BMA Patient Information
Awards 2019
Programme and awards winners
Tuesday 10 September 2019
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.
Professor Raanan Gillon FRCP (Lond), Hon DSc (Oxon)

Raanan Gillon is president of the BMA for the 2019-2020 session. He is a hybrid of retired GP and academic medical ethicist. He is emeritus professor of medical ethics at Imperial College London, where he still does some teaching; mainly tutoring, on the medical school’s medical ethics and law course, and also on the Imperial College one-week intensive course in medical ethics (aimed primarily at practising doctors) which he has directed since he started it in 1983.

He is past chairman and now president of the Institute of Medical Ethics. He was editor of the Journal of Medical Ethics for 20 years and a part-time NHS general practitioner for 28 years.

He has published extensively on medical ethics and his book Philosophical Medical Ethics is in its thirteenth print, with a second edition in (perhaps) ‘very prolonged gestation’. He was senior editor of, and contributor to, the massive and prize-winning multi-author textbook, Principles of Health Care Ethics.

In 1999, he was co-recipient with Alastair Campbell (the medical ethicist, not the political aide) of the American Hastings Center Beecher award for contributions to ethics and the life sciences. He is an enthusiastic proponent of ‘the four principles approach’ both for medical ethics and for ethics in general.

He has had a career-long association with the BMA, both as a member for well over 50 years, and as member of several of its committees including the joint management committee of the Journal of Medical Ethics, the medical ethics committee, the international committee and as a BMA delegate at the CPME (the Standing Committee of European Doctors).
Order of business

Welcome and introduction of the guest of honour
BMA council chair, Dr Chaand Nagpaul

Announcement of the Awards
Chair of the BMA patient liaison group, Lesley Bentley

Presentation of the BMA Patient Information Awards
BMA president, Professor Raanan Gillon

Special prizes
Accessibility
Children
Community care
Decision-making
Equality, diversity and inclusion
Ethics
Innovation
Long-term conditions
Screening
Self-care
Trusts
User engagement
Well-being
Young adults

BMA patient information awards reviewer of the year award

BMA patient information resource of the year award

Address by guest of honour
Professor Raanan Gillon

Closing address
BMA chair of the ARM, Dr Helena McKeown

The ceremony will be followed by a buffet reception in the Lutyens suite on the ground floor
The provision of information to patients is an important and significant part of providing good health care. The BMA Patient Information Awards were 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 entry form or in 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 questions asked in stage two of the review relate to the resource itself. Almost all the questions ask for a Yes or No response. The reviewer will be able to leave comments. Where the question may not be applicable to the resource then the reviewer can choose Not applicable. Guidance is available for each question which demonstrates what the question is asking for and may also highlight good practice in that area.

The reviewer is asked to leave their overall comments for the BMA judging panel. The reviewer’s comments will be 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 BMA’s PLG (Patient Liaison Group) celebrates its 16th 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 Ablett
Dr Ignasi Agell
Dr Geeta Agnihotri
Mr Pouya Alaghband
Dr Sabiha Ali
Dr Pammal Ashwin
Dr Ruth Ayling
Mr Anjan Banerjee
Dr Karin Baria
Dr Stella Barnes
Dr Laura Barraclough
Dr Aishah Beaumont
Dr Lucy Bemand-Qureshi
Mr John Bennett
Mr Sanjoy Bhattacharyya
Ms Isobel Booth
Dr Hannah Bridges
Ms Jane Bridges
Ms Juliet Brown
Dr Adrian Brown
Dr Lynn Brown
Dr Jane Brundish
Dr Aideen Carroll
Mr John Carter
Dr James Chidgey
Dr Brendan Clarke
Dr Felix Clay
Mrs Debbie Clayton
Mrs Louise Coghlin
Mr Simon Collins
Ms Amanda Cool
Dr Sian Copley
Dr Rosa Crunkhorn
Dr Peter Dangerfield
Dr Shreelatta Datta
Dr Phil Davies

Dr Heather Davis
Mr Steve Davis
Dr Beryl de Souza
Dr Michael Denman
Dr Helen Dormand
Dr Obaghe Edeghere
Dr Karen Eley
Dr Clare Etherington
Dr Nansi-Wynne Evans
Dr John Ford
Dr Boyd Gilmore
Ms Katrina Glaister
Dr Peter Glennon
Dr Elizabeth C Goode
Dr Jackie Gray
Dr Aldona Greenwood
Dr Lalit Gurnani
Dr Elizabeth Hancox
Dr Matthew Hanks
Dr Stephen Head
Ms Andrea Heath
Dr James Heathcote
Ms Elizabeth Hendron
Dr Jason Holdcroft-Long
Dr Judith Holmes
Mr Marius Holmes
Mr Munier Hossain
Dr Anitha Howard
Dr Dawid Hubert
Dr Ambreen Hussain
Dr David Ingram
Dr Sharif Ismail
Ms Marie Jasim
Dr Kate Jefferies
Mr Richard Jones
Ms Nicola M King
Dr Steve Krikler
Dr Sonia Kumar
Mrs Jenny Lang
Dr Iain Lawrie
Professor Gregory Lip
Mr Aires Lobo
Ms Catherine Macadam
Dr Kate Mackay
Dr Guy Makin
Dr Qaiser Malik
Mrs Nargis Mandry
Dr Kirstin May
Dr Peter Mayer
Dr Stephen McAleer
Dr Susan McGladdery
Mr Wayne Middleton
Dr Helen Miles
Dr George Millington
Dr Charilaos Minas
Ms Rosalind Moffitt
Dr Susan Mollan
Ms Marie Montague
Dr Claire Morton
Dr Peter Murphy
Ms Claire Murray
Mrs Nicole Naylor
Dr Joel Newman
Mrs Emily Newsom-Davis
Dr Dimitry Novikov
Mrs Olivia O’Mahoney
Dr Stephanie Ogden
Dr Caroline Parfitt
Dr Peysh Patel
Mr Michael Pearse
Mr Jonathan Phillips
Dr Janet Porter
Dr Bashir Qureshi
Dr Melody Redman
Dr Laura Richmond
Dr Timothy Ritzmann
Dr Fiona Robertson
Dr Alexandra Roche
Dr Les Scarth
Dr Vikas Shah
Dr Ranjit Shail
Dr Jane Siddall
Mr Sotirios Siminas
Dr Prabhsimran Singh
Dr David Smithard
Dr Carmen Soto
Ms Eleanor Stanley
Dr Martin Sutcliffe
Dr Sandip Talukdar
Mr Alex Tatlow
Dr Julie Taylor
Ms Jane E Teather
Dr Emma Teper
Dr Mike Townend
Dr Sara Vennberg
Dr Raj Verma
Dr Tushar Vince
Dr Nicky Whitaker
Dr Yanushi Wijeyeratne
Dr Anna V Williams
Dr Graeme Wilson
Dr Kevan Wylie
Dr Phil Xiu
Dr Chris Yates
Dr Andrew Young
The BMA general practitioners committee

The BMA UK general practitioners committee (GPC) represents all GPs across the UK, whether or not they are members of the BMA, from partners, to sessional GPs and trainees. The work of the committee is supported by specific representative subcommittees (for GP trainees, sessional GPs and four national committees) and specific policy groups, as well as a national infrastructure of local medical committees. GPC is recognised as the sole negotiating body for GPs under the GMS contract by the Department of Health and devolved administrations.

In addition to negotiating the GP contract each year, GPC has influence at national level on many key issues for GPs and general practice, championing on behalf of the profession. Working with partners GPC has lead the development of IT changes in practices, resulting in world-leading electronic patient clinical records. The committee has also had a leading role in supporting the development of multidisciplinary working within general practice, most recently with a focus on the wider use of pharmacists working directly with practices, and is championing sustainable working practices through collaborative arrangements.

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 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 successful future for general practice.

This year GPC England negotiated a contract spanning the next five years. Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating PCNS and starting to expand the workforce; 2020 onwards will see the workforce increase further, additional funding and services reconfigured (as decided by the networks).

The most substantial changes commenced from April 2019. The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increasing funding, retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care.
The special awards will be made from this shortlist of highly commended resources

A long life with HIV
NAM aidsmap, September 2018

This resource is for people living with HIV and focuses on living well with HIV as you get older. Good access to effective HIV treatment means that people living with HIV can expect to live just as long as their HIV-negative peers. People over 50 now make up over a third of people living with HIV in the UK. This resource aims to be inclusive of these diverse experiences. Research on people over 50 living with HIV in the UK, published in 2017, found high levels of co-morbidities, isolation and loneliness, and poverty. A long life with HIV takes a holistic view of health, covering HIV-specific health issues, other health issues such as menopause, and common co-morbidities in older age such as diabetes. It also covers social aspects of wellbeing, such as strengthening a support network and engaging with financial concerns. It sets out to demystify ageing and HIV, and to share clear, relevant, evidence-based health information to raise awareness and increase confidence to talk to health professionals about concerns. It also aims to highlight positive action people can take to improve or maintain quality of life. Bespoke illustrations make the text more accessible and visually appealing.

‘This is a really useful and comprehensive resource. It is well-written and useful: very clearly written for the public without being condescending. It encourages user engagement in a proactive way with services and their surrounding community. I like the small size which makes it inconspicuous to carry.’

Alcohol after brain injury
Headway – the brain injury association, June 2018

Alcohol is a drug that is commonly used as part of many social and recreational activities. However, brain injury survivors are often faced with the challenge of balancing the desire to enjoy the social life they had before they sustained their injury, with the acceptance that alcohol now affects them in a different way. This reduced tolerance to alcohol means that many of the effects of brain injury, such as impaired memory, behavioural problems and mobility issues, are exacerbated after drinking. As a result, many survivors are often unsure of how much alcohol they can safely drink, or if they can drink any alcohol at all. This factsheet has been written specifically for brain injury survivors. It offers information and guidance on how alcohol affects the brain after brain injury, as well as providing tips for managing and reducing alcohol consumption. Sources of information and support are also given at the end of the factsheet.

‘This is a well-written and useful factsheet. The tone is informative, non-judgmental and unbiased. Information leans towards abstinence from alcohol, but this is expressed as evidenced by research and patient experiences. The factsheet acknowledges that patients may choose to drink and provides understanding and caring advice and tips. It is empathetic and understanding of the role alcohol plays in our culture, as well as the role it may play in survivors’ adjustment to life post-rehabilitation.’

Alcohol after brain injury: tips for families, friends and carers
Headway – the brain injury association, June 2018

This factsheet has been written to offer advice on how to help a brain injury survivor who is continuing to consume alcohol on a regular basis after their injury. It is directed specifically towards friends, family members and carers who may be concerned over their loved one’s health, safety and welfare. Sustaining a brain injury can dramatically reduce an individual’s tolerance to alcohol and many survivors are often unable to drink alcohol in the same way as they did before their injury. The effects of brain injury, such as memory problems, behavioural problems and mobility issues, can be worsened after drinking alcohol. As a result, many survivors choose to stop drinking alcohol altogether after their injury or reduce the amount that they drink. However, others may continue to drink regularly and fail to recognise the impact that alcohol now has on them. It is hoped that the tips contained within this factsheet will help friends, family members and carers have the confidence to approach and discuss their concerns with their loved ones.

‘Good and well-linked with a friendly tone. This is a well-compiled summary text with plenty of scope for further exploration of topics through hyperlinks. It is written using information from affected patients and edited by credible clinical professionals.’
Anna loses her hair: A children’s guide to hair loss as a result of cancer treatment
Children’s Cancer and Leukaemia Group (CCLG), October 2018

Hair loss is a common side effect of cancer treatment, but it is one of the hardest to come to terms for patients of any age. Baldness is an easily recognised visual marker of being a cancer patient and, as such, can affect how patients feel about themselves in terms of body image, identity and confidence. It can be difficult to explain to young children who may find losing their hair distressing. They may worry about what actually happens, whether it will hurt and whether hair will be gone forever. The reader follows Anna through her hair journey from having her hair cut short before treatment starts, choosing a wig, losing her hair, and finally how her hair then grows back after treatment. Anna describes how she feels at each stage helping to turn a negative aspect of treatment into something more manageable and less worrying for young readers facing the same situation. The storybook format enables healthcare professionals to sit down with the patients and talk through the story and pictures with them. There is also an online animation version to accompany the storybook to widen accessibility.

‘This is a well-produced leaflet on good quality paper. The style and content are appealing to young children. I was impressed that CCLG has a designated resource contact within each principal treatment centre for children’s cancer who is responsible for ordering and displaying CCLG resources in waiting rooms and racks. Print copies were sent to each hospital centre with clear instructions on how to order more if needed.’

ASone
National Ankylosing Spondylitis Society (NASS), June 2017

ASone is a portal dedicated to raising awareness, informing and supporting young people (18-35 years old) living with axial spondyloarthritis, including AS (ankylosing spondylitis). ASone addresses the needs and issues encountered by this group of young and often newly-diagnosed people, providing them with vital information about the condition and how to manage it. A key aspect of ASone is that it works towards creating a supportive community through social media and ‘guest blogging’ opportunities. This social media community also supports the mental health of young people with AS by providing opportunities to remain socially connected when they are physically unable to get out and about due to pain (eg when in a flare). The knowledge that other young people share similar experiences is helpful to motivate and reassure members of the ASone community, and as such can positively contribute to self-care.

‘If one was a patient this is what one need. It is excellent because it is very realistic and practicable. It offers a very good range of practical sessions for helping patients cope with daily living problems linked to more theoretical discussions on progress in understanding the nature of AS and the potential role of novel medications.’
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, as well as guidance aimed at certain groups of doctors, in a format that meets their specific needs. All of our website resources are publicly accessible.

We supplement this by providing some talks and training sessions to groups of doctors and medical students on various issues related to medical ethics and law.

**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.
Axial spondyloarthritis know-how (ASK) self-management toolkit
Guy’s and St Thomas’ NHS Foundation Trust, August 2018

Axial Spondyloarthritis Know-how (ASK) is a single attendance self-management workshop at Guy’s Hospital for those living with the long-term inflammatory arthritis condition called AS (axial spondyloarthritis). The overarching objective of the ASK self-management toolkit is to deliver a range of high quality, sustainable and person-centred educational resources which are flexible, offer choice and match the health behaviour preference of the individual based on the self-management principles of The problem with... and Any Questions? ...Just ASK. As affects young adults in their most productive years, the flexible format for dissemination of the ASK self-management toolkit aims to provide the ‘one stop approach to the delivery of self-management education with the suite of ASK resources wrapped around the single attendance to the two hour group workshop. A link to the ASK self-management toolkit is sent as a SMS message to patients prior to attendance. A novel feature and important aspect of the ASK self-management programme is the provision of a range of both written and digital resources. As the journey to diagnosis and experience of living with AS varies greatly, the ASK self-management toolkit aims to offer a range of resources, in multimedia formats, suited to the needs of the individual. They are based on the self-management principle of problem-solving, health-behaviour change, shared decision-making and goal-setting. A link to the ASK self-management toolkit is sent as a SMS message to patients prior to attendance. The link is to the ASK webpage on Guy’s and St Thomas’ public website which hosts all the toolkit materials: a short educational ASK film to be viewed prior to attending the workshop; digital interactive PDF copy of the ASK self-management Handbook available prior to attendance; the ASK Self-Management Assessment Tool – an online assessment tool capturing exercise behaviour, attitudes to exercise, smoking status, self-efficacy and emotional well-being in a short digital questionnaire-style to be completed prior to attendance and at three, six and 12 months following attendance to maintain support.

‘I was very impressed by this substantial and comprehensive self-management toolkit for patients with AS. Although it is designed to be used in conjunction with attendance at a physio group session at Guy’s/St Thomas’ it deserves a much wider rollout potentially to all patients in the UK with the condition. The digital format should make this easily achievable. As well as providing copious and clear information about the condition, perhaps more importantly, it gives the reader a very practical set of resources for making and maintaining lifestyle changes. It could also provide lifelong support for the patient to record, reflect upon, and monitor their illness and empower their self-sufficiency. I feel the model could also be easily adaptable to other chronic rheumatic disorders. This is an ambitious and exciting toolkit.’

Bereavement and stem cell transplant
Anthony Nolan, December 2018

A stem cell or bone marrow transplant can be a life-saving treatment for someone with blood cancer or a blood disorder. But the survival rate is still sadly around 50% following five years after receiving the treatment. They are often the last treatment available if other options, such as chemotherapy or radiotherapy, are not successful. Anthony Nolan supports anyone going through a stem cell transplant, including the relatives, partners and friends of transplant recipients. Yet we had never provided any information resources for family members, partners or friends who had lost someone following stem cell transplant. This was partly due to sensitivity around the subject matter. But also, because we ask people to join our stem cell donor register in the hope of becoming a lifesaving match. We were concerned that raising the subject of bereavement could potentially risk people’s willingness to join our vital register. At the same time, we knew it was extremely important to produce this resource for the relatives and friends who may need bereavement support at some point, especially given the survival statistics. And while many general bereavement guides were already available but there was no guide that answered the specific questions that can arise after a stem cell transplant (e.g. ‘Was having the transplant the right decision?’ or ‘Why didn’t the transplant work?’) – it was time for us to address that. The resource would also be an important signposting tool for front-line healthcare professionals to use in their work. This resource could be something that patients could take away with them and refer to in their own time.

‘This fills an information gap, and from my experiences, these are exactly the questions that families ask. The resource is a great example of co-production, with input from experienced professionals and patients or families with direct experience of the issues discussed. Although the content was written by a healthcare professional, the experiences of users formed the basis for the information provided (based on in-depth interviews with bereaved families). Users were then involved in reviewing and refining the final output, as well as contributing additional material for the website. Information is provided as a series of questions often posed by family members and the responses are clear. This manages to address some very difficult questions which I think would otherwise be
extremely challenging. One of the great strengths of this resource is that it doesn’t try to provide definite answers to complex questions.’

Bereavement, loss and dementia: supporting people with dementia and those close to them through the grieving process
Cruse Bereavement Care Cymru, September 2017

The resource booklet has been developed as part of the Bereaved by Dementia project in Wales with the objective to support people with dementia who are experiencing loss or have been bereaved. The target audience includes: people with dementia, family and carers of a loved one with dementia as well as health and social care professionals. The aim of the resource is to provide information about the effects of loss and bereavement along with useful information about how to support someone with dementia through this process. In addition, there is an easy to access pictorial guide about the journey through loss and bereavement, which would be equally relevant to supporting other vulnerable groups to understand loss, bereavement and grief.

‘Excellent resource: nicely written and presented. The information is clearly given, and it makes good use of pictures. It is really nicely laid out and easy to read.’

Breast pain
Breast Cancer Care, September 2018

Breast pain is a very common condition in women of all ages. This information looks at the causes of breast pain and what can be done to relieve it. It seeks to reassure women that while breast pain can be an uncommon sign of breast cancer, any pain they are experiencing is far more likely to be caused by a myriad of other factors. The booklet discusses simple lifestyle factors that may help the pain along with medical interventions. There is also a handy sample chart to show women how they can record their experience of breast pain, which may help clinicians identify the cause of it.

‘This simple short leaflet addresses the common concern of breast pain. It clearly meets an established need as they expect to distribute 120,000 copies. The production format is very good; there are no pictures but, in a way, this focuses attention on the text.’

Breast Cancer Care app (BECCA)
Breast Cancer Care, May 2017

In consultation with people who have faced the daunting experience of rebuilding their lives after breast cancer, we co-created a mobile app to support those confronting this challenging transition. Delivering reliable strategies, hints and tips to the user, BECCA (Breast Cancer Care app) aims to empower and equip people to adjust to life beyond breast cancer treatment. Following months of treatment, people expect finishing hospital treatment to be the end of breast cancer. However, many find themselves facing a difficult time as they try to adapt to an altered body image, feelings of isolation, former responsibilities, the fear of recurrence, and physical side effects including lymphoedema and menopausal symptoms. BECCA was launched to help people adapt and adjust to these symptoms and concerns with confidence. It provides information, support and inspiration in a simple and digestible way with easy-to-use flashcards. It includes personal stories, podcasts, videos and other trusted information and support pages. It is organised into 11 categories, from beauty and exercise to symptoms and concerns, to help users find the information and support they need with ease.
The Patient liaison group (PLG) was established in 2004 to provide a formal mechanism by which patients are represented within the BMA.

The PLG acts as an internal reference group and provides the BMA with an informed patient view on matters of interest to the medical profession and to patients. It works to inform BMA policy by ensuring that the patient voice is represented on matters being addressed by the BMA. It 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 or professionals working in a range of health-related fields.

The group has seats for eleven lay members and five doctor members who work on a voluntary basis.

For the past fifteen years, the group has provided the patient perspective on a number of issues ranging from seven days services, to raising concerns about patient safety.

It has produced patient focused resources on a number of topics ranging from self-care to toolkits for doctors on patient involvement.

The PLG has also held patient orientated symposiums including ‘Brexit means...what for patients?’ and ‘What does the digitalisation of the NHS mean for patients?’

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

The full mission statement and links to PLG resources can be found at: https://www.bma.org.uk/collective-voice/committees/patient-liaison-group
Can’t pass it on campaign
Terrence Higgins Trust, July 2018

Can’t Pass It On is a myth-busting multi-channel campaign aiming to end HIV stigma and cut HIV transmissions. The campaign responded to two seminal findings: conclusive proof that people on effective HIV treatment can’t pass on the virus, and that only 9% of the British public know this. Terrence Higgins Trust believed the research-proven fact had the potential to be life-changing for people living with HIV by helping to break down the stigma and fear around HIV. The Can’t Pass It On message transforms the landscape of HIV prevention, turning traditional abstinence/protection health campaign messaging on its head: HIV treatment itself is now the most vital new way to prevent HIV transmission. By raising awareness about this message and ensuring the voices of people living with HIV are heard, the campaign took aim at HIV stigma. Out-dated beliefs about HIV transmission fuel stigma and discrimination, which not only hurts people living with HIV, but prevents people coming forward for testing. Getting more people to test is vital as one in seven people living with HIV don’t know they have it. The Can’t Pass It On campaign featured real people with and without HIV from communities that experience high levels of HIV: men who have sex with men and black Africans. We created two videos online featuring the same models talking about their experiences of living with HIV — Horcelie’s Story and Sadiq’s Story. People were encouraged to help share the message by downloading a social media toolkit and sharing images and slogans. The Can’t Pass It On campaign refreshed a previously successful social media campaign of 2016, turning the message into an integrated ‘supercampaign’, including content, email, outdoor display advertising and social media channels.

'This is multi-resource campaign to improve awareness about HIV. The videos are excellent as are the images in the A4 leaflet and website. Good to see this important information being more widely publicised. Plans to disseminate include medical journals, social media, street campaigns, organisations etc.’

Caring for a person with motor neurone disease: a guide for care workers
Motor Neurone Disease Association, November 2018

MND (motor neurone disease) is a rare, life-limiting, neurological condition which affects about 5,000 people in the UK at any given time. It is unpredictable and often progresses very rapidly. Its complexity means very specific and timely interventions are required from health and social care professionals, which can present huge challenges. Care workers can play a vital role in the care of someone with MND. They often spend a lot of time attending to someone and it is vital they understand this complex disease. This need is particularly acute when they of avoidable hospital admissions. This goes to ease pressure on the NHS frontline services. According to the Office for National Statistics, unpaid carers provide social care worth £57 billion a year in the UK. Care Companion is a confident, sustainable solution to one of the country’s biggest and most poorly-addressed problems. After two years of development, features are being refined based on user feedback from the care panel. It is actively being used by over 300 carers, in preparation for roll-out to all of Warwickshire. We also plan to incorporate Care Companion, allowing its adoption by CCGs nationwide. Carers have almost universally praised the tool for opening up a previously restricted environment and allowing them to feel connected and supported once more. Care Companion is free to users and available for every step of their journeys.

'I think this is a brilliant resource and can see it being a major source of help and support for carers in the region. As a concept I think it has the potential to be rolled out to other areas where it can be populated with locally relevant information as well as the more general resources which will apply to anyone. The process which generated the idea for the resource, and then developed the project and tested it, is extremely well-thought-out and is a great example of how a resource can be co-produced with its target audience. I also particularly like the fact that the resource itself becomes tailored to the needs and interests of each individual user and is actively seeking regular feedback and suggestions for further content. A really great example of an empowering way of providing information simply and in a targeted way to people who by the nature of their role have very little time, and do not always remember to look after themselves. The provision of a diary to keep track of things that happen, and a personal address book is a great help.’
work independently, away from the supportive environment of a hospice or hospital. However, professional care workers receive varying levels of training. This can cause serious problems: eg, a person with MND may be put at risk if the carer is unaware of the danger of lying them flat, or of the difficulties the person may have when swallowing. Knowledgeable and confident care workers can play a key role in the multidisciplinary team, by providing information about a person’s condition which might otherwise be missed between appointments. This could help reduce delayed referrals and unplanned hospital admissions. The MND Association wanted to address this gap in knowledge to ensure the best care possible for people with MND, wherever this is provided.

‘A wide range of appropriate health and social care professionals contributed to this resource. In particular the use of professional carers specialising in MND as well as medical professionals with expertise in the area is useful as this is targeted to care workers. The degree of detail of the resource is excellent. The professionals involved were of appropriate level of expertise and specialism to target the required audience. The detailed practical tips and inclusion of contacts and resources makes this a very proactive and useful resource for workers in this field. It is innovative and a useful resource.’

Caring for someone with scleroderma
Boehringer Ingelheim (sponsor) and Hamell Communications, April 2018

This project was sponsored by Boehringer Ingelheim and conducted by Hamell Communications. Boehringer Ingelheim, wanted to raise awareness and improve understanding of the rare disease SSc (systemic sclerosis) amongst patients and healthcare professionals to ensure prompt diagnosis and provision of accurate information to patients to help them better understand their complex condition. We therefore worked with healthcare professionals (doctors and specialist nurses), patients and their carers to develop materials that would help patients to identify patterns of symptoms and encourage them to seek help. Currently, a diagnosis of SSc may take many months or years which can negatively impact on the emotional and physical wellbeing of patients. It also delays receiving any form of treatment, increasing the risk that their disease will progress and that there will be irreversible damage to internal organs. We want to ensure that physicians who were not familiar with SSc were made aware of and could recognise potential symptoms, encouraging earlier specialist referral. We plan to provide patients already diagnosed with the condition with accurate information to help them easily understand their condition, treatment and management and giving them a sense of control.

‘This is the best patient leaflet I have ever had the pleasure to see, to the extent that I had to ask my wife to look at it to see if she could find fault. The first 20 pages are concerned with general encouragement to carers and patients to work together as a team and demonstrating how this team effort improves quality of life. It aims to support and encourage both carers and patients with scleroderma who know the condition is untreatable and have yet to learn that many symptoms may be mitigated by changes in diet or by specific exercises.’

Cervical screening after sexual violence
Jo’s Cervical Cancer Trust, August 2018

Since the age of 16, one in five women in England and Wales have experienced some kind of sexual violence. One in five women in Scotland have had someone try to force them to have sex against their will. We define sexual violence as any unwanted sexual act or activity, including rape, assault and sustained sexual abuse. The impacts of sexual violence are wide-ranging – affecting our emotional and physical selves – and can last a lifetime. Invasive tests like cervical screening, where you are in a particularly vulnerable position, can be difficult. We created this resource to provide survivors of sexual violence with emotional and practical support before, during and after cervical screening (a smear test), if they choose to have the test. Our secondary aim was to equip healthcare professionals with the means to support survivors of sexual violence before, during or after cervical screening. Without this resource, there is very little available to survivors and healthcare professionals on the topic of cervical screening. While specialist clinics exist to support survivors to have the test, there is nothing to support them in making the decision to have it – to help survivors properly prepare, understand what happens and how they may be able to manage flashbacks or other reactions, and know their rights when it comes to support from the nurse. Every survivor’s experience, and how that has impacted their life, is different, but we are confident this resource addresses common concerns, equips survivors to make a decision about cervical screening, and offers some ways of coping with the test.

‘This is an extremely well-thought out and collaborative resource from a respected cervical screening organisation. I liked the extent of user input and signposting to further organisations. Editing and production of the web-page is faultless.’
The CCC (Committee on Community Care) is a multi-branch of practice group which includes GPs, 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-opts 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 principles for delivering effective community care, social care, mental health and monitoring the transition of more care being delivered in the community.

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.
Children’s Social Services and Safeguarding
The Royal College of Psychiatrists, November 2018

This resource addresses the mental health problems and treatments of women of childbearing age, and supports the service user, carer and wider-community network. They reflect the Royal College of Psychiatrists’ position that everyone needs the knowledge to make informed decisions about their mental health, and as such they are evidence-based, readable and in plain English, up-to-date, balanced and unbiased. This resource is for any woman with a mental health problem who is planning a pregnancy, is pregnant or has recently had a baby. It should also be helpful to partners, family and friends.

‘This resource has been developed with the input of psychiatry professionals, who are knowledgeable in the frameworks and processes surrounding child safeguarding. It was edited by the Royal College of Psychiatrists Public Engagement Editorial Board which includes patients and carers.’

Children Coming to Hospital
Edge Hill University, February 2019

The resource Children Coming to Hospital is made up of a short animation and comic strip which aim to help children be informed and prepared about what may happen when they attend hospital for procedures such as scans, X-rays and blood tests. The colourful and accessible multimedia resource aims to capture children’s imagination and provide them with top tips on how to get involved in making choices, ask questions to help them understand what will happen and develop simple strategies to make the procedure a more positive experience. The resource is aimed at children and young people aged 7-12 years who may or may not have been to hospital before for a procedure. We also created a short animation for health professionals based on what is important for children and young people to provide concise, practical advice about how to support and communicate with children coming to hospital for procedures.

‘Excellent use of cartoons and pictorial aids appropriate for information sharing with young children in a way which they can relate to and helps them to reduce anxiety related to coming to hospital or hospital procedures. A great resource.’

Claiming benefits when you have cancer
Macmillan Cancer Support, September 2018

The objective is to inform people about the financial support that may be available when they have cancer. Our resource Help with the cost of cancer is our most popular title, with around 5,800 copies ordered per month. There was no easy read material about this subject, so we spotted a gap in provision. Easy read uses short sentences and images to illustrate every point. These booklets have a reading age of 11 years. The primary audience is people with learning disabilities, who were involved in producing the content. The secondary audience is anyone who prefers simple words and pictures. This could include people with lower literacy levels, people whose first language is not English, and people who are deaf.

‘This resource has been developed to fill an obvious gap. Macmillan cancer support did not have a suitable version to meet the needs of those who could benefit from an easy to read version. They have produced a high quality resource which uses appropriate language, content and images to convey the information as simply and effectively as possible. The resource is also available in a wide variety of formats to meet the specific needs of any user. Considerable effort and attention have ensured that users can access this content, understand other available resources, give feedback and access additional help. The resource has been developed in collaboration with CHANGE – an organisation which promotes equal rights for people with learning disabilities. I enjoyed reading this resource, I learnt a lot and was filled with admiration for the way in which Macmillan cancer support have addressed the needs of those who could benefit from an easy to read resource.’
Clinical trials for lymphoma
Lymphoma Action, December 2018

There are over 60 types of lymphoma and around 19,500 people have a diagnosis each year in the UK. Clinical trials are an important treatment option for people with lymphoma, particularly those with rare or difficult to treat lymphomas or lymphoma that has not responded or has come back after previous treatments. Clinical trials can be difficult to understand, yet they are the only way to improve treatment for lymphoma. Clinicians want information to enable people to understand what clinical trials involve and to help them decide whether they might be a suitable course of action. The booklet was written for anyone affected by lymphoma who is considering entering a clinical trial. It aims to: explain what clinical trials are, how they work and what it means to take part in one in an easy-to-understand format; empower people to make an informed decision on whether taking part in a clinical trial might be right for them; demystify trials, thereby encouraging more people to take part, and provide information on recent lymphoma research.

‘This is a really good overall summary and lists of questions; a great resource. It includes good lay descriptions, great question lists and explains how to get more information.’

Concussion in children and young people
The Children’s Trust, February 2019

Our Concussion in children and young people pack has been created to fill a worrying gap in awareness and to challenge the common assumption that all children recover quickly and completely. Our ultimate goal is to improve the support and long-term outcomes for children who have suffered a concussion through the awareness provided in our pack. The booklet is aimed primarily at families, educators and sports coaches to provide an in-depth understanding of concussion. The fold-out pocket cards have been created to complement these and can be used by children, young people and adults as a quick fact guide on concussion, symptoms and signposting. The key objective is to lead to increased diagnoses of concussion and post-concussion syndrome and to improve the outcome for children with concussion through diagnoses and appropriate guidance followed during recovery.

‘This is a very well-produced leaflet with a good methodology. The production standards are high, and it is clearly targeted. It is well-designed with infographics and good use of headings.’

DadPad neonatal
Dr Minesh Khashu and Inspire Cornwall CIC, February 2018

Being a new dad can be a difficult thing to come to terms with. Being a parent of a child in neonatal care potentially brings even more complex emotions and problems, as well as a wealth of ‘difficult’ information to digest. Fathers of babies admitted to neonatal units find themselves in a very stressful situation and current evidence suggests that they have significant unmet needs in terms of communication, information and support. DadPad Neonatal was conceived by Prof. Minesh Khashu and developed with Inspire Cornwall CIC. The pack of laminated cards contains practical information and advice on relevant matters. These include details about neonatal units and what to expect including the equipment, staff, procedures and processes, and terminology. It focusses on how dads can help themselves and their partners as they each deal with their emotions, where to seek further help, support and information and practical guidance on holding, handling, bonding and caring for their baby. All this serves to optimise the experience of fathers of the neonatal journey and improve neonatal and family outcomes. The resource has been designed to be used as a ‘keepsake’ of the neonatal journey by the father with areas to write about their emotions/feelings, put in pictures of their baby/family and note down names of people who played an important part during this journey.

‘This is a well-conceived resource that provides information to families that is not easily obtained elsewhere. As you move through the resource, you can see the ethos unfolding to good effect. As I read through the resource, its benefit became clear.’
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 health workers and family caregivers do 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.

Healthcare Information for All (HIFA)
Since 2008, we have supported Healthcare Information for All (HIFA), a global multi-disciplinary network of over 19,000 individuals from 180 countries, working in collaboration with the World Health Organization and more than 330 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: Martin Davies, head of international and immigration, mdavies@bma.org.uk

BMA Information Fund
Since 2004, 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 Teaching-aids at Low Cost), we invite and consider applications for assistance from the Fund on an annual basis. In 2018, Nepal, Sierra Leone, Uganda and Eswatini were among the countries which received donations from the Fund.

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

Contact: Arielle Nylander, senior policy advisor, international and immigration department ANylander@bma.org.uk
Disease modifying drugs: A guide to treatments for relapsing MS  
MS Trust, October 2018

This book is for anyone choosing a DMD (disease modifying drug) for relapsing MS, whether for the first time, or following treatment failure. The treatment landscape for relapsing MS is constantly shifting as new drugs and generics become available or are withdrawn. The book discusses who might be eligible for a DMD and the reasons for taking one, considerations for pregnancy and breastfeeding, and issues around starting, switching and stopping treatment. It includes a pull-out chart to see the drugs side by side, and considers the practicalities involved in taking each drug, the side effects and monitoring requirements. The book is intended to be more concise and comparable than the patient information leaflets for each drug, while remaining factually and clinically accurate. Unlike symptomatic treatments, DMDs are taken even when a person feels otherwise well, which makes the balance between side effects and future benefits particularly personal and relevant. This book reflects the partnership between health professionals and the patient in terms of making a treatment choice and invites the reader to think about their personal circumstances and preferences. The prime goal for this book is to enable shared decision making for patients in partnership with their health professionals.

‘Regarding its content, consistent structure and clarity of purpose, I was very impressed by this publication. It is an excellently well-targeted decision-making aid. The colour-coding is a good idea, and the fold-out summary at the back, complementing the more detailed information, particularly helpful. The purpose is very clear and focused, enabling patients to make informed decisions about medicines where there are complex risk-benefit trade-offs. The information is detailed, presented in a straightforward and consistent manner. The consistent structure of the information, across the range of DMDs, facilitates comparison and decision-making. It is clearly aimed at patients who take an active part in managing their condition and want to be fully informed.’

distrACT app  
Expert Self Care Ltd, October 2017

The free distrACT app gives people who self-harm and may feel suicidal quick, easy and discreet access to information and advice, so they can manage difficult feelings, cope with a crisis and find help and support. Expert Self Care Ltd is certified by the NHS England Information Standard as a producer or reliable and accurate health information, which means that we involve experts and users in the development of all our information products. The idea for this app came from two health professionals with experience of working with people who self-harm and may feel suicidal. We involved national experts and researchers in the field of self-harm and suicide prevention in the development of the app. Users and patients were an integral part of the project and advisory team and were involved and consulted throughout the duration of the project and app development. They gave input on app design and content creation. In addition, we sought feedback from users through representatives of patient and user support groups.

‘This is a very well-researched and put together application for people at risk of self harm and suicide, which offers a lot of information and support in a simple and effective format. The information, for instance in the section on physical self-harm, is written with a neutral and non-judgemental tone and is structured around questions the user may be asking. A wide range of health professionals has been involved in the development of this app, from academics in epidemiology to front-line clinicians. These include clinical professionals with expertise in information technology in healthcare, and individuals working directly with people who self-harm. The involvement of experts and professionals in the development of this app is outstanding.’
Ectopic pregnancy patient information suite
The Ectopic Pregnancy Trust (EPT), July 2017

An ectopic pregnancy is an overwhelming condition which remains a leading cause of death in the first trimester of pregnancy. One in 80 pregnancies is ectopic. There are over 12,000 emergency admissions per year. With an ectopic pregnancy, a woman loses her pregnancy, faces her own mortality, often undergoes emergency surgery, loses part of her fertility and is left with worries about the future. It is a traumatic experience and can be difficult to process and absorb information. It is crucial that women and couples have information that they can take away to read and digest in their own time which signposts to further information on the EPT website and our support services. The posters are designed to be displayed in a hospital setting, mainly within Early Pregnancy Units, and we also distribute the symptoms poster to emergency medicine departments as well as GP surgeries, clinics and pharmacies. The posters are visually striking with a bold purple background and vibrant green and white text. Both posters signpost to the EPT’s website and helpline for further information and support services. The patient information pack is designed to be handed to women and couples upon possible or actual diagnosis of ectopic pregnancy.

‘An excellent, well-planned and researched pack which offers a wealth of information, support and hope to sufferers of ectopic pregnancy. One of the great assets of this pack is that it has been developed by people who are expert in the area and who have specialist interest, knowledge and experience and have previously been involved in high level advisory roles. It is clearly and thoughtfully presented so that the reader can access levels of information with greater depth and summary information for an overview approach.’

by ED and prevent bullying.

‘I think this is a very well-done book with good length, appropriate for its target, well-illustrated, well-printed, and the good glossy format would appeal to children, engage them, but importantly not scare them off. This is a complex topic and the team have drawn upon the combined expertise of multiple professionals from dermatologists to dentists to psychologists. This resource is really very good; an introduction rather than trying to convey too much information. It has child friendly words and graphics. The format almost makes it look like a bedtime story which is thus a much less daunting format for children. It would not look out of place on a child’s bookshelf.’

Everybody’s Different
Ectodermal Dysplasia Society and Envision Pharma Group, September 2018

This resource aims to help explain ED (ectodermal dysplasia) to children and their peers. It introduces the genetic origin of ED, looks at common symptoms and suggests ways in which friends and teachers can provide support to children who have ED. The booklet has been read, amended and edited by members of the ED Society who either have ED, are parents of children who are affected by ED and the graphics designers. The evaluation of the impact is based on the need for information for children who have ED, their peers, teachers and parents to help explain about ED, the symptoms and how they can help support the child affected

‘I think this is a very well-done book with good length, appropriate for its target, well-illustrated, well-printed, and the good glossy format would appeal to children, engage them, but importantly not scare them off. This is a complex topic and the team have drawn upon the combined expertise of multiple professionals from dermatologists to dentists to psychologists. This resource is really very good; an introduction rather than trying to convey too much information. It has child friendly words and graphics. The format almost makes it look like a bedtime story which is thus a much less daunting format for children. It would not look out of place on a child’s bookshelf.’

Everyday life with Type 2 diabetes
Diabetes UK, May 2018

The Diabetes UK Everyday life with Type 2 diabetes booklet is designed for adults living with Type 2 diabetes. It has been created to be a reference guide that can be referred to when needed to give information and support about living with Type 2 diabetes. It also aims to increase knowledge and confidence to help people to better manage their diabetes. This in-depth guide covers a range of topics including treatment, healthcare, tips on healthy living, available support, complications and personal experiences.

‘An extremely well-designed, informative and comprehensive booklet. It is a very accessible leaflet to the lay person: a very well-written and informative booklet with a very comprehensive range of detailed information which serves as an excellent resource manual.’
BMA Charities

BMA Charities is two charities, the BMA Charities Trust Fund and the Dain Fund, which are independent of the BMA and 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 unable to access a tuition fee loan, and their main source of income is a maintenance loan, which is insufficient to meet their needs.

**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 them, despite discounts offered by the GMC on some of its exam fees. The BMA Charities Trust Fund can help with these costs. 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 or for other reasons, may find it impossible to gain enough support from the benefits system. 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 9JP

E: info@bmacharities.org.uk

T: 020 7383 6142
Fast Facts: Pyruvate Kinase Deficiency
for patients and supporters
Dr Rachael Grace and S. Karger Publishers Limited, June 2018

PKD (pyruvate kinase deficiency) is a rare genetic disease that causes red blood cells to break apart. Although knowledge of the disease is increasing, it remains unfamiliar to many healthcare professionals, and the information available to patients is limited. This resource is intended to provide people with PKD and parents with the most pertinent facts about the disease in a straight-talking readable format. It provides simple but detailed explanations of the role of red blood cells and what goes wrong in PKD. Simple ‘Fast Tests’ enable the reader to check that they have understood the key facts. Space is allocated throughout the booklet for the reader to write notes and questions. This helps patients get organised and ask the right questions during consultations. Workbook in style, this resource is intended to facilitate more meaningful discussions between patients and their doctors and nurses. It is designed to be shared with family and friends, and ultimately to help patients make the best decisions about their care.

‘I felt that this was a unique resource; perhaps a bit more tailored towards the more educated patients but nevertheless thorough and good to have around when managing such a patient or family member. The visually rich elements make it easier to understand the more complex sections of the resource and complement the typed information well.’

Finding your way with bereavement
Motor Neurone Disease Association, December 2018

Finding your way with bereavement is intended for former main carers, family members and friends of people with MND (motor neurone disease). Anticipatory grief is very common among families affected by MND because of its rapidly progressive nature. Families may wish to read the booklet together, to help them understand the challenges that may lie ahead. When a loved one is living with MND, grieving can begin from the day of diagnosis. It is common for carers to feel completely bewildered and lost when their loved one dies of MND. The daily contact with health and social care professionals stops suddenly, and the duties of 24 hour caring now cease. Finding your way with bereavement aims to help bereaved people feel that they are not alone in what they are experiencing, and that these emotions are natural. There are many quotes from other people whose loved ones have died of MND to help to reduce isolation and support bereaved carers. It also recognises the health of carers and family members and encourages them throughout to get their own health checked. This was the first output of an Association-wide project on improving our services for bereaved people.

‘This booklet is a phenomenal achievement and will undoubtedly positively impact on the illness journey of those alongside patients with MND. It is well-researched and striking how clinical evidence, cultural needs and psychosocial factors have been added to personal experiences to provide a guide that acknowledges emotional pain and grief from the point of diagnosis. It allows care givers and support network of the patient to grieve along the journey within a supported network of advice, resources and practical help. It provides a wealth of knowledge and support in a discreet and gentle manner ensuring that people do not feel isolated by their emotions and challenges. Many aspects of this booklet could be transferred to other life-limiting illnesses. It is already receiving much positive feedback. I am sure this will continue and become highly recognised and regarded. It was a pleasure to review – informative and inspiring.’

Finding out you have lymphoma
– Easy Read version
Lymphoma Action, January 2019

Lymphoma is the fifth most common cancer and typically affects people from 15-25 years or over 55 years. We wanted to produce a resource for people who are looking for accessible and easy-to-read information on the topic. This may include people with learning difficulties or cognitive impairment, people whose first language is not English and people with lower literacy levels. The objective was therefore to create information that makes the complex topic of lymphoma understandable with minimal support. We did this by using simple language, large print and supporting all the concepts with bespoke illustrations and photographs.

‘A good range of people with learning disabilities and dementia have been involved in testing the booklet. There is a good plan of action in place to promote it using third parties and social media as well as contacting organizations directly.’
Fitter better sooner – a patient information toolkit on preparing for surgery
Royal College of Anaesthetists, October 2018

The intended audience for the toolkit is patients who have been told they need to have surgery. One in 10 people in the UK have surgery every year and the most of these procedures need an anaesthetic. Having an operation is a major event in a person’s life and many will have had limited exposure to hospitals and limited understanding of the importance of preparing for surgery. Patients who actively embrace active and healthy lifestyle choices, optimise their medical co-morbidities and play an active role in their recovery, experience fewer postoperative complications and recover quicker. The Fitter Better Sooner toolkit was produced to motivate adult patients before planned surgery. Providing information at an early stage maximises the time available to make meaningful lifestyle changes and learn new behaviours. Reliable information about how to prepare for their operation and the recovery period can also help patients plan effectively, reduce their anxiety about coming to hospital and help them feel more in control. Another important consideration in developing the toolkit was that most patients today no longer see medical treatment as something ‘done to them’. Instead, patients are encouraged to take an active role in the management of their own healthcare, and this is particularly important when having surgery.

‘This resource aims to give some responsibility back to the patient; it is full of information – especially in terms of what to pack or how to pass the time. It makes good use of graphics and an easy to read font. I was interested to note that the ROCA has a lay person committee.’

Helping your child to eat well during cancer treatment: A practical information guide for parents and families of a child or young person with cancer
Children’s Cancer and Leukaemia Group (CCLG), October 2018

Most children with cancer will experience problems with eating and drinking at some stage. But eating well during treatment is really important as a well-nourished child is able to cope better with their treatment and fight infection. It also helps their body to repair healthy body tissues damaged by chemotherapy or radiotherapy. This booklet is a practical information guide for parents and families of a child or young person with cancer. There is an introductory section on different food groups and their role in how they help the body to function properly. The booklet addresses this issue with advice on the types of food to give the child and the importance of increasing physical activity. A useful anti-cancer diet myth buster is also included to address concerns raised by parents after reading about specific diets or supplements that claim to cure cancer. Information sources are signposted to at the end of the booklet and parents are encouraged to talk to their child’s medical team and dietitian for more specific advice. This definitive guide is widely used within the children’s cancer centres by paediatric oncology teams.

‘I think this is a high quality document, produced by experts in the field. It is very clear and helpful, with many suitable subheadings and areas for reading. The information is nicely laid out with a clear contents page. The subheadings are all very clear. The use of pictures and the font are very appropriate. The booklet is handy and well-produced. Additionally, it has also been disseminated on social media.’
The BMA consultants committee

The BMA UK 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.

UK CC engages in a range of work relevant to the wider health and care system. The committee is contributing to the BMA’s work on medical associate professionals 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.

A significant part of CC’s recent work has been campaigning for more pension flexibility.

UK CC will soon be leading the review of the local clinical excellence awards (LCEAs) process. LCEAs recognise and reward NHS consultants in England who perform over and above the standard expected of their role.

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 conducts regular surveys of consultants to identify the key issues facing its membership, and to help direct future decisions.

UK CC has created a job planning app, Dr Diary, offered as a key member benefit to help members keep track of their work as part of the job planning process. The committee has also been looking at ways to strengthen local negotiating committees and allow them to fulfil their important role in advocating for consultants locally.
How do beta blockers work? How does aspirin work? How does warfarin work? How do ACE inhibitors work? How do novel oral anticoagulants (NOACs) work?

British Heart Foundation, October 2018

The BHF understands that medication adherence can be a barrier to patients managing their own health. We wanted to help them understand more about their medication, in an engaging way. The objective of these five animations was to explain the process of how the medications work in order to make patients more aware of their vital role and make them more likely to take their medication.

If people don’t understand what their medication does, they are less likely to take it, which could have serious consequences. People taking warfarin, an anticoagulant medication, may experience side effects. If they are unaware of the importance of taking this medication, these side effects may outweigh the benefits of taking the medication in a patient’s mind, leading to them stopping medication. Knowing this, we chose five priority medications which are frequently used in the treatment of heart and circulatory conditions. By creating engaging, eye-catching multimedia context, we could help people to learn more about their medication and understand the importance of taking it.

'This suite of animations has a clear objective to improve adherence by explaining how these drugs work. Animations were sent to 38 patients from the patient panel at all three key stages; scripts, visuals and storyboards, and draft animation stage. I was impressed that they have documented specific changes which were made as well as general supportive feedback. The purpose is clear: to explain the process of how the medications work in order to make patients more aware of the importance of the vital role medicine takes in managing their condition, and as a result to make them more likely to take their medication. The animations are brief and captivating to watch. They supplement the textual information on the BHF website and have high production standards. The feedback which has been provided is supportive and positive. I can see that they will be very useful.'

HSC Hospital Passport
Public Health Agency, August 2018

Guidelines produced in 2014 by GAIN (Guidelines and Audit Implementation Network) on caring for people with a learning disability identified specific areas for improvement, which included that ‘a regional hospital passport for people with learning disabilities should be developed and made available routinely for use when people with learning disabilities are in contact with general hospitals across Northern Ireland. The PHA (Public Health Agency) worked with stakeholders to develop a single regional hospital passport for people with a learning disability, with guidance notes. The passport allows the person with a learning disability or their carer to give important information on their individual needs and preferences. Its aim is to encourage hospital staff to make reasonable adjustments for patients with a learning disability in order to provide person-centred, effective and equitable care. It includes elements relating to patient safety eg medications, communication, choking, mobility, keeping safe and pain recognition and management. Reasonable adjustments – like speaking more slowly or allowing more time – improve communication, reduce distress and make the hospital experience less confusing for people with a learning disability. This also enables the individual to feel as involved as possible in shared decisions about their care.

'I think this is a niche product with a clear purpose that achieves what it sets out to do. It has used a wide range of experts from different perspectives and it is clear that the draft was piloted with its users and changes made in response to feedback.'
Infopack for living well with myeloma
Myeloma UK, January 2018

Myeloma is a rare and complex cancer arising from plasma cells within the bone marrow. Myeloma is treatable but not curable and the relapsing-remitting nature of it brings a unique set of challenges in comparison to other curable cancers, in particular. It is a unique and individual cancer and can affect all areas of life, sometimes in unexpected ways. This Infopack has been written for all myeloma patients to help them live well after receiving a myeloma diagnosis. It is also helpful for carers, family members and friends. This Infopack aims to support patients and their families through the challenges that this diagnosis can bring and the many ways in which it will affect how they live their lives. It aims to empower patients and help them to consider challenges that they may not have been aware of. It includes a wide range of issues, from physical and financial changes to emotional and psychological issues. It also encourages patients to take control of what they can and seek support for the things they can’t. It will benefit patients if they look ahead and get support for the challenges they may face. As this Infopack covers a wide variety of topics, it has been produced with sections with easy to use tabs.

“This is an excellent resource. Well-researched and covering all the relevant topics in how to live your life well, when living with myeloma. It is readable, well-indexed, comprehensive, and well-presented in a spiral bound format. Highly recommended.”

Jack has RAS
STARS (Syncope Trust And Reflex anoxic Seizures), April 2017

Jack has RAS is an educational and interactive information booklet that aims to teach young children suffering from a form of syncope called RAS (Reflex Anoxic Seizures). The children that experience this condition are usually very young, and struggle to understand what is wrong with them, or what is happening to them and can be very frightened. This child friendly booklet very delicately explains all about the condition of RAS in language that is easy to understand, along with bright and colourful pictures to demonstrate the message. The objectives of the resource are that at the end of the booklet, the child will understand their condition, and will not be frightened or feel alone. Not only is this booklet useful for a parent to explain to a child their condition, but to explain the condition to siblings and friends of the child suffering with RAS. It is also a very helpful booklet for schools of children who have a child with RAS.

“This is a very clear leaflet. I was impressed with the tone and level of the language which I feel is accessible across a range of ages and abilities. The printed leaflet reads well for those with specific learning disability or visual problems with infrequent bolding, off-white background and no underlining of text. The titles are informative and serve as key point summaries. The tips themselves are impressive as they cover a huge amount and are very practical based around life choices with other suggestions given, should the ideal not happen. I am impressed with the involvement of patients and parents at early stages of development. It is very clear the information in the leaflet is based on this. There is a clear dissemination strategy.”

Leaving home and eating well with cystic fibrosis
Cystic Fibrosis Trust, February 2018

Leaving home and eating well with cystic fibrosis is part of a series of leaflets on nutrition in CF (cystic fibrosis). This leaflet is aimed at young people who are leaving their family home and will be looking after their nutritional needs for themselves for the first time. For people with CF, maintaining a healthy weight has a direct impact on lung health and aids the ability to fight off infections. People with the condition will require a diet high in energy to maintain a healthy weight. In addition to this, most are pancreatic insufficient, meaning they will need to take pancreatic enzyme supplements with their food and drinks. Without these enzyme supplements the body can become malnourished and it can affect growth and weight. When people live in their family home, they may have the support of their family. Once they leave home, they may be managing all of this on their own. Young people can feel the information is reliable as it is written by CF dietitians. Parents can see it has a lot of advice and practical tips which will help a young person to become more independent while being supported.

“This is a wonderful resource. It is beautifully illustrated and well-written and could be used for very young children with adult or elder sibling support, or for a slightly older child (in primary/ junior school) who could read it themselves and discuss with their class/family. It is non-threatening and uses a clever analogy with ‘Harry the Hedgehog’ to explain a complex medical condition in simple terms. It is thoughtfully and inclusively written to address a child’s worries if they are the patient, but also siblings’ and friends’ worries as well. The pictures feature Harry throughout, including sitting on a deckchair and peeking over the sofa arm – this is a lovely touch and helps to keep a younger reader engaged throughout. An effective tool. This is a skilfully created resource.”
The BMA JDC (junior doctors committee) 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.

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 to ensure that the foundation programme is a positive experience for doctors in their first steps of their career. 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 professions’ charge to see improvements to working conditions for all junior doctors, and a demonstrable improvement in patient care.

As a result of negotiations during 2018 and 2019, the JDC was recently able to agree a substantial array of improvements to the 2016 Terms and Conditions of Service in England, that were then approved by eligible members, with an overwhelming 82% in support of approving these changes. This contract provides £90m of investment into junior doctor pay over four years, more paid rest breaks during night shifts, longer periods of rest after any run of night shifts, increased ability to access annual and study leave entitlement and protected time in the work schedule for the activities needed to pass each stage of training.

These improvements, and many others besides, represent a huge improvement to pay and conditions for all junior doctors in England.

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 improvements to work-life balance for trainees; this led to the creation of the Enhancing Junior Doctor’s Working Lives’ group in 2015, where the JDC continues to work with HEE, the GMC (General Medical Council), Academy of Medical Royal colleges, NHS employers and others to take steps towards increasing flexibility and improving non-contractual 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 Department of Health and Social Care, 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 pilots across a number of specialties in England that are 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 timely provision of information and rotas to trainees, have been brought into the system as a result of campaigning and action. The JDC has also been able to secure the contractualisation of significant parts of the Code of Practice, that are due to come into effect from August 2020. 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.
Life’s questions
St Nicholas Hospice Care, February 2019

Life’s Questions is for teenagers and young children to have open and honest discussions around often taboo subjects of life, death, loss, funerals and grief. We create a forum in which to have discussions to raise awareness, encourage openness of experience, opinions and thoughts. It is hoped through these discussions they begin to appreciate other viewpoints, create an element that we all experience things in different ways. Life’s Questions intends to encourage conversation, understand how talking and listening to others being non-judgemental can increase their emotional resilience. This is a proactive approach encouraging death literacy in its earliest form. I developed this project following several visits to schools talking to health and social students about end of Life care, palliative care and ethics in nursing. I discussed my ideas with our education and outreach manager, quality and service development lead and assistant practitioner. We want to encourage young people to talk, creating a death-literate community using a proactive approach.

‘Building resilience, promoting mental wellbeing and supporting young people during or after any kind of loss or bereavement, should now be integrated into wider school curriculum, with teachers and other staff receiving training and support from appropriate teams and institutions. This is much-needed initiative, directed at one of the most important age groups. It promotes openness and empathy, understanding other people’s views though not necessarily agreeing to them, and building resilience in the face of grief, loss and frustration. In my opinion, this initiative will help young people gain a better understanding of quality of life issues.’

Live your life – living with and beyond lymphoma
Lymphoma Action, November 2018

There are over 60 types of lymphoma and around 19,500 people have a diagnosis each year in the UK. Studies show that people often struggle emotionally being on active monitoring (‘watch and wait’) or once their treatment is completed. While it is often anticipated that the end of treatment will bring a sense of relief and happiness, in reality many people find this is an exceptionally difficult time – they have lost faith in their body, and they may have had to cope with major life changes, such as time out of work and changes to their relationships. As well as the emotional impact of having had a cancer diagnosis, there are also physical and practical implications, such as the impact on career, finances, and perhaps adapted to a modified lifestyle through diet and exercise.

Live your Life is a series of one-day workshops developed by Lymphoma Action. They are for people who have finished treatment or are on ‘watch and wait’. The resource covers what lymphoma is, how to cope with it, what to look out for in case your lymphoma returns, dealing with the emotional aspects of living with lymphoma, and practical topics such as diet and exercise.

They are held in a relaxed, informal setting where people have the chance to meet others affected by lymphoma and to share their experiences in a safe and confidential environment. Feedback showed that many participants thought a companion workbook would be useful so that tips, ideas and explainers could be summarised. The workbook would summarise the key points of the topics covered in the workshop, allow space for participants to record their own experiences and thoughts, provide practical tips and signpost to further information.

‘The resource seems excellent to me. The topics covered, the amount of information given, and the way the information is presented, encouraging interactive use by the audience, seem perfect. There is enough information to enable use of the workbook to make a real and substantial difference to people’s lives. The most important things are not swamped or hidden by detail. The flow of information, and pace of information delivery, seem very good. Information is broken down well into manageable, actionable chunks. Design features such as headings, layout, page breaks and colour coding all make it easy to find your way around. The language is clear. The tone is friendly and supportive, with an air of reliability. Pictures enhance the messages in the text and add to the overall feeling of positivity and empowerment. A wide range of issues are covered in a caring, thoughtful and constructive way. The workbook guides people through the process of thinking about their own situation, how they are feeling, what matters most to them, and how they can improve their own quality of life, suggesting things they can do to achieve that and ways to get more information and more help. This thoughtful, practical approach to helping people to help themselves is a major strength of the workbook. It should enable the workbook to make a real difference to people’s lives.’

Living well with long-term health conditions
Independent Age, November 2018

This guide is designed for older people who are living with one or more long-term health conditions. While our target audience is people...
aged 60+, much of the information is relevant to people of all ages. However, we know that long-term conditions become more common as people get older and that older people are more likely to have more than one condition. The guide is not intended to provide medical advice, but includes general information on dealing with practical and emotional concerns, such as how to get the information you need about your condition, find support, and get the most out of medical appointments. The guide aims to: help people to improve their quality of life when living with one or more health conditions and make sure that people know about sources of support and where to get information. We also wanted to reassure people about their experiences.

‘This is an exceptional leaflet which is well-produced but not extravagant in its production design. The organisers give information on the extensive methodology used and also discuss the dissemination process. Over 20,000 copies have been distributed and this has been planned carefully to maximise its impact. The tone of the booklet is positive and empowering with practical advice and emphasis on what can be done.’

**Living with lung cancer**
*Roy Castle Lung Cancer Foundation, February 2019*

Living with lung cancer is comprehensive booklet that can help anyone with a lung cancer diagnosis maximise their health and general wellbeing. The information this booklet contains used to be in a previous booklet of the same name, a publication that also included information about getting a lung cancer diagnosis. We felt that these were two very important aspects of a person’s lung cancer journey (‘diagnosis’ and ‘living with’) should be covered in greater detail in separate publications. The clearer focus and expanded information in this booklet mean people can find the information they need more easily without unnecessary or distracting information. In separating medical aspects (eg, diagnosis and treatment) from ‘living with’ aspects, we have produced a booklet that someone, during and after their treatment, will find more positive and encouraging. It covers in some detail things that they can do to look after and support themselves independently. This includes exercising and eating well, practical tips about getting organised, work and money issues, relaxing and getting enough sleep, and lists other sources of support. The booklet also signposts people to many other sources of information and support.

‘This resource is written by the information team including lung cancer experts and reviewed by members of the reader panel (patients with lung cancer). The RCLF is accredited by the Information Standard as trustworthy and reliable. This resource is based on the latest and best clinical evidence available and follows national clinical guidelines for management of lung cancer.’

**Looking after your child who has SMA**
*Spinal Muscular Atrophy UK, September 2018*

This is written for parents and carers whose infant has recently been diagnosed with SMA (spinal muscular atrophy) types 1, 2 or 3. It may also be useful for grandparents, other relatives and healthcare professionals. Each guide aims to help parents and carers understand and explore management options and quality of life for their child. Each offers information about the healthcare a child may need; tips and suggestions for coping with day to day practicalities and links to further resources and sources of support. The guides are intended to be used alongside advice from members of the child’s own medical team; they aim to give parents enough general knowledge to discuss confidently, with them, the most appropriate care choices and interventions for their child. The guides were written at a time when nusinersen, the first (and currently the only) drug to potentially treat SMA was undergoing appraisal by NICE and the Scottish Medicines Consortium. The guide was therefore developed with a focus on practical issues and tips for daily care of the child, whether or not a family has access to this treatment.

‘This is a very well-written, clear and concise booklet. It is factual without being too clinical and has a nice tone. The content of this guide was strongly led by discussion and questions raised by 37 parents and six grandparents of children who have SMA.’
BMA board of science

The Board of science has remained a consistent, strong voice for positive change, to address key population health challenges, such as women's health, anti-microbial resistance and genomic medicine.

Sanitary products
One of our key achievements this year has been successful campaigning to make sanitary products freely and readily available for all patients. Since being raised as a concern at the ARM last year, the Board has responded by undertaking extensive research into the poor provision of sanitary products in hospitals. In January 2019 we published the results of a series of freedom of information requests from across the UK, which highlighted shortcomings in the provision of sanitary products to inpatients. This was accompanied by letters to NHS England and NHS Wales expressing our concerns in this area.

The published data received widespread media coverage, and in March 2019 NHS England and NHS Wales announced they would be providing free sanitary products to all inpatients. We have been delighted to see the ripple effect of this sea-change – including the Government's March announcement that it would be convening a taskforce of experts from all sectors to ensure that we end period poverty in the UK. This builds on the Government's Spring Statement announcement that the Department for Education would be tackling period poverty by offering free sanitary products to all pupils at secondary schools and colleges in England; which was also updated to include primary schools in England. Similar pledges have been announced in Wales.

Antibiotic resistance
Following a symposium on antimicrobial resistance hosted by the Board in May 2018 to raise awareness of this issue, we are continuing to engage with the Department of Health and Social Care and other stakeholders on the development of the next five-year strategy on antimicrobial resistance. We submitted evidence to the Health and Social Care Committee's recent inquiry into antimicrobial resistance which published its report in October 2018 and reflected a number of the BMA's concerns, including the overuse of antimicrobials in animals, which was raised as a specific issue at last year's ARM.

In January 2019, the Government released its new five-year action plan: Tackling antimicrobial resistance 2019-2024. In March 2019 we published a short briefing highlighting the steps required if the ambitions in this action plan are to be realised. This included the need to substantially reduce antimicrobial use in farming and will be used as the basis for future lobbying.

Autism spectrum disorders
In April 2019, we published work on autism, relating to two ARM resolutions, which the papers and accompanying web content take forward: one on waiting times for diagnosis for starting an autism diagnostic assessment and one on education, health and care plans in England (the mechanism for identifying what additional support is required). This is intended to provide the foundation for future work and lobbying on this issue, for example influencing the upcoming autism strategy.

Discussion events
Genomics
In February 2019, we hosted a very successful discussion event on realising the full potential of genomic medicine. The purpose of the event was to focus on the impact of genomics on healthcare delivery and work together to inform the priorities for the BMA and its key stakeholders moving forward. External participants included representatives from Genomics England, the Office for Life Sciences, Genetic Alliance UK, Health Education England, Royal College of Pathologists, Royal College of Nursing and the Nuffield Council on Bioethics.

A write up from the event will be published in the summer and follow up conversations have been planned between the BMA, Mark Caulfield, Chief Scientist at Genomics England and Dame Sue Hill, previous Chief Scientific Adviser for England.

Advocacy and trauma in childhood
In May, we also hosted a discussion event on adversity and trauma in childhood, which directly resulted from members passing an ARM resolution for us to engage on this important issue. The purpose of the event was to focus on the impact of adverse childhood experiences on health, how to address this in clinical practice and to consider the support that healthcare professionals require to ensure effective care. Speakers included Dr Marc Bush, director of evidence and policy at YoungMinds and Dr Pauline Craig, head of population health, NHS Health Scotland.
Managing lung problems in scleroderma
Boehringer Ingelheim (sponsor) and Hamell Communications, April 2018

Boehringer Ingelheim, wanted to raise awareness and improve understanding of the rare disease SSc (systemic sclerosis) among patients and healthcare professionals to ensure prompt diagnosis and provision of accurate information to patients. We worked with healthcare professionals (doctors and specialist nurses), patients and their carers to develop materials that would help patients to identify patterns of symptoms and encourage them to seek help so that they could be diagnosed earlier. Currently, a diagnosis of SSc may take many months or years which can impact negatively on the emotional and physical wellbeing of patients. It also delays them from receiving any form of treatment, increasing the risk that their disease will progress and that there will be irreversible damage to internal organs. We wanted to ensure that physicians who were not familiar with SSc were made aware of and could recognise potential symptoms, encouraging earlier specialist referral and to provide patients already diagnosed with the condition with accurate information and to give them a sense of control. This project was sponsored by Boehringer Ingelheim and conducted by Hamell Communications.

‘This is an excellent resource. It has been very carefully researched and tested with patients and clinicians. This is apparent from the design of the booklet itself. In particular, designing it for use by patients with scleroderma (and often reduced dexterity in their hands) is very helpful indeed and clearly a result of patient feedback. The tabs on the sides are also clever and make it easy to use. It can be a resource for patients to use alone, or used with a nurse, doctor, carer or family member due to the large and clear font. It is carefully and clearly written, with only salient details in simple English. There is a link to an excellent online resource.’

Meningitis and childhood deafness:
a guide for families
National Deaf Children’s Society, August 2018

This resource is intended to share key information with parents and carers who have a child who has had meningitis and who might have a hearing loss as a result. It provides information on the hearing tests that are carried out following meningitis and the effects of any deafness. The resource also signposts further relevant information and how the National Deaf Children’s Society can support the child and their family.

‘This is an excellently produced leaflet covering a really important topic. It provides a useful resource for parents at a very difficult time and comprehensively covers a range of issues that may present alongside hearing loss such as tinnitus, balance problems and emotional difficulties. It introduces the different options to help in a non-biased manner, respecting parents’ rights to information and choice. It includes a very comprehensive plan for promoting and sharing the information, making it easily accessible.’

Moving forward
Breast Cancer Care, November 2018

Moving Forward is for anyone who has had a diagnosis of primary breast cancer and is coming to the end of their hospital-based treatment (surgery, chemotherapy, radiotherapy). It aims to give people more confidence, reduce anxiety and help relieve treatment-related side effects. End of treatment can be a very difficult time. There is a perception that people are able to ‘return to normal’ and that the end of treatment is something to be celebrated. However, many people miss the support and regular contact with their healthcare professionals and feel set adrift to deal with the consequences of their diagnosis and treatment alone. Moving Forward aims to show that this sense of isolation and often fear (of the future or recurrence) is experienced by many people, and they don’t have to cope alone. The book includes the experiences of a variety of people ranging from side effects (both emotional and physical) to practical considerations (like going back to work and finances) to looking at worries about the cancer returning. It also points to Breast Cancer Care sources of information and support, along with those provided by other organisations.

‘The process followed when developing this resource was excellent, with multidisciplinary involvement by health professionals, valuable input from users, particularly the 19 members of the target audience who shared their personal stories so generously and so well, and impressive use of extensive background information of the highest possible quality. The resource itself is so impressive. It provides extensive, clear and helpful information on a wide range of important issues. It’s easy to dip in and out of this resource, so people will be able to find information and support on what matters most to them as time goes by. The design is good, with pages laid out well and pictures adding a sense of warmth. The book features a range of insightful personal stories and quotes from users, which add a huge amount of value, eg by enhancing the flow of thoughts, the messages conveyed, and the overall feeling one gets of being invited in to be
part of a very supportive network. It’s good to know this book is available and I applaud everyone who helped to create it.’

**MS TV: a YouTube channel for young people affected by multiple sclerosis**

*MS Trust, April 2018*

Although MS (multiple sclerosis) is a condition most often diagnosed in adults, more people are receiving an MS diagnosis before the age of 18. Getting your head around MS can be hard enough when you’re an adult. But for young people it can be devastating, so good quality information is vital. Therefore, we’ve been working with young people to understand the gaps in the information available to them and the kind of information they want. The resource met a specific need. Rather than reprint our existing publication, *A young person’s guide to MS*, we instead elected to launch a YouTube channel featuring young people as contributors and presenters, tackling topics of interest to young people, such as symptom management at school, mental health, and coping with a parent’s MS. MS TV aims to empower young people affected by MS, helping them to feel less isolated and more informed. It aims to become a library of relevant and engaging information, created for and with young people, and promoting their voices and perspectives on living with MS.

‘This is a great resource for children with MS in an appropriate format. A well-thought through project with sound evidence and health care professional and user involvement. A good range of health care professionals are involved in the process, either in writing MS resources or through being interviewed giving their professional opinion. Young people affected by MS, both with a diagnosis themselves or with a family member with MS, have been extensively involved in content creation for this project. It’s great to see an organisation responding to the needs of users and this is a well-designed resource for children with MS. Well done to all involved.’

**Multiple Sclerosis Trust website**

*MS Trust, August 2018*

The new website is intended for people with MS, their families and friends to be able to find information about all aspects of MS (multiple sclerosis). It includes everything from an A-Z of MS through to core information on what MS is and how it is treated and managed in the UK. Website users can find information on diet, exercise and family relationships in the context of living well with MS. There are separate areas for health professionals as well as support and inspiration for fundraisers. New features of the website include: improved navigation and clearer signposting to information using a condensed menu, intuitive linkages between pages and no sidebars; improved search functions so that research, news and core information are easier to find; improved visual appeal, including relevant photos and videos, for those who prefer visual learning to text based information; improved options for feedback from users.

‘I loved this website, and spent a long time exploring it, learning quite a lot on the way. Visually, it looks great; the structure has been very well-thought out, with multiple links so that users can take different routes to the information they want. The content is very well-written, with just the right tone. The contributions from patients and professionals add a huge amount to the value of the site. This is a fantastic resource that has had a lot of thought and effort put into it. I strongly commend it.’

**My diabetes my way eLearning resources**

*www.mywaydigitalhealth.co.uk, September 2018*

As part of our *My Diabetes My Way* platform, we have developed a number of e-Learning courses for individuals living with diabetes mellitus and their family and friends. The aim for our e-Learning modules is to support users’ needs, encourage goal setting and build confidence and knowledge to help with self-management of diabetes. There is a huge need for delivery of structured education for people with diabetes. This is usually delivered face to face in groups. Provision of structured education in an online format is highly cost effective and enable users to access this flexibly at a time and place that suits them thus plugging the gap. We have developed a series of courses as a comprehensive offering to enable good habits to be put in place early in the diabetes pathway, encouraging lifestyle change, support remission and to promote risk factor reduction. Topics include what is diabetes, diagnosis, diet and exercise, complications, lifestyle and monitoring. The target group is very digitally literate, often still working and digital education is therefore ideal. This is often a neglected group and e-learning modules seem to be more appealing than group attendance at education sessions.

‘A wide range of professionals were involved in the development of the courses. Pre and post quizzes monitor the difference the resource makes to the knowledge/understanding of the user; and these are reviewed regularly in order to make improvements to the resource. The resource is also linked in to the monitoring of patient’s health data.’
**My diabetes year**
*Diabetes UK, February 2019*

*My Diabetes Year* is a strand of content in Diabetes UK’s Learning Zone, which assists adults with Type 1 and Type 2 diabetes to increase their knowledge and confidence to better manage their diabetes, through innovative and highly personalised online learning content. It is a year-long project that follows two people recently diagnosed with diabetes every month for a whole year – Sascha has Type 1 and Emma has Type 2. Through personal vlogs and interviews we hear directly from the people living with the conditions and after each video, users interact with a digital quiz or game that reinforces and builds on their learning. They then follow a range of onward paths that direct them to further related resources and services. As our users follow Emma’s and Sascha’s progress on their journeys, they watch someone like them managing life with diabetes, learning more, setting new goals and changing their behaviours. *My Diabetes Year* facilitates user’s engagement with their long term condition over the long term. We engage users with a year-long narrative, so they want to keep coming back each month to watch the next episodes. Our audience experiences a richer insight into the challenges of diabetes and learns how they might manage and overcome them. It also raises awareness, and encourages people living with diabetes to access the right support and care available from their healthcare professionals, Diabetes UK, the NHS and other providers.

‘This is a very worthwhile resource which has resulted from an extensive research project. The developers held in-depth workshop and storyboarding sessions involving a diverse range of people living with diabetes. Market research was also commissioned with both users and non-users. These are supported by editorial content giving contact details and tips. The graphic design is imaginative. It guides the learner through structured modules using different media and learning tools. The cleverest part is the use of vlogs to encourage identification and engagement.’

**My Parent is in hospital: information for older children and teenagers with a parent in a mental health ward**
*South London and Maudsley NHS Foundation Trust, July 2018*

Dr Nicola Byrne (consultant psychiatrist) and the team working at the Friends and Family Clinic on Nelson Ward, (female inpatient ward at Lambeth Hospital, South London and Maudsley NHS Foundation Trust) identified a need for information for children whose parent is admitted to a mental health ward. Many of the patients admitted to the ward are mothers. Those caring for children whose mothers were admitted had limited access to information to support them to have conversations with the children about why their mother is in hospital, and what to expect. The types of information thought to be valuable included: Helping children to understand what is wrong with their parent, how they are being helped on the ward, and what will happen next. For younger children, the leaflets are intended to be read with the support of a trusted adult, either a carer or a professional. For older children and adolescents, the leaflets can be read independently or with support from an adult, depending on the preference of the young person and the judgement of the professionals and caregivers involved.

‘This is a fabulous resource which I would like to see in all NHS inpatient facilities. It reassures children that a parents’ illness is not their fault and acknowledges the stress the child may feel. It signposts to avenues of support. The tone is appropriate and comes across as kind, patient and calm. Thanks for allowing distribution free of charge.’
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 delegates coming from across the UK.

Offering 29 unique event spaces, including two private outdoor areas, BMA House has the versatility to act as the setting for a wide range of events, including conferences, dinners, private parties, receptions and weddings.

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 capacity for 97) which comes equipped with features such as an electronic voting system and individual laptop and microphone connections for delegates.

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 wifi 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 soirées and barbeques, 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 to the side of BMA House. With a capacity of 90, it is suited for reception drinks, barbecues and cocktail parties. Surrounded on three sides by the majestic walls of BMA House, and on one side by an ornate iron gate, The Courtyard is a glamorous location for a reception or standing buffet. Perfect for larger scale outdoor events, given it has a capacity of 320.

About BMA House

Part of the venue was once the home of novelist Charles Dickens in the late 1850s.
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.

BMA House was the host venue for Nike’s Athlete Hospitality programme during the Olympics 2012 featuring 4,000+ shoe boxes!

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, all of which retain many of their original listed features. BMA House can easily accommodate large weddings; the Great Hall has a maximum capacity of 200 for a ceremony and wedding breakfast. However, it is also ideal for smaller, more intimate ceremonies and receptions; 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 canapé 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 9JF.
Myeloma
Bloodwise, March 2018

This booklet aims to support people with a diagnosis of myeloma and their families to understand their condition and the possible treatments, and to cope with the life changes that myeloma brings. This booklet steers people through the standard treatment pathways in a clear and supportive way. In general, people are unfamiliar with the name ‘myeloma’, and few are aware that it is a type of blood cancer. This booklet tracks the patient’s ‘journey’ in a logical way, with chapters on what myeloma is, its causes, symptoms, diagnosis, treatments, related conditions and the general outlook (prognosis). An ‘At a glance’ chapter at the beginning of the booklet gives a short summary of all these aspects of the disease. There is also a section of the booklet that gives advice on living with myeloma, including its potential emotional and psychological effects. Reputable places to get more information and support are signposted clearly throughout the booklet, and a separate chapter gives contact details for relevant organisations. We have included sections like ‘Questions to ask’ and ‘My details’ to encourage the reader to take an active role in managing their health information and appointments.

‘This is a very professional publication, with a large amount of complex information very clearly presented. Particularly impressive are the various symbols used to direct readers to other sources of information. A very significant production, which should be hugely useful to those diagnosed with myeloma, or those who know someone with myeloma.’

Osteoarthritis
Versus Arthritis, November 2018

The intended audience is osteoarthritis patients, often newly diagnosed but not exclusively. Some may have found that their condition has worsened so need additional information and help. This content is designed to help them live well with the condition. This booklet, along with the rheumatoid arthritis booklet, is the flagship information product for Versus Arthritis as a new charity. Versus Arthritis launched in September 2018, following the merger of Arthritis Research UK and Arthritis Care, to demand and deliver better for people with arthritis. The booklets introduce the charity’s new tone of voice and provide evidence and insight-led content.

‘There is clear explanation of the language of rheumatology and the many specialists involved in patients’ diagnosis, treatment and long term follow-up. There is excellent, realistic explanation of the limitations of current treatment and the need for most patients to accept long-term management much of which is the responsibility of the patient (eg exercise regimes and weight control). It’s a very traditional form of communication. The typeface is terrific. This octogenarian reader can read the text without his usual spectacles or eye strain. One has a hunch that a high percentage of readers (with these kinds of problems) will find a good booklet just what they prefer.’

Peanut allergy and tree nut allergy – the facts
The Anaphylaxis Campaign, June 2018

Peanuts and tree nuts are among the most common foods that trigger severe allergic reactions and are included in the 14 food allergens required to be labelled on pre-packed food products. This is a resource aimed at those with a peanut or tree nut allergy or parents/carers of children with a peanut or tree nut allergy. This resource aims to provide information on how to deal with this allergy including the symptoms of anaphylaxis, how to reduce the risks when shopping for food, and the risk of a reaction through touch and smell.

‘This a very clear, concise, accurate and well-referenced information sheet for people with nut allergy. It is a practical guide for sufferers to the nature of the problem, the risks, avoidance and treatment and management pathways. All very clearly presented with references to legitimise the content. I cannot fault it.’

Periarticular knee osteotomy
Salford Royal Foundation Trust, July 2018

The aim is to provide clear information to patients who require a periarticular knee osteotomy to aid them make an informed choice for surgery. The leaflet is provided in addition to a face to face consultation with a specialist consultant and enables the patient to take away information that has been discussed with them to aid further thought and consideration prior to surgery. This leaflet provides clear information in the form of text and pictures and ensures the patient understands the risks and benefits of the surgery. The information is disseminated within the trust. Orthopaedic outpatients and patients who come for a face to face consultation with the limb reconstruction team are given this as well as having a verbal consultation with a specialist orthopaedic surgeon. On the back of the leaflet is information on how to get this leaflet in large print and on getting the contents of the leaflet translated and a phone number is provided for this. The contents
are also discussed during the consultation and language line is used to pass on the correct information if translation is required.

‘I think this is a nice, clear document which gives helpful information to patients. There is a useful illustration of a normal knee, normal limb alignment, varus and valgus alignment (with explanatory text) etc.’

Perinatal OCD
The Royal College of Psychiatrists, November 2018

This resource addresses the mental health problems and treatments of women of childbearing age, and supports the service user, carer and wider-community network. They reflect the Royal College of Psychiatrists’ position that everyone needs the knowledge to make informed decisions about their mental health, and as such they are evidence-based, readable and in plain English, up-to-date, balanced and unbiased. This resource was produced as part of the Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services project: commissioned by NHS England in partnership with Health Education England and delivered by the Royal College of Psychiatrists. We’ve written this for anyone who wants to know about perinatal obsessive-compulsive disorder (perinatal OCD). We hope it will be helpful to any woman who has, or thinks she may have, perinatal OCD and their partners, family and friends who want to find out more.

‘An excellent piece – well-written and constructed using expert authors and reviewed extensively. This resource was written by consultant psychiatrists and edited by a group of psychiatrists and service users and carers who are keen to provide information about mental health for a lay audience. Members of Maternal OCD have been involved in developing this resource: by reviewing drafts, or through focus group feedback. The quality of references used and listed is exceptional, but it is written in a layman friendly tone.’

Planning ahead: my treatment and care
Compassion in Dying, April 2018

Planning Ahead: My treatment and care is Compassion in Dying’s flagship publication. Officially endorsed by the Royal College of Nursing, it explains in simple language the information people need to understand how treatment and care decisions are made, how they can plan ahead to ensure they stay in control of these decisions, and who to talk to and share their wishes with. It also includes answers to the common concerns that we hear through Compassion in Dying’s free information line such as, ‘can anyone override my wishes?’, ‘what will happen in the future if I plan ahead now?’, and ‘is it expensive to plan ahead?’ Planning Ahead provides clear information on Advance Statements, Advance Decision to Refuse Treatment, Lasting Power of Attorney for Health and Welfare and Do Not Attempt Resuscitation orders. The booklet also signposts people to the relevant free forms, available from Compassion in Dying, and offers on-going support from our information line service thereby offering in-depth tailored support in addition to the practical information provided in the publication. Planning Ahead outlines people’s rights under the Mental Capacity Act 2005 to plan ahead – relevant for England and Wales – but can be used by anyone to gather general information about how to discuss, plan and share preferences for treatment and care. To ensure that the information is accessible, the booklet is written in plain English, broken down into manageable chunks, with lots of white space and illustrations which have been designed to portray the diversity of the desired audience. Wherever possible, we have avoided all medical or legal terminology to make the booklet suitable for a lay audience. Where specialised terminology is used, we have defined each word clearly. We have also chosen to repeat some specialised terminology and phrases to make the reader more familiar with these terms.

‘This is a useful resource in the series from Compassion in Dying. Much confusion lies around advance care planning and this document highlights the need and benefit to express and document wishes. It is legally and clinically sound and has threads of real patient experience. It adds depth to discussions and decisions made in care settings. It is a good size and well-structured. The need for such a document has arisen from patients’ information need regarding decision making and also a nationwide move to increase discussion and care planning. The nature of this resource is to provoke thought and understanding of need to consider care wishes. It also guides the reader as to how to access the forms relevant to them.’
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.

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 next conference will be on Friday 15 May 2020.

Peter Dangerfield
Co-chair MASC
Preparation for hospital isolation booklet
Anthony Nolan, September 2018

After having their stem cell transplant, each patient must spend from two weeks to a number of months in their hospital's protective isolation unit because it takes some time for their new immune system to develop following transplant. This isolation period can last anything while the focus for most patients is understandably transplant day itself, most stem cell transplant recipients say they found their time in isolation to be the most challenging part of the treatment. We produced this guide to help demystify the hospital isolation process. We wanted to reassure patients around what to expect so that isolation became less daunting and to help patients feel empowered to discuss any concerns. We also wanted to provide lots of practical advice to enable patients to prepare for isolation in the best possible way. This was also a chance to share real life experience from patients who had been through hospital isolation. While no-one expects the hospital isolation period to be enjoyable, our guide includes patients’ advice and tips on what can make this difficult time more bearable.

‘Modern, peer-reviewed resource that will clearly benefit patients preparing for isolation care! This resource was based on a previous version but following review and evaluation it has been completely re-written – it shows commitment to excellence in patient communication. It has an excellent layout and formatting – clear, crisp, modern, eye-catching. It includes many patient accounts and quotes – quality of life is at the forefront in this resource.’

Radiotherapy for lung cancer
Roy Castle Lung Cancer Foundation, August 2018

This booklet reflects the range of intentions and methodologies of radiotherapy treatment. It builds on the guidance in our previous title but also significant feedback on how better to prepare those with a lung cancer diagnosis for the practicalities and impact of treatment. The clearer focus and expanded information in this booklet mean people can find the information pertinent to their circumstances easily. The visual and written content prepare them for treatment and reduce unfamiliarity with the terminology and machinery used in delivering this therapy. Radiotherapy is one key technique for managing tumours that are not suitable for surgery, providing symptom relief for those with advanced cancer and offering a prophylactic treatment for those at risk for brain metastases. This booklet provides useful information to support patients making an informed treatment decision, in preparing for the impact of treatment, managing side effects and recovery.

‘This resource I expect will be used for all patients undergoing radiotherapy. It uses a very thorough consultation process with lots of opportunities for input and comment. It includes a brilliant table explaining the types of radiotherapy and the indications and again the practicalities of radiotherapy ie markings, masks, what happens on the day are all explained brilliantly. I love the side effect section with further information/solutions explained and the question page! Absolutely appropriate for the audience and completely fits the resource purpose. It allows the reader to reference back to earlier text to reinforce what the specialists have said. This is an excellent resource.’

Rheumatology Connect app
Health and Care Videos and Torbay and South Devon NHS Foundation Trust, June 2018

Rheumatology Connect is a source of information for people in the Torbay areas with rheumatic conditions including rheumatoid arthritis, psoriatic arthritis, osteoarthritis, spondyloarthritis, ankylosing spondylitis and more. With the help of high-quality and informative videos, this app describes each condition and explains the treatments available. There is also information and contact details for the people at the local rheumatology department, nearest clinic locations, support documents, and compiled national resources, bringing all the information needed into one place to enable patients to manage their condition and improve the flow of information. The app contains: ‘First six months’ which educates newly diagnosed patients about conditions and possible treatments; ‘Learn about my condition’ which focuses on specific conditions and medications and uses video to explain them in great depth; ‘Meet the team’ which describes the Torbay Rheumatology, who is in the team and the different services provided; contact and clinic information; video and text-based resources to help patients care for their condition at home; and FAQs.

‘Imaginative use of traditional text combined with possibilities of this newer form of transmitting and explaining information. Pictures and images are the strength of this form of transmitting information and this presentation takes advantage of it. This resource opens patients’ eyes to the importance of getting proper advice from the right professionals. This is crucially important in patients with rheumatic diseases. They will learn whom to ask and whom to trust. The vast range of well-considered
information in this mini-treatise on a vast range of medical problems can only be the product of considerable thought by many contributors. The resource presents clear content from a range of contributors and considers the problems that may arise in the course of long lasting disorders often with unpredictable outcomes with potential problems. The discussion and explanation achieve a nice balance between reassurance but making sure that patients are aware of possible difficulties. Awareness of side effects of drug treatment is also very important. There is a nice balance between not raising undue alarm but trying to ensure that adverse effects are spotted as early as possible.’

**Sammy Bear’s mummy is in hospital: a story for children aged 3-6 to be read with an adult**

*South London and Maudsley NHS Foundation Trust, March 2018*

Dr Nicola Byrne (Consultant psychiatrist) and the team working at the Friends and Family Clinic on Nelson Ward, (female inpatient ward at Lambeth Hospital, South London and Maudsley NHS Foundation Trust) identified a need for information for children whose parent is admitted to a mental health ward. Many of the patients admitted to the ward are mothers. It was identified that those caring for children whose mothers were admitted had limited access to information to support them to have conversations with the children about why their mother had been admitted to hospital, and what to expect. The booklets include: Helping children to understand what is wrong with their parent, how they are being helped on the ward, and what will happen next. The leaflets are disseminated through professional groups who can then provide the age-appropriate leaflets to children and families with whom they work.

‘This is very good booklet – well-thought through. Fantastic pictures aid understanding – mental health issues are explained in clear, simple way. It gives just the right amount of information and positive things a child can do for parents such as write get well card. I particularly like the way it explains mental illness – very simple and effective. This is for a young child – they can read it with an adult. I know young children like to go over booklets many times and this may be particularly helpful if a parent is in hospital.’

**Some mums & dads drink too much**

*Nacca, July 2017*

This resource is an invaluable guide for children struggling in a home life where one or both parents have an alcohol dependency. Those parents may not even realise they have a problem, yet the children find themselves living in a home full of fear and having no one to turn to (because everyone denies there is a problem). Even if the problem is recognised, it is rarely acknowledged, social stigma compounds the needs to hide and this causes untold harm. This resource lets the child know that they are not alone, that they can talk confidentially to our helpline volunteer counsellors, or email and signposts them to the Nacca website where they will read stories of other children to help them feel less alone. They are offered the opportunity to find resources and information and to know that Nacca understands how hard these situations can be and how difficult it would have been for them to contact us. This resource lets them know that there are people and places that can help in the knowledge of complete confidentiality on a Freefone number which doesn’t appear on any landline accounts.

‘This is a very sensible and relevant resource for younger people struggling in a household where one or more members have a serious alcohol problem. The content is non-judgemental of either the parent or the reader and provides comfort and support with signposting to how to find further help. This resource is of the right length and complexity for the target audience.’
Women in academic medicine group

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 by the BMA’s medical academic staff committee (MASC).

It 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 also provides a forum for women to meet and support each other through the very successful bi-annual conferences, and through building strong links with other groups.

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.

Dr Carmen Soto
Chair, women in academic medicine group
info.masc@bma.org.uk
Starting secondary school comic
Cystic Fibrosis Trust, September 2016

The comic was created for 10-11 year olds living with CF (cystic fibrosis) before they start secondary school and is part of a wider suite of resources which include information for parents and teachers. This can be a time of heightened anxiety as, on top of the usual stresses of starting a new school, children will often be expected to start taking more responsibility for their medications at school. It is also a time when many young people tell us that they first feel as though CF is ‘holding them back’ as hospital admissions may become more frequent and physical activity may become more difficult. We wanted to create a fun, youth-led resource which would help children with CF navigate these anxieties in a light-touch way. Following advice from our Youth Advisory Group it was important to take a holistic approach and embed CF information alongside advice about increasing homework, making friends and mental health. Case studies from other young people with CF are included to reduce the isolation felt by children. The comic also includes stickers which signpost to child-friendly information about CF that children can give to friends.

‘This is an excellent resource which is clearly targeted at a life-stage event. The practical tips are based on the experiences on the youth advisory team who contributed to the resource. The production standard is high, and the resource is readable and usable. There is a good mix of content including funny facts, tips on stress and a weekly planner.’

Stay active, stay well (online and a DVD)
British Lung Foundation, February 2019

The audience is people with a long-term lung condition who want to keep active or are interested in helping to self-manage their condition, once they’ve been cleared by a health care professional to exercise. The aim of the information is to encourage people to exercise at a level that’s right (and safe) for them. The online pages and the DVD and its insert can help people exercise in their own homes or can be used by a group, perhaps once a pulmonary rehabilitation programme has finished. This sort of exercise leads to clinically significant reductions in breathlessness and fatigue and improves their mood and quality of life. The film includes information about how to exercise safely and shows breathing techniques. The exercises are demonstrated by people with different capacities to exercise, encouraged by a respiratory physiotherapist. The insert includes safety tips, a prompt to set goals and an activity diary as well as contact details if people have questions.

‘It has been reviewed and commented on by a wide range of users and groups involved in the previous version as well as formal patient representatives. The content is very good and includes very good caveats about the possible dangers eg chest pain.’

The Children’s Trust Brain Injury Community Service Animation and Leaflet
The Children’s Trust, May 2018

Our new Brain Injury Community Service animation was primarily developed to help children and young people affected by brain injury, and their families, understand the support available to them via our dedicated community service. It was also developed to help professionals involved in their care understand how the service works and is funded. The intended audience was primarily children and young people, and their families, and healthcare professionals and funders. The animation was produced in conjunction with a multidisciplinary team of health professionals employed by The Children’s Trust who work to support children and people affected by brain injury, and their families. A number of service users (patients and their families) were actively involved in the development of the animation and the printed materials. The animation was also reviewed by several other service users before it was launched via face to face feedback. Additional service user case studies were also developed in conjunction with the children and young people we support, and their families, and used across our website to support the launch of the animation.

‘This is an engaging resource, that is part of the charity’s relaunch of its community service. It is well-produced and relevant, with a typical case study included. The video animation works well, is the right length to give enough information and is entertaining and dynamic. It also emphasises the effect of brain injury on quality of children’s lives – eg school, friends, family.’

The Itchy-saurus
Dr Rosie Wellesley and Pavilion Books Ltd, February 2018

Eczema affects a fifth of children in developed countries and its prevalence is increasing. Managing eczema takes time and can be stressful for parents and children alike and requires tenacious self-care. Commercially available picture books are often used to help children understand an issue (the arrival of a new sibling; toilet training, etc), yet children’s bookshops had no picture books
Programme and Award Winners

Programme and Award Winners

about eczema. Many of the educational tools about eczema management are targeted at the parents not the children. We wanted to produce a high quality picture book where eczema features in the story. Its aim was to be fun enough to read for pleasure but to also have an educational message that normalises eczema for those who have it, while familiarising others with the condition. Most importantly, we wanted the illustrations to be appealing and of excellent quality: it has to be a book that parents and children have the chance to fall in love with and want to re-visit for its own sake.

‘This is a wonderful, well-written story and I can imagine it will appeal to young readers. Most importantly young children will understand the need to avoid scratching and allow parents to bathe them and put cream on their body. Also, the book deals very nicely with ‘feeling irritable’ and ‘angry’. Eczema can impact on their quality of life and sleep and this book deals with these areas very well.’

Their story, your choice
Terrence Higgins Trust, February 2018

Their Story, Your Choice is a pioneering new way of using interactive film to tackle HIV stigma in black African communities who are disproportionately affected by HIV. By inviting the viewer to participate and make choices for the characters, Their Story, Your Choice challenges assumptions and attitudes around HIV. The films seeks to encourage behaviour change in relation to HIV testing and treatment in order to reduce undiagnosed HIV and late diagnosis and encourage HIV testing. The aim is to amplify the voices of those living with HIV and to promote healthy relationships. Three interactive films were made using actors to portray facts, characters, relationships and lived experiences of black African people living with HIV in the UK. The films use innovative digital technologies together with a popular tradition in black African communities, that of story-telling. HIV stigma is a major barrier to black African people testing for HIV and contributes to high rates of late diagnosis. Each story in the films has various possible outcomes depending on choices viewers make for the characters in the film. Themes cover: disclosure/talking about HIV in relationships, late diagnosis, dating, and abuse. The films have been designed to be watched online on mobile phone, tablet or computer. Each film has eight possible endings depending on the choices viewers make for the characters in the films. At the end of each storyline, viewers are encouraged to go back to the beginning and try out different choices. The films were scripted in a compelling ‘soap opera’ style and geared to appeal to a wide range of audiences to enable stealth-like learning. The films are subtitled to support low literacy, English as a second language and silent viewing. Viewers are encouraged to share the films on social media, post questions to the charity in confidence, or take an HIV test.

‘I enjoyed reviewing this fantastic resource with a great interactive style. I like the high-quality production of the videos. Well done to the team involved. This is an interesting resource which has been well-designed by THT and is a good example of user involvement. It is exceptional.’
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 5 March 2019.

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.
Thinking ahead: planning for your future with advanced liver disease
British Liver Trust, December 2018

This publication aims to make difficult conversations less frightening and easier to navigate, and to dispel some common misconceptions. Importantly, this is a resource for both those who are living with life-limiting liver disease, and their loved ones. It enables the patient to confidently make important decisions around their future care, and to come away feeling empowered and more in control of the options available to them. It aims to help people feel confident enough to ask questions or simply feel reassured that they have the right to change their minds about their care at any time. We hope it empowers people to take responsibility for their own health, and to plan for their future, by providing information on how they can ensure loved ones are aware of their wishes should they become too unwell to act for themselves. One of its main objectives is to reframe commonly misunderstood terms such as ‘palliative care’ and ‘hospice care’ in a way that helps people understand this support is available to them at any stage of a life-limiting illness. It is very important this audience understands a hospice is not simply ‘somewhere you go to die’ and that palliative and hospice care is available to anyone with a life-limiting illness, regardless of what that condition may be.

‘This is an excellent leaflet, in its purpose, content and tone, and the way it has been developed. The organisation involved experts with a range of roles, experience and viewpoints. Users were involved at several stages of development, not just at the beginning and end. It is well-thought out, giving information explaining what might happen, choices and benefits, so that people are well-informed and can decide for themselves. The leaflet is not afraid to mention extremely sensitive and challenging topics but phrases such as ‘when you are ready and ‘you would wish to’ create a realistic yet gentle, supportive tone. The leaflet has two intended audiences, people with liver disease and their loved ones, and users were involved representing both groups. The BLF have taken a difficult and sensitive subject and conveyed information in a gentle yet informative and supportive way. I have taken a professional interest in patient information leaflets for several years now, and this is one of the best I have seen.’

Tidings
Colostomy UK, September 2018

Tidings is aimed at ostomates, their families, friends and carers. It is also used as a resource by healthcare professionals, in particular stoma care nurses. Tidings’ primary objective is to provide emotional and practical support to people with stomas or who are due to have stoma surgery. Each issue comprises regular features. These include: ‘Real Lives’ stories where ostomates share their experiences and explain how they have confronted and overcome the challenges that life with a stoma can present; articles written by healthcare professionals, tackling everything from preparing for reversal surgery to preventing parastomal hernias; ‘Dear Nurse’, where readers can gain advice on stoma management related issues and common problems (such as leakage and sore skin); pieces on more general aspects of mental and physical wellbeing (such as ‘getting active’ and safe exercising for ostomates and dietary advice).

‘This is a great resource pretty much written by patients for patients. Patients as experts seem to be the main focus and the articles are written by them in an authoritative and ‘professional’ but patient-focused way. This resource is widely disseminated and the number of people it reaches is very impressive.’

Treatment add-ons
Human Fertilisation and Embryology Authority (HFEA), July 2017

Since the Human Fertilisation and Embryology Authority (HFEA) was established in 1991 we have provided clear, impartial information for all affected by fertility treatment. With expert advice from our Scientific and Clinical Advances Advisory Committee (SCAAC) we have developed information about treatment add-ons. Feedback informed us that fertility treatment add-ons – additional therapies and techniques which are claimed to increase the chance of pregnancy and birth from IVF were being increasingly offered to, and requested by, patients. In response, we worked to produce patient focussed information for our new website (launched in 2017) about a wider range of add-ons, introducing a simple labelling system to highlight their levels of effectiveness and potential harm. We want to increase lay people’s insights into the science behind treatments and the evidence base for different treatment types, so that they can make informed decisions about their treatment options.

‘An excellent resource which is designed to give very specific information which has variable evidence to support it. The information is clear, unambiguous and I feel ideally presented to those who are considering it and need clean and usefully presented information to assist them with their very challenging decisions.’
UK Paruresis Trust website
The UK Paruresis Trust, December 2017

The website is a source of information about paruresis for sufferers, the people who support them, and health professionals; a resource to help people experiencing paruresis to find the best ways to deal with their condition; an opportunity to be in contact with other people in similar situations via the forum; a chance to find out about other people’s experiences. The website was designed by a local company working with trustees, volunteers, honorary advisors, and our part-time staff member, all of whom have had paruresis and have attended workshops making us a totally user-led organisation. We collectively made amendments, agreed wording, agreed design and scope, and changes were made until all agreed and the website went live. Other users of the service provided case studies. The process is ongoing, and changes are still made to the website in response to feedback from users, volunteers, advisors, trustees etc.

‘I think this resource is a very good one. There is very little information on this subject for people with this condition and this resource fills a huge gap. This strength of this resource is that it is user led but appears to have good professional input too. Dissemination is good: I love the idea of advertising on the back of motorway toilets!’

Understanding risk factors series
(Understanding physical activity, Understanding smoking, Understanding stress, Understanding blood pressure, Understanding cholesterol, Understanding Type 2 diabetes, Understanding your weight)
British Heart Foundation, September 2018

Risk factors can raise your risk of developing heart conditions and include things like high blood pressure, high cholesterol, Type 2 diabetes, smoking, stress, being overweight, and being physically inactive. The more risk factors you have, the more likely you are to develop heart and circulatory diseases like heart attack or stroke. The intended audience for this resource is patients who have been told by their healthcare professional that they have a risk factor for heart and circulatory disease. Patients are more likely to engage with basic, introductory information that focuses on understanding their diagnosis and why making small changes will improve their health. Patients found colourful, graphic-led design engaging and motivating and preferred simple front covers featuring something they recognised which linked to the inside content. This helped them identify the resource as something for them, making it more likely they would pick it up and read it. Concertina style format was also widely preferred over booklet format. A concertina allows a patient to see all the information laid out before them, sparking interest and aiding navigation. This format is also considerably cheaper to produce. Putting all of these findings together, our overall goal was to create a suite of seven resources that would help patients understand their risk factor(s) in a way that was not only clear and easy to follow, but also colourful, graphic led, and approachable.

‘These resources are aimed at those with risk factors and divided up so that those with particular risk could access material most relevant to them. It includes frequent quotations from patients on strategies they found helpful eg eating frozen yogurt instead of ice cream. The age and first name of the tip contributor is given, making the document more real. They are very clear and readable documents, amply illustrated with good simple messages.’

Understanding what influences your mental health and wellbeing
Northumberland, Tyne and Wear NHS Foundation Trust, February 2018

This resource aims to help people and families using mental health services to understand what is important to their mental health and wellbeing and to make informed decisions about their care and treatment. The booklet asks readers to think about their key mental health issues, their strengths and support around them, and ways forward to make changes. Service users, carers, and staff who are delivering formulation-based training and care planning have been involved from the beginning to clarify the purpose of the booklet, main messages, and appropriate language. The draft booklet was revised several times before publication. Northumbria University Experts by Experience Research Group and Northumberland, Tyne and Wear service user and carers designed and influenced the content of the booklet and its implementation. This enabled the embedding of strength-focused language and suggested ways forward that are driven by the service users themselves.

‘Nice easy to read information sheet with a clear easy to follow step-by-step process for patients to determine their triggers to situations. There is a page to document these points and to formulate a plan.’
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.

Access to electronic resources is available to BMA members and 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 unique strength of the BMA Library service lies in its customised, adaptive and integrated nature which makes it one of the top benefits of membership and underlies its recognised value as a member recruitment and retention tool. It is also committed to supporting the work of all BMA departments through the special staff collection.

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

Two 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. Our Peer support service offers 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. They are given the details of one of our team, who are experienced in supporting colleagues. Ongoing conversations can be arranged at mutually convenient times.

Our peer support doctors can provide reflective space. They can signpost, if appropriate, to other sources of support.

Our doctors do not provide diagnoses or treatment, it is not an emergency service.

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 Peer support service, we offer confidential emotional 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 over 700 doctors going through what can be one of the most stressful times of their career.
Using a syringe driver animation
Marie Curie, April 2018

Many people living with a terminal illness have medicines through a syringe driver at some point in their illness. Syringe drivers are safe to use and can be a very effective way to manage symptoms. However, we know that many people have fears about having a syringe driver — eg, they may worry that having a syringe driver will make them die more quickly. We wanted to reduce anxiety about syringe drivers and reassure people that they can help manage symptoms without hastening death.

We created an animation to complement our online written information. We know that anxiety about syringe drivers persists even when people receive information about how they work. Using animation allowed us to influence the way that the user receives these messages more than we could through written content. To make the animation reassuring and informative, we selected a warm, expert voice to record the voiceover, and a clear but friendly graphic style. The animation was created for people living with a terminal illness and those important to them, including family members, friends and carers. There are subtitles which can be helpful for people with hearing impairment.

The voice over is scripted to be stand-alone audio information which blind and partially-sighted people may find helpful.

‘Clear concise resource. Easy to understand. Good animation. Website and helpline at the end. Includes voiceover and subtitles for those with hearing impair.’

Which? Later Life Care
Which?, March 2018

Which? Later Life Care is a free website from the consumer organisation that enables people to make decisions about care choices for later life. The site offers a unique blend of practical advice guides, real-life stories and tailored step-by-step tools to provide support, guidance and trusted information for people making decisions at an often emotional and difficult time. More than forty guides provide guidance on home care, financing care, housing options and end of life. There is also a section for family carers, to give them the support that they need as well as for those they are caring for. The information aims to provide the right details at the right time, depending on people’s needs. To aid with their decision making, the site provides videos, checklists and downloadable information to share with others. We also signpost people to other charities and organisations where they can get more detailed support. Real-life stories across the site give the human side of what can often be emotional and difficult decisions. A care services directory enables people to search across the UK for local care homes, domiciliary care agencies and support for people living with dementia. Furthermore, the tool helps self-funders calculate how long their funds will last and what their choices will be. Depending on the outcome, we provide next steps information to lead them on to appropriate guidance.

‘A great resource for older adults and their families to get clearly written explanations of all the issues related to care in later life. It has used a good spread of relevant experienced professionals and representatives. Patient stories used throughout to illustrate the information being given. The patient/client/family stories illustrate how difficult it can be to navigate the care system and how complicated, expensive and limited it can be. It shows the pitfalls which website users can be aware of and prepare for.’

Workplace Mental Health
Bupa UK, September 2017

The Workplace Mental Health hub is a suite of free, publicly available online information. There are two broad intended audiences: employees and employers. The information for employees aims to: give basic information on what mental health is and explain some common conditions; introduce the concept of workplace mental health and outline its importance to personal wellbeing; empower and inform them so they can proactively look after their own mental health at work and signpost to relevant external sources of information.

The information for employers aims to give a comprehensive view of workplace mental health and to frame workplace mental health through preventive and reactive lenses: how to promote good mental health and wellbeing at work and react appropriately when someone becomes unwell. This resource empowers managers to take stock of their workplace’s approach to mental health, through an audit framework.

‘This is such an important resource for employees and employers. It offers a fantastic toolkit for employers to raise the profile of mental health in the workplace. Thank you for creating such a wonderful resource. I will be using it in my workplace. I like the lunch and learn resource kit which will help run a session at work. Well done; I hope lots of people get benefit from your resource.’
Young people who self-harm: a guide for school staff
Centre for Suicide Research, February 2018

Self-harm is one of the most important health problems in young people, with evidence of increasing numbers of youngsters, especially females, self-harming – possibly as many as between one in 10 and one in five. While suicide is relatively uncommon in the very young, self-harm is the most important risk factor. Self-harm presents major challenges for school staff, who are often the first to discover that a young person has been self-harming. The resource is intended to help school staff (teachers, support staff, school nurses and school counsellors) respond to students who self-harm or approach students who they think may be self-harming. It is presented in an accessible digital and hard copy booklet format and covers topics such as what self-harm is and why young people engage in this behaviour, who might be particularly vulnerable to self-harm, when to be concerned self-harm might be occurring, how to elicit likely level of risk, confidentiality, and strategies for managing self-harm, including examples of helpful questions or statements.

‘Key points boxes are provided on the pages about issues indicating a higher level of concern, and regarding confidentiality. This will help school staff focus on the most essential information on these more text heavy pages. The booklet is appropriately focused on the quality of life issues which are essential for understanding self-harm and responding to it helpfully. It is very readable and appropriate to target audiences. This is a really excellent resource. Thank you for producing it.’

Younger people with bowel cancer – a guide for the under 50s
Bowel Cancer UK, August 2018

This booklet is for anyone diagnosed with bowel cancer under the age of 50 and their family and friends. Bowel cancer is the fourth most common cancer in the UK. It’s more common in the over 50s, but it can affect people of all ages. More than 2,500 people under 50 are diagnosed with bowel cancer in the UK every year. This publication was initially developed alongside our Never Too Young campaign. The campaign is giving younger patients a voice and changing clinical practice and policy to stop people dying of bowel cancer under 50. The campaign found younger patients were not receiving information on topics that affected them and information that was available was targeted at older people. It aims to fill the gaps in information provision for younger people with bowel cancer. We include specific topics relevant to this audience such as telling children or your parents about a diagnosis, genetic testing, fertility

and the practicalities of living and working with and beyond bowel cancer. We have tried to represent the target audience by not only including them in the development of the booklet, but also including quotes and images throughout.

‘Excellent booklet, well-researched, evidence based, addressing an ascertained need, with good feedback mechanism. Very well-presented, clear and easy to read, well set out. Gives an unbiased view with further sources of information suggested.’

Your cancer treatment record
Cancer Research UK and UK Chemotherapy board, October 2018

Your cancer treatment record is a national patient-held record for people receiving SACT (systemic anti-cancer therapy). It aims to support patients when they are having treatment for cancer and is for anyone having SACT in the UK. Its purpose is to help people understand the treatment they are having and act as a communication tool between them and the healthcare professionals caring for them as well as to help them decide about when to contact someone about the side effects they are having. Until now, across the UK various different treatment records of variable standard and content have been used. The UK Chemotherapy Board recognised a need to develop a standardised approach adopting best practice from across the UK. A collaboration was formed with Cancer Research UK to develop, test and publish a National Treatment Record for patients receiving SACT. A booklet that patients could take to their appointments, to their GP or emergency medicine. Patients and healthcare professionals involved in caring for people having SACT were involved throughout the development process. To make the booklet more engaging and easy to understand it is written in plain English and we have used images/graphics when possible.

‘I think this a wonderful example of a booklet/resource that promotes collaboration between patients and clinicians, I really like the amount of space for both to write or add material as they see fit so it becomes a very useful document for both to consult and use to generate discussion and thought. It is well laid out and full of good material and the evidence base appears to be very good.’
Reviewer of the Year Award
This award is chosen by the judging panel to acknowledge the work of our many volunteer reviewers who complete a detailed structured appraisal form. This award is made from the reviewers of the shortlisted books and is based on the thoroughness and insightfulness of the review.

Special award – accessibility
This award is for a resource which uses accessible information or uses adaptive information.

Special award – children
This award is for resources which are aimed at children and which are innovative or particularly well-suited for their audience.

Special award – community care
This award is for resources which address and demonstrate innovative approaches to community care.

Special award – decision-making
This award is for resources which facilitate the patient decision-making process. This should be the main intention of the resource and the resource should show clearly how this is to be achieved. We have made this special award in order to recognise the importance of improving patients’ ability to take responsibility for their health.

Special award – equality, diversity and inclusion
This award is for resources on issues related to the growing diversity of the medical workforce and patient population to highlight the benefits of creating a more equal and inclusive profession for doctors and for patients.

Special award – ethics
This award is for resources which deal with ethical aspects of patient care such as issues surrounding mental capacity, genetic screening, confidentiality etc. It can be either aimed at the individuals themselves or their carers or could be a training resource for professionals who work in this area.

Special award – innovation
This award is for a resource which presents or disseminates information in a new or original way which increases its impact. The winner of this award will score highly in terms of its content but will also show an innovative approach to its production or dissemination. This might include innovative use of technology (such as web animation or interactive web devices) to maximise engagement with the intended user or innovative use of technology to maximise the dissemination of the resource. It could also be a conventional printed resource. We have made this special award in order to recognise the importance of the measurement of impact.

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

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 – 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.
Patients and the communities which support them are experts by experience. Including them brings a new dimension to our work and thinking.

Across BMJ as a company, we work with patients and the public to co-produce the research we publish, as well as our critical comment, educational content, and annual events programme.

The BMJ was the first medical journal to be recognised as "Patients Included," and is now leading this movement across medical journals.
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The BMJ was the first medical journal to be recognised as “Patients Included,” and is now leading this movement across medical journals.
Commended resources

A series of films about chronic kidney disease
Guy’s and St Thomas’ NHS Foundation Trust, January 2019

Active fun for everyone: improving activity in children and young people with physical disabilities
Public Health Agency, February 2018

Adrenaline Factsheet
The Anaphylaxis Campaign, January 2018

AIR: RRP patient website
The Newcastle upon Tyne Hospitals NHS Foundation Trust, October 2018

Alcohol and you – a self-help guide
Northumberland, Tyne and Wear NHS Foundation Trust, March 2017

All about inflammatory bowel disease (IBD) – foldout
CICRA: better lives for children with crohns and colitis, September 2018

Be in the know
Diabetes UK, July 2018

Brain injury: a guide for parents
Headway – the brain injury association, February 2018

Can’t go in toilets when others are around?
The UK Paruresis Trust, September 2018

Cancer treatments and sepsis
Macmillan Cancer Support, October 2018

Could you change the future of cystic fibrosis?
Cystic Fibrosis Trust, May 2018

Employment Resources
The Brain Tumour Charity, November 2017

Explaining the NICE guidelines for diagnosing and managing pancreatic cancer
Pancreatic Cancer UK, August 2018

Finding high-quality health information: for patients and the public
NELFT NHS, February 2019

Freezing in Parkinson’s
Parkinson’s UK, November 2018

Liver disease: a guide for young people
Children’s Liver Disease Foundation, May 2018

Living well with ovarian cancer mini guides
Target Ovarian Cancer

Living with Addisons disease – a guide for people with Addisons, supporters and professionals
Addison’s Disease Self-Help Group (ADSHG), February 2019

Managing your bladder: A guide for people with MS
MS Trust, September 2018

My health my life: a symptom tracker and appointment planner for young people with IBD
CICRA: better lives for children with crohns and colitis, September 2018

My transplant tracker: patient app
Anthony Nolan, May 2018

Non-epileptic attack disorder (NEAD) film
Guy’s and St Thomas’ NHS Foundation Trust / Evelina London Children’s Hospital, August 2018

Our treatment stories videos
MS Society, May 2018

Pain and unpleasant sensations in MS
MS Society, October 2018

Pancreatic cancer and end of life care: information for people in the last few months, weeks or days of life
Pancreatic Cancer UK, March 2018

Physiotherapy advice multi-level spinal instrumentation
Salford Royal Foundation Trust, July 2018

Planning for the final stages of a long-term lung condition
British Lung Foundation, March 2018
Postpartum psychosis for carers
The Royal College of Psychiatrists, November 2018

Preparing for heart surgery
British Heart Foundation, February 2019

Recognising palliative care emergencies
Marie Curie, December 2018

Rheumatoid arthritis
Versus Arthritis, November 2018

Sex and MS (A guide for WOMEN & Sex and MS: A guide for MEN)
MS Trust, August 2018

Singing for lung health hub
British Lung Foundation, September 2017

Sleep tips and techniques for families who have a child with a brain condition
Cerebra and the Cerebra Centre for Neurodevelopmental Disorders, University of Birmingham, September 2018

So, you have back pain?
Impact Accelerator Unit, Faculty of Medicine and Health Sciences, Keele University, March 2018

Supporting someone with IBD: a guide for friends and family
Crohn's & Colitis UK, March 2018

Talking therapy and counselling
Mind, June 2018

Teenage and young adults: Going home after transplant
The Royal Marsden NHS Foundation Trust, April 2018

Testing yourself for HIV needn’t be a chore campaign
Terrence Higgins Trust, June 2018

The man manual: men’s health made easy
Men's Health Forum, January 2019

Treatment guide series
Myeloma UK, January 2019

Understanding infection (fact sheet)
Bloodwise, May 2018

Understanding mental health problems
Mind, June 2018

Understanding scleroderma
Boehringer Ingelheim (sponsor) and Hamell Communications acting, April 2018

Urology patient information videos
Health and Care Videos, January 2017

What’s my cancer risk?
Cancer Research UK, March 2018

What causes breast cancer?
Breast Cancer Now, February 2019

What is blood cancer? (animation)
Bloodwise, January 2019

When your baby dies: a particular kind of grief
Child Bereavement UK, February 2019

Woman’s Own magazine
Cancer Research UK, February 2018

Your axial spondyloarthritis (AS) journey
National Ankylosing Spondylitis Society (NASS), May 2018

#BeAChildCancerFriend
– for friends of parents of a child with cancer
Children’s Cancer and Leukaemia Group (CCLG), September 2018
Patient Information Forum – high quality health information for all

PIF (Patient Information Forum) 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 has access to high-quality healthcare information and support to enable them to make informed decisions about their health, wellbeing and care.

We are the UK membership organisation and network for people working in, and involved with, healthcare 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.

QUALITY – We raise standards and highlight good practice in the production and provision of healthcare information and support

INTEGRATION – We campaign for high-quality healthcare information and support to be an integral part of the patient journey

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

IMPACT – We promote the need to evaluate the impact of high-quality healthcare information and support

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

We provide a range of services, practical resources, tools and guidance for members and the wider health information community. These include a website, weekly email newsletter, events, resources and publications.

We facilitate opportunities for our members to discuss key issues, find solutions, share their expertise and support each other.

To find out more about PIF visit us at www.pifonline.org.uk or follow us on Twitter @PiFonline
Guest list

Professor Raanan Gillon, BMA president and guest of honour

Ms Chloë Ainsley, Cystic Fibrosis Trust
Mrs Julie Al-siali, Bristol Adult Cystic Fibrosis Centre
Ms Jacqueline Ali, Cystic Fibrosis Trust
Mr Tom Allard, MS Trust
Mrs Ann Allcoat, UK Paruresis Trust
Mrs Sonia Allen, The Children’s Trust
Miss Madalena Almada, Anthony Nolan
Mr Tom Bishop, Anthony Nolan
Mr Jason Biss, Breast Cancer Care
Mr Andy Blake, BMA
Ms Charlotte Bloodworth, Univ Hospital of Wales
Mrs Rachel Baker, The Anaphylaxis Campaign
Ms Samantha Bandak, Independent Age
Ms Kathryn Barber, St Elizabeth Hospice
Dr Hannah Barham-Brown, BMA
Miss Caroline Barker, Terrence Higgins Trust
Ms Alice Baron, Myeloma UK
Ms Felicity Barr, Diabetes UK
Ms Nina Barry, BMA
Miss Rebecca Holt, St Nicholas Hospice Care
Mrs Lesley Bentley, BMA, chair of patient liaison group
Mrs Nicki Bickford, Guy’s and St Thomas’ NHS Trust
Dr Richard Biddle, Colostomy UK
Mr Tom Bishop, Anthony Nolan
Mr Jason Biss, Breast Cancer Care
Mr Andy Blake, BMA
Ms Charlotte Bloodworth, Univ Hospital of Wales
Mrs Rachel Boothman, Motor Neurone Disease Association
Mr Julian Bose, Inspire Cornwall
Mrs Jan Bostock, Northumberland, Tyne and Wear NHS Trust
Ms Julia Bott, Kent Surrey Sussex Academic Health Science Network
Dr Anne-Marie Bougeard, Royal College of Anaesthetists
Mrs Grete Brauten-Smith, Breast Cancer Care
Prof Lucy Bray, Edge Hill Univ
Ms Sarah Brealey, British Heart Foundation
Ms Amanda Brett, Nacoa
Ms Sally Brett, BMA
Dr Hannah Bridges, HB Health Comms
Mrs Rosemary Brierley, Colostomy UK
Miss Grace Brocklehurst, The Anaphylaxis Campaign

Ms Catherine Brown, Public Health Agency for Northern Ireland
Ms Emma Callery, Which?
Miss Laura Campbell, Impact Accelerator Unit, Keele Univ
Mr Paul Carless, Bloodwise
Dr Alison Carr, Hamell Communications
Prof Bernie Carter, Edge Hill Univ
Mrs Juliette Carter, Cystic Fibrosis Trust
Ms Emma Cassells, Bromley By Bow Health Partnership
Dr John Chisholm, BMA
Miss Enna Christmas, Bowel Cancer UK
Dr Ka Wing Chu, Manchester Univ
Mrs Louise Coghlin
Mr James Cooper, Cystic Fibrosis Trust
Miss Amy Corkery, British Heart Foundation
Mrs Helen Corsi-Cadmore, The Ectopic Pregnancy Trust
Mr Mike Cotts, VerdiCotts Design
Miss Maria Coyle, The Children’s Trust
Ms Michele Crooks, Public Health Agency for Northern Ireland
Ms Nicola Crobbie, Derriford Hospital
Mr Jamie Cross, Anthony Nolan
Ms Lorraine Dallas, Roy Castle Lung Cancer Foundation
Ms Teresa Davies, Deep network, innovations in dementia
Mrs Sharon de Botte, Karger Publishers
Miss Flora Death, formerly of Independent Age
Ms Trishna Dhillon, MS Society
Miss Sally Dickinson, NASS
Dr Eleanor Draeger, BMA
Mr Neil Dunnicliffe, Pavilion Books Publishing
Mr Andie Dyer, Terrence Higgins Trust
Ms Caroline Eason, BMA
Miss Yinka Ebo, British Heart Foundation
Mr Dominic Edwards, Terrence Higgins Trust
Ms Emma Elvin, Diabetes UK
Mrs Helen Elwell, BMA
Ms Elena Fabbriani, Royal College of Anaesthetists
Mr Andrew Fear, STARS
Mrs Julie Fear, STARS
Ms Kelly Finn, Which?
Mrs Kate Firestone, Cancer Research UK
Ms Clare Foster, Freelance health editor
Dr Romayne Gadelrab, South London and Maudsley NHS Trust
Ms Ashley Gamble, Children’s Cancer and Leukaemia Group
Mr Chris Gibbs, Northumberland, Tyne and Wear NHS Trust
Miss Annie Gilbert, Boehringer Ingelheim
Mr Will Gilbert, National Deaf Children’s Society
Ms Deborah Gilkes, NAM
Mrs Ropinder Gill, Lymphoma Action
Ms Tess Golding, Guy’s and St Thomas’ NHS Trust
Dr Lydia Grace, Mind
Miss Kerrina Gray, National Deaf Children’s Society
Dr Lucinda Green, The Royal College of Psychiatrists
Dr Vicki Gregory, Lymphoma Action
Miss Usha Grieve, Spinal Muscular Atrophy UK
Mrs George Halfin, Terrence Higgins Trust
Ms Jackie Guyler, Spinal Muscular Atrophy UK
Mr Graeme Henderson, Roy Castle Lung Cancer Foundation
Mrs Fiona Hammond, Hamell Communications
Ms Louise Henry, Cancer Foundation
Ms Bonnie Harris, British Liver Trust
Mrs Libby Herbert, Colostomy UK
Colostomy UK
Ms Rosemary Hammond, BMA
Mr Horacio Herrera-Richmond, Anthony Nolan
Mrs Emma Hetherington, Diabetes UK
Mrs Emma Knight, Diabetes UK
Mr Neil Higgins, Which?
Mrs Emma Knight, Diabetes UK
Ms Rosemary Hammond, British Medical Association BMA Patient Information Awards 2019
Ms Lanette Hammond, The Royal Marsden NHS Trust
Mr Paul Kemble, British Heart Foundation
Mrs Fiona Hammond, Hamell Communications
Mr Yacoub Khalaf, Guy’s and St Thomas’ Hospital
Dr Lydia Grace, Compassion in Dying
Ms Jackie Guyler, Spinal Muscular Atrophy UK
Mrs George Halfin, Terrence Higgins Trust
Ms Rosemary Hammond, BMA
Mrs Fiona Hammond, Hamell Communications
Ms Bonnie Harris
Prof Keith Hawton, Centre for Suicide Research
Ms Vanessa Hebditch, British Liver Trust
Mr Graeme Henderson, Roy Castle Lung Cancer Foundation
Ms Louise Henry, The Royal Marsden NHS Trust
Ms Libby Herbert, Colostomy UK
Mr Horacio Herrera-Richmond, Anthony Nolan
Mrs Emma Hetherington, Diabetes UK
Mr Neil Higgins, Which?
Miss Philippa Hobson, British Heart Foundation
Mr Matthew Hodson, NAM / aidsmap
Mrs Anne Hook, Lymphoma Action
Miss Emma Hook, Diabetes UK
Mr Will Howells, Terrence Higgins Trust
Mr Joe Howlett, Bowel Cancer UK
Ms Abi Howse, Bloodwise
Mr John Hubbard, British Lung Foundation
Miss Sharon Hu, Diabetes UK
Ms Rachel Hunter, Macmillan Cancer Support
Mr David Hunt, Breast Cancer Care and Breast Cancer Now
Ms Sascha Brooke Hutson, Diabetes UK
Prof Tim Illidge, The Christie NHS Trust
Ms Sarah Ings, Envision Pharma Group
Mr Henry Ireland, Breast Cancer Care
Ms Judith Irvine, British Lung Foundation
Ms Hilary Irving, Independent Age
Mrs Joanna Jacobs, The Children’s Trust
Mrs Katy James, The Children’s Trust
Ms Nicky Jayesinghe, BMA
Ms Fay Jeffery, Bupa UK
Mr Tom Jennings, Myeloma UK
Ms Helena Jidborg Alexander, MS Trust
Miss Danielle Johnson, The Anaphylaxis Campaign
Mr Nick Johnson, Novartis
Mrs Philippa Jones, NIHR West Midlands
Ms Natalie Kanji, MS Society
Dr Johnathon Kay, Anthony Nolan
Ms Ali Keay, British Liver Trust
Ms Mandie Kelly, Royal College of Anaesthetists
Mr Paul Kemble, Diabetes UK
Mr Yacoub Khalaf, Guy’s and St Thomas’ Hospital
Dr Minesh Khashu, Inspire Cornwall
Mr Aiman Khunda, Salford Royal Trust
Prof Bruce Kirkham, Guy’s and St Thomas’ NHS Trust
Mrs Emma Knight, Diabetes UK
Ms Ruth Knowles, Public Health Agency for Northern Ireland
Mr Michael Laffan, British Lung Foundation
Ms Abie Laidlow, Nacoa
Dr Ira Laketic-Ljubojevic, Myeloma UK
Mrs Lauren Lakritz, Lymphoma Action
Ms Helen Leech, Mind
Ms Gemma Leigh, MS Trust
Mrs Hayley Leonard, Anthony Nolan
Dr Ira Laketic-Ljubojevic, Myeloma UK
Mrs Lisa Patterson, St Nicholas Hospice Care
Ms Rhianne Long, Marie Curie
Mr Jose Luis Luna Flores, Boehringer Ingelheim
Dr Kirsten Mackay, Torbay and South Devon NHS Trust
Mrs Nargis Mandry, Patient information consultant
Ms Melanie Martin, Guy’s and St Thomas’ NHS Trust
Ms Morwen Masterton, Marie Curie
Mr Peter McCabe, Headway – the brain injury association
Miss Athena McCallum, Lymphoma Action
Mr Newton McGrath, Bloodwise
Dr Helena McKeown, BMA, chair of the ARM
Mr Arthur McVeigh, Public Health Agency for Northern Ireland
Ms Hope Mears, BMA
Ms Susanne Meister, Karger Publishers
Mrs Addie Mitchell, Breast Cancer Care
Ms Marie Montague, BMA
Ms Julie Moore, Respicare Ltd
Ms Bernadette Morabito, Breast Cancer Care and Breast Cancer Now
Miss Anya Muir Wood, Anthony Nolan
Ms Linden Muirhead, MS Trust
Mr Takudwa Mukiwa, MS Trust
Dr Chaand Nagpaul, BMA, chair of council
Mrs Kate Nash, Bowel Cancer UK
Mrs Nicole Naylor, Patient Information Forum
Mrs Emily Newsom-Davis
Mrs Jodie Nightingill, Bloodwise
Ms Karla Nihat, Addenbrookes Hospital
Miss Jennifer Noel, Compassion in Dying
Ms Dee Noonan, The Royal College of Psychiatrists
Ms Maxine Norrish, Cruse Bereavement Care Cymru
Mr Jeremy O’Bien, Hamell Communications
Mrs Karen O’Rourke, Northumberland, Tyne and Wear NHS Trust
Dr Catherine Oakley, Guy’s and St Thomas NHS Trust
Ms Marusela Oliveras Salva, Guy’s and St Thomas’ NHS Trust
Miss Claire Oliver, Anthony Nolan
Miss Genevieve Osei-Kuffuor, Macmillan Cancer Support
Mrs Munira Oza, The Ectopic Pregnancy Trust
Mrs Sam Page, The Ectopic Pregnancy Trust
Ms Sarah Panzetta, South London and Maudsley NHS Trust
Ms Maya Parker, Nacoa
Ms Sarah Parker, British Heart Foundation
Ms Lydia Parkin, MS Trust
Mrs Mandy Parks, Impact Accelerator Unit, Keele Univ
Mr Roger Pebody, NAM
Ms Rian Penford, Torbay and South Devon NHS Trust
Mrs Diana Perry, Ectodermal Dysplasia Society
Mrs Kerry Phelps, Alzheimer’s Society Cymru
Dr Trevor Pickersgill, BMA, treasurer
Ms Imogen Pinnell, Jo’s Cervical Cancer Trust
Ms Rachel Power, The Patients Association
Ms Kimberley Preston, Attitude Performing Arts School
Ms Amy Price, BMJ, patient editor (research and evaluation)
Mr John Price, British Lung Foundation
Miss Tess Rallison, Macmillan Cancer Support
Mr Tom Rapanakis, BMA
Mrs Alison Raven, Breast Cancer Care
Ms Janet Reed, BMA
Mrs Lynne Regent, The Anaphylaxis Campaign
Miss Joana Reis, Hamell Communications
Dr Ruth Renfrew, Marie Curie
Ms Emily Richardson, Motor Neurone Disease Association
Mr Nick Ridgman, Bupa UK
Ms Debbie Ripley, Marie Curie
Ms Helen Robinson-Gordon, BMA
Ms Lizzy Rodgers, Target Ovarian Cancer
Ms Judith Rogers, British Lung Foundation
Ms Libby Roper, Spinal Muscular Atrophy UK
Mr Jeremy Rose, NELFT NHS Trust
Ms Katie Russell, Rape Crisis England & Wales
Ms Liz Ryburn, Spinal Muscular Atrophy UK
Ms Naomi Ann Salisbury, Self Injury Support
Mr Darshan Sanghrajka, Super Being Labs
Miss Kathleen Sarsfield Watson, Human Fertilisation and Embryology Authority
Mr Richard Scholey, MS Society
Dr Knut Schroeder, Expert Self Care Ltd
Mr Ollie Scott, Royal College of Physicians
Ms Hannah Scott, ASone
Mr Kawaldirp Sehmi, International Alliance of Patients’ Organizations
Ms Jude Sellmeyer, Motor Neurone Disease Association
Ms Juliet Seward, Motor Neurone Disease Association
Mr Jamie Sheldon, MS Trust
Ms Claire Shinfield, Children’s Cancer and Leukaemia Group
Dr Chun Chiang Sin Fai Lam, South London and Maudsley NHS Trust
Mr Gurudas Singh, BMA
Mr Andrew Smith, UK Paruresis Trust
Ms Holly-Rae Smith, Cystic Fibrosis Trust
Ms Vicki Smith, BMA
Mr Mike South, Freelance videographer
Miss Alex Staff, British Lung Foundation
Mrs Clare Stafford, Charlie Waller Memorial Trust
Miss Megan Stansfield, Breast Cancer Care
Dr Anne Stewart, Univ of Oxford
Mrs Lindsay Sudell, Salford Royal NHS Trust
Dr Hilary Swales, Royal College of Anaesthetists
Mrs Janice Sykes, MS Trust
Ms Jane Teather, JETDoc
Ms Louise Tehran, Salford Royal NHS Trust
Miss Emma Thistlthwayte, Royal Marsden Hospital
Dr Philip Timms, The Royal College of Psychiatrists
Ms Lucy Trevallion, British Heart Foundation
Mr Matthew Tuck, BMA
Mr Kozan Turgut, MS Society
Mrs Rebecca Twigden, Salford Royal NHS Trust
Ms Rachael Twomey, Macmillan Cancer Support
Miss Rosie Vare, National Deaf Children’s Society
Mrs Danielle Vincent, Human Fertilisation and Embryology Authority
Dr Lorna Wales, The Children’s Trust
Mr Frank Walters, Hamell Communications
Mr Chris Warburton, British Lung Foundation
Dr Dale Webb, National Ankylosing Spondylitis Society
Mr Simon Webster, MS Trust
Dr Rosie Wellesley, St Andrews Health Centre and freelance illustrator
Ms Alison Whittam, MS Trust
Ms Jenny Whittington, BMA, deputy chair, patient liaison group
Mrs Jill Williams, Myeloma UK
Mrs Salena Louise Williams, Univ of the West of England/UH Bristol NHS Trust
Dr Claire Winchester, MS Trust
Ms Hazel Woodland, British Liver Trust
Mr Richard Wyatt-Haines, Health and Care Videos
Ms Rachel Yarham, Bloodwise
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 13 research grants totalling just over £845,000 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 novel mechanisms in complex diseases, opening the door to new and more targeted treatments. This has ultimately raised clinical standards, disease outcomes and improved patient care.

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 HC 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

BMA Foundation for Medical Research

www.bmafoundation.org.uk
Buffet lunch

Pan-seared thyme and lemon chicken with roast summer vegetables

Goats cheese polenta cakes with garden pea and broad bean fricassee

Wellbeing salad with sweet potato, quinoa, broccoli and toasted seeds (Vegan)

Whole-wheat couscous with green lentil and caramelised onions (V)

Rhubarb and orange cheesecake pot

Wine and drinks

Goleta Sauvignon Blanc, Valle Central, Chile

Rocca Sangiovese, Puglia, Italy, 2017

Tea and coffee