge which can be accessed in their own homes without anyone else having to know, by those who need it. The resource aims to offer self-help advice and it is also for family and friends who have difficulty understanding self-harming behaviour.

‘This is a very helpful resource which forms part of a self-help library. It is well-produced and follows the established IS protocol. It is available in a range of formats which is commendable. The user voice is present throughout and the guidance is clear.’

Societi Family Resource Portal
Societi Foundation, January 2018

Kawasaki disease – the leading cause of acquired heart disease in UK children is a little-known disease predominantly affecting children under five years old, although it can affect people of any age. Kawasaki disease is becoming increasingly common with incidence increasing four-fold in the UK in the last ten years; however, the disease remains relatively unknown throughout the UK. The Societi Family Resource Portal was created to provide families of children affected by Kawasaki disease with useful, up-to-date information regarding Kawasaki disease. The portal is an easily accessible online resource with information including clinical facts, frequently asked questions, explanations of terminology, relevant medicine information and what to expect whilst in hospital. A specific section is also included to describe a typical Kawasaki disease journey – what to expect now and in the future. Importantly, the portal also includes interviews with parents and patients giving their own Kawasaki disease experiences creating virtual connections across families who we know often feel isolated after a Kawasaki disease diagnosis. The Portal is an easily navigable resource which is reliable, comprehensive and relevant to families in the UK. It includes a variety of dissemination methods

Congratulations!
National Voices commends all of the entrants to the 2018 BMA Patient Information Awards

National Voices is the coalition of charities that stands for people being in control of their health and care.

Whether it is shared decision making in the GP surgery, multidisciplinary team-working in the hospital, or co-designing services with the public, involving people is not a ‘nice to do’, it is a ‘must do’.

Information which enables people to make decisions about their lifestyles, health, care and support is an essential aspect of person-centred care.

Our mission is to work in partnership to make person-centred care a growing reality.

We do this by:

Influencing policy We speak up on behalf of patients, service users, carers and the bodies that represent them. We work with national decision makers in government, as well as health and social care professionals.

Improving practice We raise awareness of person-centred approaches, work to improve professional development, and guide the design of local services.

Promoting a powerful role for the voluntary and community sector We are a conduit between national decision makers and our network of voluntary sector professionals and experts. We work with charities and community organisations to enable people to manage their health in ways which matter to them, through our Wellbeing Our Way programme.

Is your organisation a member of National Voices? If not, join us:

nationalvoices.org.uk/membership
info@nationalvoices.org.uk
@NVtweeting
The facts about HPV
Jo’s Cervical Cancer Trust, January 2017

HPV (human papillomavirus) is a common, sexually transmitted virus that spreads through skin-to-skin contact. Despite four out of five people getting at least one type of HPV during their lifetime, there are challenges about people’s understanding of the infection and the stigma surrounding any type of sexually transmitted infection. Many people do not understand what HPV is or its link to cervical cancer: 31% of 25 to 29-year-olds do not know what causes cervical cancer and 54% fail to link HPV to its development. The need for people to understand HPV is becoming more urgent. This requires women to understand not only the test but the results, which means knowledge of HPV is vital.

“This is a great introduction to the subject with clear and simple information.”

The little book about Kidneys
Guy’s and St Thomas’ NHS Foundation Trust, April 2017

The intended audience are children, aged four to seven years old in families where an adult is undergoing treatment for kidney failure. All the treatments for kidney failure entail frequent hospital visits; dialysis is carried out at least thrice weekly (often at home) and can have a massive social and economic impact on family life. The aim of this resource is to support adult kidney patients and help them to explain the situation to young children in a positive and reassuring way. By sharing information, the child feels included rather than isolated. It provides an opportunity for children to work through their own feelings and feel safe asking questions. The purpose of the resource is as follows: to help children understand what kidneys do and what happens when kidneys are not working well and understand why their loved one is experiencing symptoms such as tiredness and mood changes and why they may have frequent health care appointments.

“This is a lovely resource; they’ve clearly put effort into making it child-appropriate and from the feedback they’ve received it is clearly useful.”

Trio ‘Ostomy Tips’ Booklets
Trio Healthcare Ltd, October 2017

The Tips booklets are aimed at ostomates, they are designed to appeal to any stage of living with a stoma in a fun and common-sense way. Many ostomates make changes to their lives and lifestyles that don’t necessarily need to be made if they were well-informed. Therefore, the objectives of the series are to provide honest and practical advice in a no-nonsense way and to make it engaging and relevant by using real life experiences that they can relate to. The language and tone are fun and friendly, ensuring a positive ‘can do’ approach which reflects Trio and Trio staff as a company.

“This is an excellent resource for patients with stomas covering multiple important aspects of life, including diet, exercise and travel. These topics are comprehensively explored with excellent suggestions for places the reader can find further information. One of the things I most liked about this resource is the size (pocket sized with electronic version planned) and the fact the typeface and graphics make the resource seem less medical and more about life.”

Understanding depression
The Loss Foundation, July 2017

Depression can happen to anyone, but some factors or experiences can make it more likely to happen, such as a bereavement. It is important to note that all-consuming sadness after a bereavement is very normal and entirely appropriate considering the circumstances. However, depression is not always clearly understood, and sharing basic information with people about it can help normalise some of their experiences. The aim of the resource is to help people understand what depression is, and the resource has largely been targeted at adults experiencing any kind of bereavement. Although the information is relevant to anyone experiencing depression.

“This is a helpful short video on understanding depression after bereavement with practical solutions for management.”

BMA Foundation for Medical Research

The BMA Foundation for Medical Research is a charity that awards grants and prizes for pioneering medical research. The BMA has been awarding research grants since 1839, and was one of the first professional organisations to award scholarships and prizes to encourage and further medical research.

Today, approximately 12 research grants totalling just over £600,000 are awarded each year to medical doctors and research scientists, all funded by past bequests to the BMA Foundation. The grants fund basic and clinical medical research, covering a diverse range of research topics, from heart disease to neurological disorders to cancer. The grants are awarded to clinical academic doctors and research scientists, and aim to support grant winners in their research aims and career development.

The impact of BMA Foundation funding has been wide ranging across medicine and healthcare. Research projects supported by the Foundation have led to the discovery of new treatments for asthma and the development of a new blood test to detect it. The rhino-virus studies led to the identification of viruses being a major cause of asthma exacerbation and identification of a defect in innate immune system response to viruses. This discovery has led to the development of inhaled beta-interferon as a new treatment for virus-induced exacerbation.

Dr Rushkana Shroff, previous winner of the Eyck & Strutt grant for kidney research

“The project identified for the first time the effects of alcohol on first trimester placental development and also nutrient transfer across the placenta.”

Dr Clare Tower, previous winner of the Harper grant for research into alcohol related diseases

Past winners

‘The rhino-virus studies led to the identification of viruses being a major cause of asthma exacerbation and identification of a defect in interferon-beta production, thereby reducing the innate immune system response to viruses. This discovery has led to the development of inhaled beta-interferon as a new treatment for virus-induced exacerbation.’

Prof S Holgate, previous winner of the H C Roscoe grant for research into upper respiratory disease

‘[The grant] obtained scientifically novel and extremely interesting data that has since been published in the highest ranking nephrology journals. Our data is quoted in international policy documents on the management of children with chronic kidney disease.’

Dr Rukshana Shroff, previous winner of the Eyck & Strutt grant for kidney research

“The project identified for the first time the effects of alcohol on first trimester placental development and also nutrient transfer across the placenta.”

Dr Clare Tower, previous winner of the Harper grant for research into alcohol related diseases

How to apply

The BMA Foundation grants are advertised widely in the British Medical Journal, on the BMA Foundation website www.bmafoundationmr.com, and externally. Details of the grants on offer are made available from September each year. The online application system opens in January, and the deadline for submitting applications is early-March. Grants are available for a maximum period of three years.

Full details can be found on the BMA Foundation website or by contacting

E: researchgrants@bma.org.uk
T: 020 7383 6341
Twitter: @BMAFoundationMR
**Understanding Eating Problems**

Mind, the mental health charity, June 2017

Eating problems can affect anyone, regardless of background. Anorexia and bulimia are more common in women, but many men suffer too. The overall objective of this resource is to help explain eating problems, including possible causes; direct people to treatment and support; provide practical tips for self-care; and provide guidance for friends and family. After reviewing our previous information on eating problems and listening to feedback provided through our online form on our website, we felt that key improvements could be made. The aims of this improved resource were therefore to: recognise that eating problems are something that people can live with long-term and include more information for older people and men. Anyone who has an eating problem and their friends and family. According to eating disorder charity Beat has estimated that about 1.6 million people in the UK are affected.

“This is a clear resource that provides an accessible and engaging introduction to eating disorders for a non-expert audience. It includes user perspectives as well as information for friends and relatives and lists further resources for support.”

**Understanding premenstrual dysphoric disorder (PMDD)**

Mind, the mental health charity, September 2017

PMDD (premenstrual dysphoric disorder) is a very severe form of PMS (premenstrual syndrome), which can cause many emotional and physical symptoms every month during the week or two before you start your period. It is sometimes referred to as ‘severe PMS’. The diagnoses of PMDD and PMS is seen as controversial by some, who argue that they are social or cultural constructions like hysteria and do not have a biological basis. Others see ‘pathologising’ changes in mood as stigmatising and disempowering. However, some people experience very real symptoms and may struggle to have them recognised by healthcare professionals, or family and friends. We wanted to help those experiencing PMDD to get the treatment and support they need by feeling prepared to talk to a GP about symptom patterns. It is aimed at anyone who is on a hormonal cycle, who might suffer from PMDD. Particularly those that are not already aware of this diagnosis eg people who do not track their symptoms and may go undiagnosed.

“This is exceptionally well-planned, ordered and structured resource. The variability in typeface, text and colour, in addition to the spacing of the text, makes this inviting and non-threatening to the reader. The language is well-thought-out and appropriate to a wide audience. It is familiar but clear in explanation: the resource is able to reassure the reader that they are not alone and that different people’s experiences of the same condition can be very variable.”

**Watch and wait**

Bloodwise, November 2017

The purpose of this collection of resources is to inform and support people affected by ‘watch and wait’; a programme for monitoring people who are living with certain chronic blood cancers and have few or no symptoms. Many people experience anxiety between check-ups and must cope with debilitating fatigue daily, which naturally affects their ability to ‘carry on as normal’. The difficulty of explaining watch and wait to others can add to this struggle. More than 15,000 people on watch and wait for blood cancer in the UK are of a working age, but our research revealed a lack of awareness about watch and wait in the HR sphere. Our research revealed a lack of existing information that met these needs, so we’ve developed a comprehensive suite of online information to support people affected by watch and wait. It brings together: a mobile-optimised webpage that answers patients’ frequently asked questions along with a printer-friendly PDF; an animation that acts as a bite-sized introduction to watch and wait; three patient case studies that share candid personal experiences; peer-sourced tips for coping with anxiety; and five supporting fact sheets for patients, their loved ones, their employers and GPs. Each resource is written in plain English, with clinical terms clearly explained. Where appropriate, we have signposted to other sources of specialist information and emotional support, with the aim of joining up services for people affected by watch and wait. The supporting fact sheets are available for anyone to download from the Bloodwise website optimised for use with text-to-speech software and is available in large print on request.

“Your blood pressure and dialysis”

Oxford University Hospitals NHS Foundation Trust, November 2017

This resource aims to provide written information to patients on dialysis, to help them understand BP (blood pressure) and why it is important when you are on dialysis. It provides tips on managing your blood pressure, and what patients may experience.

“This is a very good resource which aims to help with understanding the importance of BP in renal patients. It shows a very professional production and content.”
The BMA junior doctors committee (JDC) is formed of representatives from all four nations of the United Kingdom, and works with a variety of agencies from each respective health system to bring forward improvements for all junior doctors. The JDC has a number of different committees at national and local levels, with active and knowledgeable representatives that uphold the interests of juniors and support their peers.

The JDC has contested contracts it sees as being damaging to patients and doctors, as well as opposing wholesale education and training reforms that threaten the careers of tens of thousands of doctors in the present and the future. As further NHS changes are worked through by NHS Improvement, Health Education England (HEE), NHS Employers, and their respective equivalents in the other nations of the United Kingdom, the JDC engages with all at the highest level to ensure that changes are made in the interest of patients and staff.

The JDC is a respected voice for juniors and the profession more widely for championing improved terms and conditions of doctors, including those on training programmes. The JDC has been active in pursuing flexibility and improving work-life balance for trainees, with the committee placing the issue at the forefront of contractual negotiations in England during 2015 and 2016. The committee driving this agenda led to the creation of the Enhancing Junior Doctor’s Working Lives’ group, where the JDC worked with HEE, the General Medical Council (GMC), Academy of Medical Royal Colleges and others to take steps towards increasing flexibility and working conditions for trainees.

By keeping in regular contact and building collaborative relationships with the leadership of key organisations such as the GMC, NHS England and the government, the JDC is advancing the needs of the health service and the profession in a diplomatic and effective way that has yielded results. Influencing these organisations and their leaders has resulted in changes of policy, such as the launch of the Emergency Medicine pilot in England that is trialling wider access to less than full time training, and a renewed focus on mental health concerns for the trainee workforce.

Reforms in England, such as the introduction of a renewed Code of Practice with performance indicators that allow scrutiny of the performance of HEE’s local offices and employers on provision of information to trainees, have been brought into the system as a result of campaigning and action. This scrutiny is now being sought across the four nations so that all junior doctors will be able to benefit from greater transparency around information that will allow them to have more control over their immediate future.

JDC representatives continue to lead the conversation on further reforms regarding improving the provision of education and training, ensuring improved support for doctors to return to training after time out, and for the annual review of competence progression to be reformed in order to ensure that the process is fit for the purpose of assessing doctors – both those working full time and less than full time – fairly, effectively and efficiently. Meanwhile, business as usual activities such as helping resolve industrial issues at the local level, and influencing positive changes to the rules that govern postgraduate education continue, with the committee leading the profession’s charge to see improvements to working conditions for all junior doctors, and a demonstrable improvement in patient care.

The BMA board of science (BoS) has remained a consistent, strong voice for positive change, to address key population health challenges such as smoking, obesity, and tackling alcohol-related harm.

Women’s Health
One of our key areas of focus has been on women’s health. Following the Board of Science symposium on the topic hosted in May 2017, we have been working with leading external experts to develop a series of briefing papers on addressing unmet needs in women’s health, to be published in summer 2018.

E-cigarettes
In November 2017, we published a new position paper on the regulation of e-cigarettes, highlighting the importance of a balanced approach to regulation, that minimises risk while realising their potential to reduce the health burden associated with smoking.

Prescribed Drugs
We have also continued to support engagement with key stakeholders, to look for ways of better supporting patients affected by prescribed drugs associated with dependence and withdrawal. The Board’s work over the last few years on this topic was a key factor in Public Health England announcing a review into dependency on prescription drugs.

Obesity
Progress has also been made on obesity. The Government’s childhood obesity strategy included a commitment to a levy on sugar-sweetened drinks – a policy long campaigned for by the Board. We are aiming to raise the profile of oral health as a public health issue linking dental health and tooth decay and have been working with other partners, including the Chief Dental Officer, to achieve this.
Doctors working in academic medicine perform vital functions for the NHS and healthcare in general. Their roles include a combination of teaching (medical and other healthcare students), research, and specialist clinical care. Medical academic staff contribute at a local, national and international level and are leaders in health improvement.

MASC (medical academic staff committee) is the BMA committee that represents all medically qualified teachers and research workers that hold contracts of employment (including honorary contracts) from a university, a medical school, the Medical Research Council or other non-NHS institutions engaged in medical research.

MASC provides the views of medical academics to the Government on the Research Excellence Frameworks, the Teaching Excellence Framework and other aspects of Higher Education and Research. It also is closely monitoring the UK’s exit from the European Union and the impact this will have on medical education and research opportunities and academic employment.

MASC is also active in representing trainees who are working in academic medicine through its JATS (junior academic trainees) subcommittee. All aspects of their careers are carefully monitored, and issues actively pursued.

MASC also has a subcommittee representing the interests of WAM (women in academic medicine) which is actively promoting the important role of women and their contributions to medical academia. Both groups hold conferences devoted to aspects of their activities. WAM are holding their next conference on 12 October 2018.

MASC considers and acts upon matters of concern to these groups of doctors. It also advocates on behalf of academic medicine generally and works with employers and others to ensure that there are sufficient incentives to attract and keep doctors in academic medicine.

COMAR (conference of medical academic representatives) is the BMA’s policy forum for medical academics: doctors engaged in medical research and medical education in higher education institutions, in the NHS and in industry. It welcomes all doctors engaged in this work at all stages of their careers. The most recent conference took place on Friday 20 April 2018 at BMA House in London. The theme was ‘Leadership at all levels.’

The past decades have seen great advances in increasing diversity in the medical workforce, particularly with regards to gender equality. Women now make up more than half of graduates from British medical schools, yet this diversity is not reflected in academic career pathways – particularly in more senior academic positions.

The women in academic medicine (WAM) group was established to consider how best to tackle the relative lack of women in academic medicine compared with medicine as a whole, and the absence of comparable career progression. Over the past decade, the group has played an important role in gathering evidence and raising awareness of the issues that women face when pursuing a career in academic medicine, influencing policy within the BMA and at a national level.

The group holds a unique position within the BMA, representing women in academic medicine from all disciplines and welcoming members from medical students at the beginning of their careers through to established academics in senior positions. As chair of the WAM group, I am very proud to be part of a group which continues to empower female academics and celebrate their significant contribution to medical research.

Peter Dangerfield
co-chair MASC

Dr Carmen Soto
Chair, women in academic medicine group
info.masc@bma.org.uk
Public health medicine committee

The PHMC (public health medicine committee) discusses all matters affecting public health medicine and public health physicians and is chaired by Dr Peter English.

The main priorities for the committee currently are taking forward and developing actions on the motions that were agreed at its Public Health Medicine Conference on Friday 8 June 2018. Of concern to the committee are:

– Brexit and the harmful impacts leaving the European Union will have on public health
– Ensuring public health specialists within local authorities have their terms and conditions maintained and not reduced
– Public Health departments’ budgets being cut

PHMC also has two subcommittees, the PHMRS (Public Health Medicine Registrars Committee) and the PHMCC (Public Health Medicine Consultative Committee). PHMRS aims to discuss issues of relevance to public health trainees and registrars while PHMCC brings together representatives of the Faculty of Public Health, PHMC, and the Department of Health to discuss issues relating to standards and the practice of public health medicine.

For more information about the work of the committee you can contact the secretariat at info.phmc@bma.org.uk

BMA Library

The BMA Library was set up in 1888 by the then editor of the British Medical Journal, Ernest Hart, with the help of Spencer Honeyman, who became the first Librarian in 1893.

Today, in line with the BMA’s commitment ‘to put members at the centre of everything we do’, the BMA Library offers a full range of technology-based services to members from all branches of practice and medical students across the UK. It specialises in current clinical practice, medical ethics, career development and education.

The service provides expert information to both BMA members and BMA/BMJ staff. Access is available to electronic resources including journal articles, databases and ebooks. The enquiry service offers quick response to member and staff queries.

The BMA Library also provides an integrated document supply service, 1:1 research support and a UK-wide postal loan service to members. Its Reading Room facilities are available to staff and visitors to BMA House and include study desks, free wi-fi and access to PCs. There are also scanning and printing facilities, a silent study zone and dedicated space for postgraduate study.

The BMA Library organises and hosts the prestigious BMA Medical Book Awards and the Patient Information Awards, which are recognised by publishers and patient information groups for their acknowledgment of high standards in medical publishing and high quality in patient information.

Contact us at bma-library@bma.org.uk
BMA wellbeing support services

The BMA recognises that the medical profession can be a tough environment. We provide several well-being support services to doctors and medical students, aimed at helping them maintain their well-being in the face of the various pressures their work may involve.

Two of these services are available to any doctor or medical student, regardless of BMA membership.

BMA Counselling is a confidential telephone counselling service staffed by professional telephone counsellors 24 hours a day, seven days a week. Our counsellors are all members of the British Association for Counselling and Psychotherapy and bound by strict codes of confidentiality and ethical practice.

By seeking constructive and supportive help from the service, doctors and medical students may identify ways of addressing the root causes of their problems, develop strategies to reduce the impact of their consequences and rebuild their self-confidence.

As well as 24/7 access, BMA Counselling offers up to six structured telephone counselling or video counselling sessions.

The Doctor Advisor Service runs alongside BMA Counselling giving doctors and medical students in distress or difficulty the choice of speaking in confidence to another doctor. It’s confidential peer support with an emotional focus.

Once contact with a Doctor Advisor is made they can arrange ongoing conversations at mutually convenient times, and there is no limit to how long they stay in touch for.

In addition to these two services, approximately six years ago the GMC approached the BMA and asked us to provide some support for doctors going through their fitness to practise procedures. At this time the Doctor Support Service was founded.

Based on the model of the Doctor Advisor Service, we offer confidential peer support to all doctors going through GMC fitness to practise procedures. BMA membership is still not required but the doctor must be going through an active investigation to use this service.

By providing this service the BMA has supported approximately 700 doctors going through what can be one of the most stressful times of their career.
Mr Peter Esslemont, patient volunteer, The British Thyroid Foundation
Ms Amy Evans, content manager, Marie Curie
Ms Deborah Fajerman, writer/editor, Stroke Association
Mr Alan Fearn, interim director of HR, BMA
Mr Andrew Fear, trustee, AF Association
Ms Julie Fear, patients’ services manager, AF Association
Mr Alex Finlay, head of psychosocial services, The Children’s Trust
Miss Sophie Fitzgerald, peer support officer, British Heart Foundation
Mr Gareth Fletcher, senior editor, Breast Cancer Care
Mr Gordon Fletcher, head of internal communications, BMA
Ms Claire Fone, supporter, Child Bereavue UK
Ms Caroline Foubister, patient & family engagement coordinator, Anthony Nolan
Ms Jane Fox, The Information Standard
Ms Ashleigh Furlong, digital and marketing assistant, British Lung Foundation
Mr Michael Gales, website content manager, Macmillan UK
Mr Ashley Gamble, executive director, Children’s Cancer and Leukaemia Group
Ms Hayley Gardner-Newell, digital content manager, BMA
Mr Will Gilbert, information manager, National Deaf Children’s Society
Prof Raanan Gillon, medical ethics committee, BMA
Ms Glenys Goodwill, patient liaison group, National Deaf Children’s Society
Mr Martin Grange, patient advocate, Roy Castle Lung Cancer Foundation
Mr Kevin Gray, information editor, National Deaf Children’s Society
Ms Davinia Green, head of information and engagement, Joe’s Cervical Cancer Trust
Dr Helen Griffiths, senior lecturer, University of Sheffield
Dr Sarah Hallett, deputy chair, junior doctors committee, BMA
Ms Laura Hamzic, head of digital, IT & communications, Brook
Mr Jason Harding, education strategy project manager, Diabetes UK
Miss Karen Harlow, senior information editor, National Deaf Children’s Society
Ms Jackie Harris, clinical nurse specialist, Breast Cancer Care and Kingston Hosp
Ms Tess Harris, CEO, Polycystic Kidney Disease Charity
Miss Sareena Hashmat, office administrator, Headway – the brain injury association
Ms Grace Haydon, advice and information officer, Epilepsy Action
Mr Graeme Henderson, information officer, Roy Castle Lung Cancer Foundation
Mr Piers Henriques, communications, Nacro
Dr Katy Hunter, NHIA doctoral research fellow and respiratory specialty trainee, The Newcastle Upon Tyne Hosp
Ms Harriet Haughton-Smith, brand & design executive, Child Bereavue UK
Ms Anne Hubber, publishing manager, Lymphoma Action
Miss Joanne Howcroft, dementia lead, Bupa
Ms Abigail Howse, patient information manager, Bloodwise
Mr John Hubbold, patient reviewer, British Lung Foundation
Ms Helen Hucker, senior publishing editor, NHS Health Scotland
Ms Rachel Hunter, senior content developer and managing editor, Macmillan Cancer Support
Mrs Anne Hunt, patient advocate, Roy Castle Lung Cancer Foundation
Mr Donald Imrie, graphic designer, NHS Health Scotland
Ms Isabel Inman, media & communications manager, Brook
Ms Judith Irvine, patient reviewer, British Lung Cancer Care
Ms Zara Jalal, senior thoracic surgery data manager, Heart of England NHS FT
Miss Jocelyne James, health information officer, Prostate Cancer UK
Mrs Kathy James, head of brain injury community service, The Children’s Trust
Ms Nicky Jayesinghe, director of corporate development and social responsibility, BMA
Dr Jenny Jim, principal clinical psychologist, The Children’s Trust
Miss Jen Jones, information editor, National Deaf Children’s Society
Mr Richard Jones, director, BMA patient information awards
Dr Geri Keane, clinical research fellow, Institute for Liver and Digestive Health, University College, London
Mr Paul Kemble, content producer digital education, Diabetes UK
Mrs Nicky Kennedy, volunteer, National Rheumatoid Arthritis Society
Miss Fiona Kettle, communications advisor, Northumbria, Tyne and Wear NHS FT
Ms Kathryn Kirchner, clinical advisor digital education, Diabetes UK
Ms Vicki Kirwin, development manager (audiology & health), National Deaf Children’s Society
Ms Natalie Koussa, director of partnerships and services, Compassion in Dying
Dr Ira Laketic-Ljubojecic, director of healthcare advocacy services, Myeloma UK
Ms Jenny Lang, head librarian, Salisbury NHS Foundation Trust
Mr Dominic Leadbetter, programme manager, National Lung Cancer Audit
Dr Fred Lee, consultant radiologist, Sheffield Teaching Hosp NHS FT
Miss Michele LeTissier, marketing and communications manager, National Rheumatoid Arthritis Society
Miss Anneliese Levy, freelance health writer & researcher, Crohn’s and Colitis UK
Ms Jane Lewthwaite, advocacy officer, Association for Glycogen Storage Disease UK
Mr Robert Leyland, digital innovation manager, Cancer Research UK
Mr John Looms, patient reviewer, British Lung Foundation
Miss Naomi Loo, graphic designer, National Deaf Children’s Society
Mrs Nargis Mandy, medical writer, Capita Healthcare Decisions
Ms Morven Masterton, head of information and support, Marie Curie
Mr Chris Matic, head of training, VividEcho
Ms Esther Matthews, volunteer, Target Ovarian Cancer
Ms Rowena Mbanu, editor, Transport for London (formerly Marie Curie)
Prof Mark McAllinmond, consultant gastroenterologist, Sheffield Teaching Hospis NHS FT
Mr Derek McCabe, council member, MS Society Northern Ireland
Ms Janice McClure, patient representative/ committee member, Brain Tumour Action
Mr Roddy McColl, head of department, Oxford Medical Illustration
Ms Rachael McCormack, founder, Societi Foundation
Ms Vicky McLaren, information operations manager, Pancreatic Cancer Action
Ms Mary Meekings, BMA Foundation manager
Mrs Julia Merrigan, volunteer, Target Ovarian Cancer
Miss Emily Miles, children and families’ assistant, The Brain Tumour Charity
Mr Adam Million, founder & strategy director, Modular Digital
Mr Peter Mondon, CEO, Leukaemia Care
Ms Marie Montague, interim library manager, BMA
Mr Peter Moon, chief respiratory physiologist, service manager, Royal Wolverhampton NHS Trust
Mr Takudwa Mukwa, head of social marketing, Terrence Higgins Trust
Ms Amy Murphy, regional press officer, BMA
Miss Sarah Murphy, associate director for advice, information & training, Mental Health UK
Ms Claire Murray, patient public involvement manager, Oxford Health
Mrs Nicole Naylor, head of operations, Patient Information Forum
Mrs Emily Newsom-Davis, consumer health information consultant
Mr Ben Noble, audiovisual producer, MS Society
Ms Jennifer Noe, information and partnerships head, Compassion in Dying
Dr Will Nutland, co-founder, PrePster
Mrs Karen O’Rourke, patient information centre manager, Northumberland, Tyne and Wear NHS FT
Miss Cassie Olson, website coordinator, Nacro
Miss Claire Oliver, patient services relationship & marketing manager, Anthony Nolan
Miss Kirsten Owen, video producer, Lymphoma Action
Ms Sheila Palmer, administrator, Polycystic Kidney Disease Charity
Ms Tracy Parker, senior dietitian, British Heart Foundation
Ms Julia Parnaby, deputy director, research and information, Alzheimer’s Society
Ms Katie Parsons, editor, Breast Cancer Care
Ms Therese Partridge-James, Macmillan lung cancer nurse specialist, Frimley Health NHS FT
Mrs Reena Patel, business unit director, Trio Healthcare
Mr Graham Pembrey, lead editor, health content team, Bupa
Dr Emma Pennery, clinical director, Breast Cancer Care
Miss Emily Peters, patient information editorial officer, Bloodwise
Ms Imogen Pinnell, health information manager, Jo’s Cervical Cancer Trust
Miss Janine Pounder, digital information insight officer, National Deaf Children’s Society
Mr John Price, patient reviewer, British Lung Foundation
Mrs Julia Remick Priestley, CEO (development), The British Thyroid Foundation
Ms Gail Pritchard, dysphagia specialist nurse, Betsi Cadwaladr University Local Health Board
Miss Andrea Pugh, voluntary helper, Betsi Cadwaladr University Local Health Board
Ms Angie Pullen, epilepsy services manager, Epilepsy Action
Mrs Deborah Rahman, design and information administrator, Little Hearts Matter
Mr Tom Rapanakis, well being support services manager, BMA
Ms Alison Raven, editorial manager, Breast Cancer Care
Ms Emily Richardson, care information developer, Motor Neurone Disease Association
Mr Nick Ridgman, head of health content, Bupa
Ms Fiona Riley, patient volunteer, The British Thyroid Foundation
Mr David Risser, director of information and support services, Crohn’s and Colitis UK
Ms Mairéad Ritchie, press & PR manager, Children’s Liver Disease Foundation

British Medical Association BMA Patient Information Awards 2018 Programme and Award Winners
British Medical Association Programme and Award Winners

BMA Patient Information Awards 2018

Mrs Angela Robertshaw, head of communications & external affairs, The Children's Trust
Ms Hannah Rodgers, project coordinator, National Lung Cancer Audit
Ms Lizzy Rodgers, head of information and support, Target Ovarian Cancer
Ms Judith Rogers, editor, British Lung Foundation
Ms Kat Rose, digital learning director, Onclick
Dr Becky Salisbury, senior medical writer, Lymphoma Action
Mrs Chris Salter, volunteer, The Encephalitis Society
Ms Katie Salt, information & support manager, Target Ovarian Cancer
Richard Scholley, information resources editor, MS Society
Ms Lucy Scott, Macmillan lung cancer nurse specialist, Frimley Health NHS FT
Mrs Nicole Scully, communications and fundraising manager, Leukaemia Care
Mrs Amanda Scutt, patient support & engagement manager, British Heart Foundation
Ms Davina Serle, creative design manager, World Cancer Research Fund
Miss Jaina Shah, publications and information manager, Crohn’s and Colitis UK
Ms Claire Shinfield, information manager, Children's Cancer and Leukaemia Group
Mrs Toni Sidwell, information development officer; The Brain Tumour Charity
Ms Minal Smith, health information officer, Prostate Cancer UK
Dr Vikki Smith, specialist education adviser, BMA
Dr Carmen Soto, chair; women in academic medicine group, BMA
Ms Rosalie Starling, editor, Wardour
Ms Kaye Stevens, care information manager, Motor Neurone Disease Association
Mr Alex Sturtivant, graduate trainee (product management), Cancer Research UK
Ms Sheera Sutherland, research nurse, Oxford Univ Hosps NHS FT
Ms Jane E Teather, information design consultant, JETDoc
Ms Louise Tehrani, senior graphic designer, Salford Royal NHS FT
Mr Marc Thompson, co-founder, PrEPster
Mr Dom Thorpe, DT Training
Mrs Pam Thorpe, complementary therapy coordinator; Lynda Jackson Macmillan Centre
Mrs Rosamund Tibbles, senior nurse, Guy’s & St Thomas’ NHS FT
Ms Sarah Toule, former head of health information, World Cancer Research Fund
Mr Nick Trow, graphic designer, Salford Royal NHS FT
Prof Robert Tulloh, trustee, Societi Foundation
Mr Kozan Turgut, volunteer, MS Society
Mr James Tusian, video producer, Oxford Medical Illustration
Ms Sara Vail, information manager, Independent Age
Ms Shanique Wahrmann, editor, Marie Curie
Miss Cody Walker Scott, information officer, Northumberland, Tyne and Wear NHS FT
Mr Dan Walsmsley, marketing director, Trio Healthcare
Ms Lauren Walton, patient information officer, Leukaemia Care
Mr Chris Warburton, patient reviewer, British Lung Foundation
Ms Penny Warren, editor, Marie Curie
Mr Tom Welbank, enteral feeding practitioner, dept of dietetics, Northern General Hosp, Sheffield
Mr Sacha Welborne, web site developer, Epilepsy Action
Mrs Ann Weston, relaxation therapist, Lynda Jackson Macmillan Centre
Prof Patricia Wilson, chair, research advisory board, Polycystic Kidney Disease Charity
Mrs Jayne Woodhouse, advanced nurse practitioner, Oxford Univ Hosps NHS FT
Ms Katherine Woods, features editor, British Heart Foundation
Mr Christopher Wood, camera person, Oxford Medical Illustration
Mrs Emma Wood, young adults service manager, The Brain Tumour Charity
Ms Alison Wright, director, VividEcho
Ms Sofiane Ziad, editor, Macmillan Cancer Support
**Buffet lunch**

- Fragrant Thai basil chicken, sugar snap peas, broccoli & toasted coconut
- Thai yellow curry with crispy tofu, sweet potato and green beans (VG)
- Fragrant brown rice and quinoa pilaf (VG)
- Steamed seasonal greens (VG)
- Avocado, mango & tofu cheesecake pot with puffed rice (VG)

**Wine and drinks**

- Goleta Sauvignon Blanc, Central Valley, Chile, 2015/16
- Los Caminos Merlot, Central Valley, Chile, 2015

**Special award – long-term conditions**

This award is for resources which meet the information needs of patients with long-term conditions. A long-term condition is one that cannot be cured but can be managed through medication and or therapy such as asthma, diabetes, coronary heart disease, some mental health conditions or chronic obstructive pulmonary disease (among others). We have made this special award because of the high incidence of chronic conditions and in order to recognise the importance of patient information in their effective management.

**Special award – self-care**

This award is for resources which promote healthy living or looking after yourself in a healthy way (such as brushing your teeth or self treating minor ailments). We have made this special award in order to recognise the importance of the patients’ role in managing their health.

**Special award – screening**

This award is for resources which address and demonstrate innovative approaches to screening.

**Special award – trusts**

This award is for resources which are produced by trusts.

**Special award – user engagement**

This award is for resources in which users played an integral role in the creation of the resource. It considers factors such as the input of users in areas such as scope, design and content or in guiding the resource’s continuing development and engagement with its users. It examines the established channels through which user input is solicited/encouraged, appraised and integrated into the resource and the steps taken to ensure that users of different ages, backgrounds and perspectives provide input.

**Special award – well-being**

This award is for resources on issues about well-being and occupational welfare to recognise the importance of well-being support services.

**Special award – young adults**

This award is for resources which are aimed at young adults and which are innovative or particularly well-suited for their audience.