

Whittington Health Trust Board
27 November 2013

Title:	Research and Innovation Annual Report		
Agenda item:	13/156	Paper	7
Action requested:	For information		
Executive Summary:	<p>The Research and Innovation Annual Report for Whittington Health describes activity mainly related to the National Institute for Health Research (NIHR) portfolio work as well as emerging innovation streams for the period 2012/13. There are currently 156 research projects registered on the research and development database. This includes student research and service development studies.</p> <p>Over the last year, 162 publications and presentations have been presented or published by Whittington staff. The full abstracts are included in the research output list where available, to give a flavour of the breath, depth and quality of recent activity.</p> <p>Recruitment into studies, the main indicator of study performance nationally, has declined over the last year at Whittington Health but this reflects changes in the complexity of the research portfolio locally. Whilst nationally recruitment is used as a performance measure to determine the success of clinical research sites, it is important to remain mindful of the long term benefit and added value research brings to the organisation i.e. increased value through enhanced reputation, increasing potential business through presenting innovative opportunities to our patients, attracting the best high performing staff and better clinical outcomes for patients.</p> <p>It is always our wish to increase our commercial activity and to engage more with commercial partners as a way of widening our portfolio for our patients and increasing our potential for innovation. Opportunities for commercial studies need to be exploited. We will continue to drive forward this agenda.</p> <p>Developments within the department this year have included a research mentorship scheme and a new series of seminars promoting and celebrating Whittington Health research led by one of our practice development nurses. Over the coming year,</p>		

	we will be working more closely with performance and information teams and the organisational development team to ensure that the research, innovation and quality agendas support organisational development and growth.						
Summary of recommendations:							
Fit with WH strategy:							
Reference to related / other documents:							
Date paper completed:							
Author name and title:		Senga Steel, Assistant Director of Research, Innovation and Quality and Robert Sherwin, Director of Research and Innovation		Director name and title:		Martin Kuper, Executive Medical Director	
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	



**Whittington Health Research and Innovation annual report
2012/2013**

Whittington Health Research: Investing in tomorrow today

Dr Senga Steel and Mr Robert Sherwin



1. Introduction

Whittington Health is committed to Research and Innovation and as an Integrated Care Organisation (ICO), we are ideally placed to undertake research that addresses the needs of individual patients within the context of an entire health economy. The research portfolio of Whittington Health reflects the hospital and community integration of care and within the last 12 months we have continued to increase the number of active research studies and engage with the Department of Health's agenda for innovation.

2. Whittington Health Research Portfolio

There are currently 156 studies that are active and registered with Whittington Health and of these 36 are National Institute for Health Research (NIHR) portfolio studies. This demonstrates an increase in last years activity where 126 projects were active, 26 of which were portfolio studies. Table 1 shows the range of portfolio studies currently active within each of the three clinical divisions. The research active specialties are beginning to reflect the wider organisation of the ICO, with prison health, speech and language therapy and child health as emerging themes.

There are many more student projects and other service development and service evaluation work ongoing within the trust. We will be working over the next year to create integrated programmes of such work that includes all Quality and Innovation work streams.

**Table 1 NIHR Portfolio studies and those registered during 2012/2013
Women Children and Families Division**

Study class	Study name	Study status	PI	Speciality
Portfolio	PIPS-probiotics in preterm babies	OPEN	Raoul Blumberg	Paediatrics
Portfolio	Building blocks	OPEN	Rachel Ambler (PIC)	Women's health
Portfolio	SHIFT	OPEN	David Pentecost	Psychological health (young people)
Portfolio	HELP	Closed to recruitment- In follow-up	Rachel Ambler	Women's health
Portfolio	RAPID	OPEN	Carolyn Paul	Women's health (PIC)
Portfolio	Smoking cessation and mental health in pregnancy	OPEN	Rachel Ambler	Women's health
Portfolio	DH PRP PRE pregnancy health and care	OPEN	Carolyn Paul	Women's health
Portfolio	Exploring informed choice within prenatal testing	OPEN	Carolyn Paul	Women's health
Portfolio	Study of haematology in newborns with Down syndrome (Paediatrics)	OPEN	Carolyn Paul	Women's health
Portfolio	BRIGHTLIGHT Do specialist cancer services for teenagers and young adults (TYA) add value? (Paediatrics)	OPEN	Wendy King	Cancer
Portfolio	International Collaborative Infantile Spasms Study (ICISS) (Paediatrics)	OPEN	Caroline Fertleman	Women's health
Portfolio	New methods of detecting problems in pregnancy (RAPID)	OPEN	Carolyn Paul	Women's health
Portfolio	Burnout in Improving Access to Psychological Therapy (IAPT) therapists	OPEN	Dorian Cole	Mental health
Portfolio	How do young men attach meaning to their high sexual behaviour	OPEN	Kavita Dass	Mental health
Portfolio	EndoFLIP	OPEN	Hasan Mukhtar	PIC
Portfolio	Developing a system for rating interactions observed in family therapy according to family domains	OPEN	David Pentecost	Mental health
Portfolio	Anxiety and Attention in Children and Young People who Stutter	OPEN	Sharon Millard	Speech and language therapy
Portfolio	Investigating Speech Therapy Provision in Haringey Schools	OPEN	Elizabeth Alsford	Speech and language therapy
Student	Attitudes of Neonatal Nurses towards Continuing Professional Development in Level I-III units	OPEN	Jane Langford	Paediatrics

Portfolio?	Child Heart and Health Study in England (CHASE): maternal medical record history	OPEN	Peter Whincup	External-public health)
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Integrated care and acute medicine Division

Study class	Study name	Current status	PI
In-house	Evaluation of Drs in training	OPEN	Rachel Landau
Portfolio	VoRAMMS	In set-up	TBA
Portfolio	SAFER-2	OPEN	ED consultant
Portfolio	Prognostic evaluation of IGRA-PREDICT	OPEN	Norman Johnson
Portfolio	DonaTE	OPEN	Myfanwy Morgan (external PIC)
Portfolio	MALCS (Cancer – lung)	OPEN	Sara Lock
Portfolio	DRN220 Landscape. Comparison of Basal Plus One vs Biphasic Insulin Regimens (Diabetes. Co-adopted by Primary Care)	In follow-up	Maria Barnard
Portfolio	Genetic Modifiers of Cardiac Iron Loading in Thalassemia Major (Cardiovascular)	OPEN	Farrukh Shah
Portfolio	BLISTER An RCT to compare prednisolone and doxycycline in bullous pemphigoid (Dermatology)	OPEN	Kathy Taghipour
Commercial study: Portfolio	A randomized, double-blind, placebo controlled, multicentre study of subcutaneous AIN457 to demonstrate efficacy at Week 12 compared to placebo and etanercept and to assess the safety, tolerability and long-term efficacy up to one year in patients with moderate to severe chronic plaque-type psoriasis	In set-up	Kathy Taghipour
Portfolio	SESAME A feasibility study of a self-management stroke programme (SMP); a cluster randomised controlled trial (Stroke) Home visits from Whittington site	OPEN	Sarah Padfield
Portfolio	RAPIDO (microbiology - infection)	OPEN	Michael Kelsey
Portfolio	CUBIST (microbiology – infection) A randomised, Double-Blinded, Active-Controlled study of CB-183,315 in patients with Clostridium Difficile Associated Diarrhoea	OPEN	Michael Kelsey
Student	The prevalence of resistance of Helicobacter pylori to antimicrobials at The Whittington Hospital	OPEN	Michael Kelsey
Single-site (whitt)	Smoking Cessation as Treatment for COPD	OPEN	Myra Stern
Prison study	Integrated Drug Treatment System Evaluation	OPEN	Gary Dymond (local collaborator)

External PhD	Cohesion of multidisciplinary teams (MDTs) in A&E	OPEN	Muna Awale
External PhD	UK standardisation for BICAMS	OPEN	Jeanette Trilling
Single site-Whitt only)	The association between ACE and uncoupling protein genotypes	OPEN	Ronin Astin
Portfolio	HPV vaccine uptake and socioeconomic indicators	OPEN	Mary Fox
Portfolio	The impact of delayed puberty on adolescent brain development	OPEN	Joseph Raine

Surgery/cancer and diagnostics Division

Study class	Study name	Current status	PI
Portfolio	Pathophysiology of pyuria in MS and OAB	OPEN	James Malone Lee
Portfolio	Nitrofurantoin for OAB	OPEN	James Malone-Lee
Portfolio	Microbiological ecology of urine infection in MS	OPEN	James Malone-Lee
Portfolio	Recurrent urine infection in MS	CLOSED	James Malone-Lee
Portfolio	SPOTLIGHT	OPEN	Martin Kuper
Portfolio	Symptoms of cervical cancer in young women	OPEN	No local PI
Portfolio	UKALL 2011	In set-up	Gopa Sen
Portfolio	Gene expression in sepsis	OPEN	Martin Kuper
Portfolio	FOXTROT (Cancer – colorectal)	OPEN	Pauline Leonard
Portfolio	SCOT (Cancer – colorectal)	OPEN	Pauline Leonard
Portfolio	NSCCG (Cancer – colorectal)	OPEN	Pauline Leonard
Portfolio	PuMiCC (Cancer – colorectal)	OPEN	Pauline Leonard
Portfolio	ET (Cancer – lung)	OPEN	Pauline Leonard
Portfolio	UKGPC Study (Cancer – prostate)	OPEN	Maria Vilarino Varela
Portfolio	CanTalk V3 (Cancer)	OPEN	Pauline Leonard
Portfolio	VANISH Vasopressin vs Noradrenaline as Initial therapy in Septic Shock (ITU)	OPEN	Magda Cepkova
Portfolio	Targit B (Cancer – breast) Trial of radiotherapy in higher risk breast cancer patients	OPEN	Jayant Vaidya
Portfolio	PERSEPHONE (Cancer – breast)	OPEN	Jayant Vaidya
Portfolio	POETIC (Cancer – breast)	On hold	Timothy Crooks
Portfolio	REACT (Cancer – breast) A Phase III Multicentre Double Blind Trial of Celecoxib versus Placebo in Primary Breast Cancer Patients	OPEN	Timothy Crooks
Portfolio	Supremo (Cancer – breast)	OPEN	Jayant Vaidya
Portfolio	HALT-IT Tranexamic acid for the treatment of gastrointestinal haemorrhage: an international randomised, double blind placebo controlled trial (co-adopted with ED)	In set-up	Rita Das
Portfolio	Multi-disciplinary clinical decision making in colorectal cancer teams	OPEN	Ms Lallita Carballo

Table 1: NIHR portfolio studies September 2013

Recruitment into studies

Recruitment into studies is the main metric that is used to demonstrate the performance of a research site and also the number of patients being recruited determines part of our funding allocation from the Local Clinical Research Network (LCRN). Over the last three years our year on year recruitment figures have fallen, however, this does not reflect the complexity of the Whittington Health research portfolio, which has changed as new studies open and old ones close. Recruiting a few patients to a highly complex study may demonstrate extremely good performance where as recruiting many people to a simple survey will increase the over all number but is relatively meaningless as a metric for performance.

Over the last year we have attempted to address this by actively seeking out studies that would suit our patient population and that investigators could run at Whittington Health.. We have invested research funds to support the appointment of a research nurse whose role has been to focus entirely on increasing recruitment at Whittington Health. We were looking at opening four new clinical trials as a result of the work undertaken but we are now unable to support the investigators in opening and running these trials, as the funding for this research nurse has stopped. We will be looking for alternative funding streams for this post. The table below shows the year on year recruitment of patients into NIHR portfolio studies:

Year	Number recruited
2010/2011	1091
2011/2012	804
2012/2013	571

Table 2: Whittington Health Recruitment into NIHR portfolio studies

Over the coming year we shall be seeking new funds to support improvements to recruitment to studies and in turn offer our patients a range of clinical research opportunities.

3. Funding for 2012/2013

Funding to support research activity at Whittington Health is awarded from the Comprehensive Local Research Network (LCRN) and the Department of Health (DoH). There are three main streams of funding.

Research Capability Funding (RCF) is allocated to research-active NHS organisations. This is proportionate to the total amount of other NIHR income received by that organisation and also reflects the number of NIHR Senior Investigators associated with the organisation. Research Capability Funding is also allocated to NIHR Clinical Research Networks for their local research networks, via the NHS organisations that host each local network.

The purpose is to:

- Help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability.
- Support the appointment, development and retention of key staff undertaking or supporting people and patient-based research.
- Contribute towards costs of hosting NIHR-funded or 'adopted' research that are

not currently fully covered across NIHR's programmes, and that are not met in other ways.

This financial year (2013/14) Whittington health was allocated **£158,530** in RCF.

The LCRN funding allocation to Whittington health for 2013/14 is **£226,549** and is allocated as follows:

£102,352 Salary support for named research nurses/staff engaged in NIHR Portfolio Studies.

£52,002 Salary support for new, vacant posts to recruit staff to support existing studies

£31,976 Support for service support departments, including Pharmacy, Radiology and Pathology (detailed in Appendix 3).

£19,624 Support for new research management and governance (RM&G) to support the roll-out of the harmonisation process to non-commercial studies, including the cost of study set up in pharmacy and radiology

£20,595 Corporate overheads of 10%.

Total R and D allocation (2013/14)- **£385.079**

As the allocations have been awarded quite late this year, the spending plan has not yet been agreed although the terms of expenditure are well defined and we are accountable to the LCRN to demonstrate that our spending plan is compliant with these prescribed terms.

Unfortunately, despite reporting that we were planning to open four complex new studies in the next year, no new money has been allocated by the LCRN Research Divisions to allow us to support these studies. As money is allocated to trusts on past performance and our recruitment into NIHR portfolio studies dropped off a little in the previous year (due to the closure of some complex trials) we are at disadvantage in terms of our ability to build on our current activity. We plan to submit an application through the appropriate LCRN Research Divisions to fill this gap and so enable us to open the studies .

4. Small grants

In the last financial year (2012-13) we have awarded 8 mini- grants. The mini grants are designed to pump-prime research that has the potential to attract NIHR grant funding at a later point. Often researchers struggle to attract research funding because either they have no initial pilot data or they have not tested their hypothesis in anyway It is therefore extremely important to enable talented investigators to develop and try out their ideas. The mini grants are allocated on a competitive basis and there are specific criteria are used to select projects and make these awards. The following summaries, outline the project plans of the grants awarded this year. Progress against these cannot yet be reported for all studies, as these grants have been awarded later in the year than expected .

1) An RCT video interaction study examining the impact of attending a psycho-educational antenatal group on the observed young parent infant relationship.



Investigator: Dr. Terjinder Kondel-Laws

Objectives: Our recent study (Kondel-Laws et al submitted, 2012) explored the impact of a new antenatal intervention called 'Baby World' on the subsequent mind-

mindfulness of participants as well as its impact on the parent - infant relationship. Offering training on brain development, and how the parent-infant relationship impacts this was a key focus of the class as well as taking a skills based approach to understanding the infant perspective on the world.

Design: Participants who had attended Baby World class and standard NHS antenatal classes (intervention group, N=21) were compared to those who had only attended standard NHS antenatal classes (control group, N=19).

Methods: A 'one off' three hour class was run in addition to standard antenatal care. A number of measures were administered to gather further information about mother - infant attachment. Furthermore, observations of the parent - infant interactions were recorded for 5 minutes. These were coded for mind-mindedness using a coding scheme developed by Meins (Meins et al. 2001, Meins & Farnyough, 2006).

Results: Participants in the intervention group used significantly more appropriate mind-minded (MM) comments than those in the control group. The intervention group also scored significantly higher than the control group on the absence of hostility and were reported to enjoy their babies more.

Conclusions: This research showed that the Baby World class had an impact on the way that parents *thought* about their babies in that they saw them as individuals with their own minds rather than merely an entity with needs to be satisfied. This project proposes to extend the 'BabyWorld' project to reach young first time parents to support their relationships with their babies. The poorer outcomes for children born to teenage mothers are not just in terms of their health, but also in regard to their behaviour, attainment and future economic well-being.

This pilot study aims to explore the findings outlined above with young parents. Funding so far has contributed to writing the ethics proposal, protocol, meetings with relevant agencies to agree recruitment of participants through Whittington Health. This grant has still has some monies remaining, however a further grant is sought to support the lead researcher's time to run the intervention groups.

Social and emotional health is about having the resilience, self-awareness, social skills and empathy that are required to form relationships and deal constructively with adversity as part of daily life. Around 7% of children aged 3 years can be expected to

show moderate to severe behaviour problems. A further 15% will have mild difficulties (Richman et al. 1982). Emotional and behavioural problems in early life are predictors of poor outcomes, such as delinquency and substance abuse, in later years. About two-thirds of children aged 3 years who show significant emotional and behavioural problems continue to have difficulties at 8 or 12 years (Campbell, 1995). Intellectual development and social and emotional health are strongly influenced by a child's experiences during their preschool years. Those who experience poverty or neglect are likely to be at increased risk of learning, behavioural and health problems throughout their lives (Tierney and Nelson, 2009). By being aware of one's own mind and the minds of others; infants, toddlers and young children can begin the journey through childhood in a more resilient socially skilled way that relies less on behavioural difficulties as an expression of internal conflicts.

A positive child-parent relationship is particularly important for brain, social and emotional development (for example, Fonagy et al. 2005). The degree of parental and family interaction – and how positive or negative it is – accounts for as much as 30–40% of the variation in antisocial behaviour among children (Patterson et al. 1989). A range of preventive strategies can help improve the mental wellbeing of children and their families, this includes activities to raise self-esteem and to improve the child-parent relationship (Barlow and Parsons 2009). The study described above has gone some way to effect such change with an intervention that is time efficient and cost effective. The costs of not intervening to ensure or improve the social and emotional wellbeing of children and families are significant for both them and wider society (Action for Children and the New Economics Foundation, 2009). Some evidence shows that the health savings gained by intervening tend to be small compared to the benefits for the criminal justice system, education and welfare services (Scott et al. 2001).

Recent research suggests that vulnerable groups still face barriers when it comes to uptake of services (particularly health support). Vulnerable groups include lone and young parents (Audit Commission, 2010).

Research Question:

Do young parents who attend the Baby World class as well as standard antenatal NHS classes (intervention group) make significantly more appropriate MM comments during observed parent - infant interactions than participants who attended only their standard NHS antenatal classes (control group).

Based on the study outlined above, the effect size for showing a difference between the intervention and control groups on Mind Mindedness was large 0.88 and with α set at 0.05, the current study would need to recruit 20 controls and 20 young parents in the intervention group with a Power of 0.85% power. Duration of the study from ethical approval would be approximately one year to allow time for the class to occur antenatally and then follow-up video, postnatally. It is envisaged that recruitment would occur at a rate of 5-10 clients per month.

2) A pilot study to determine whether haemoglobin mass decreases in the critically ill.

Investigator: Dr Camilla Rodger

It is well documented that haemoglobin (Hb) concentration decreases in the critically ill in ITU. The reasons for this are multi-factorial. Phlebotomy, dilution, bleeding, bone marrow suppression, haemolysis and nutritional deficiencies all play a role. The two factors playing the largest role are bone marrow suppression and haemodilution. However Hb concentration seems to fall immediately post admission which seems too early for bone marrow suppression to occur. Also, if bone marrow suppression was a factor one would expect a similar decrease in WCC and platelets which is not the case. I propose that 'Neocytolysis' may play a role.

Neocytolysis is the haemolysis of new red blood cells in situations of supra-physiologic Hb masses, a phenomenon well recognised in other situations eg. on descent from altitude, space flight, blood doping in athletes and on rhEPO withdrawal.

Hb mass is a much better marker than Hb concentration when studying red blood cells as it is not dependent on haemodilution/concentration. Whether there is a true drop in Hb mass in critically ill patients is not known as this has been previously difficult to measure. The CO-re-breathing method has been recently modified in 2007 and is safe and reliable to use. It is currently used extensively in top athletes to help guide their training.

In this pilot study I plan to measure Hb mass (with the CO-re-breathing method) as well as Hb concentration. I will also take blood for flow cytometry, looking for signs of neocytolysis (a decrease in markers CD35, CD44 and CD71, which are preferentially expressed on neocytes). These tests will be undertaken in the UCL Laboratory. In addition, I will measure EPO levels and other markers of haemolysis eg. ferritin.

The study will be conducted on 10 subsequent non-surgical patients on admission to the Whittington ITU and on alternate days for 10 days. This should give an indication on patterns developing and is a realistic target in the allocated time. If the results do indeed show a trend in Hb mass and/or evidence for neocytolysis, a larger study done at a later stage would be beneficial to add to the body of evidence already gathered. Consent will be gained from the next of kin on admission to ITU.

I predict that this pilot study will take 4-6 weeks to perform. The study will then be formally written up and synopsis made into a poster. If the results do show a trend, this will be the first evidence of this kind and presented at the International ITU Meeting and submitted into a peer review journal. Grants will also be applied for, for a larger scale study.

The implications for patient care is vast. Transfusion triggers may change depending on Hb mass as opposed to concentration as this gives a much better idea of oxygen carriage as the higher the Hb mass the greater the VO₂ max. Generally, a greater understanding of anaemia in the critically ill has large implications on therapies to prevent it.

3) Scoping project to apply for NIHR grant to introduce longitudinal integrated clerkship pilot for 24 UCL clinical medical students

Investigator: Dr Caroline Fertleman

This project seeks to support the progress of establishing the Longitudinal Integrated Clerkship programme. The fellow, leading this project, will liaise with international institutions to look at different models that are in place and how they have been set up. There is some limited experience in the UK and the fellow will contact those who have the relevant experience. Additionally, the fellow will meet with groups of students and potential faculty and understand their views by running focus groups. We will undertake a systematic review on this method of teaching and its impact as part of this project.

Potential funders we will approach for the larger programme include UCLPartners, NIHR, British Academy, the Leverhulme Trust, the Higher Education Academy, The Wellcome Trust and other bodies that fund educational initiatives. It will need to cover extensive faculty development and teaching time in the development and running of this programme (for up to five years), a separate administrative stream, development

of particular funding streams and pathways that follow the Longitudinal Integrated Clerkship students when they are with their patients and being taught by health care professionals who are outside their immediate faculty, electronic applications that both monitor student engagement, allow for contemporaneous reflection and link learning with the curriculum.

We are establishing contacts both within NHS and UCL organisations but also are developing relationships outside such as the Institute of Education to develop tools to aid learning and methods to assess the validity of the programme. Additionally by producing questionnaires and setting up focus groups we will be able capture the voice of both students and patients in this novel venture.

The scoping exercise will form the basis of a large educational grant to fund both the setting up and running of the programme for several years. We envisage training 24 students (3 groups of 8) within the Longitudinal Integrated Clerkship model for years 4 and 5 (1st and 2nd clinical years) at the Whittington Campus. Midway during the iBSc year (3rd year) students will be invited to apply to train as Longitudinal Integrated Clerkship students or in the traditional way. We assume that more than 48 students would put themselves forward and they will be randomly allocated to train in either way. These two groups are then available for cohort analyses both during training and after qualification training by educational research staff and teaching faculty. Whittington Health currently provides placements for all clinical teaching for a third of UCL medical school for those students in the 4th and 5th years of their curriculum. The dean for the medical school (Professor Jane Dacre) has agreed in principle to this initiative. Having successfully obtained a UCL Beacon award, Dr Anita Berlin, a UCL Senior Lecturer in Population Health, has recently completed an extensive piece of work to involve patients in the entirety of the UCL medical school curriculum. Two of the important outcomes (the hidden curriculum and medical student experience with hard-to-reach groups) will be better served to address by using the Longitudinal Integrated Clerkship model to train medical students.

The Whittington is ideally placed to offer this programme for UCL medical school. From September 2013 we will be arranging all the clinical admissions (from UCL, Oxford and Cambridge University transfers). This site has a strong educational footprint and has always punched educationally above its weight. All the subjects taught in the UCL 4th and 5th year curriculum are currently offered at the Whittington site. Whittington Health is a large integrated health organisation encompassing

Haringey and Islington. This is of fundamental importance as patients are increasingly seen in a community or ambulatory setting and the traditional model of medical training rarely sees patients in either of these settings.

4) Evaluating the effectiveness of speech and language therapy groups in Haringey reception classes

This project is being carried out by the mainstream schools SLT service in Haringey with help from newly qualified therapists and MSc students from City University. It has four main aims:

1. To assess the language and communication skills of children starting school in Haringey by assessing children in reception classes of a random selection of schools in the borough.
2. To assess the effects of language groups conducted by the SLT service and by teaching assistants in these schools.
3. To see if a dynamic assessment of the children treated in these language groups can predict the progress they make.
4. To reassess English first language and EAL children who started school with low scores on the pre-school CELF at the end of the school year to see how much progress they had made and the level of their language as they prepare to enter year 1 of school.

Outcomes:

1. We tested the language scores of 187 children (81 English speaking, 106 EAL) in reception classes at 7 schools. In the general population, it would be expected that a mean percentile score of around 50 would be found. The overall percentile score of the children assessed was 31.63. This is very low, but it conceals differences between schools and particularly differences between English and EAL. The mean % score for English speakers was 50.90%, for EAL 16.91%.

In 5 schools in deprived areas the mean was lower than 50%. In the remaining 2 schools in more affluent areas, English speakers had means above 50%. The schools in deprived areas had high numbers of EAL children and in total only 40 English speaking children.

2. The language groups were composed of between 4 and 6 children and met twice a week for ten weeks of the spring term. We assessed the children before and after the groups on three language measures and compared the scores with those of

children who did not attend the groups. Although the progress of the treated children was not as great as we had hoped their scores on each of the three assessments were higher than children who did not attend. These results suggest that the language groups can be helpful to the children and provide the speech and language therapy service with encouragement and a basis for considering whether they can be made more effective in future.

The language groups are normally conducted for children who have been referred to SLT and these children were included in the groups. Our initial assumption was that we would find other children who had not been referred but who had similarly low scores to form a control group. In fact nearly all the children with equally low scores were EAL and would not be an appropriate control (they would progress, perhaps quite quickly through normal classroom experience and might outstrip the treated children!). Instead we compared EAL children attending the language groups and EAL children who did not. The children were assessed on the pre-school CELF and the RAPT (information and grammar) before therapy started and were blind assessed again when it ended. On each assessment the treated children progressed more than the untreated children however none of the results were statistically significant (RAPT information was closest at $p = .09$). This result is therefore disappointing but not fatal. First, the numbers were quite small (20 treated vs. 24 controls). Second and more important, there were factors which weighed against a significant result. All the children were improving their English through daily activities in school. For EAL children this learning may outweigh the effect of the language groups and, if the children vary in their rate of progress will result in high within group variability making it difficult to detect between group differences.

There is independent evidence that language groups in schools can help English speaking children. The present results suggest that this may be the case for EAL children. However, the content and quantity of the intervention may need examining. A concern is that the EAL children who participated, whether treated or not are making slow progress in acquiring English. After 2 terms in reception classes many remain in the bottom 5% of children for their age on the pre-school CELF and one and a half standard deviations below the mean on the RAPT information and 2 standard deviations below the mean on grammar.

3. Data on the dynamic assessment is currently being analysed.

4. The assessment data gathered on the treated and untreated children at the end of July 2013 is still being evaluated.

Such marked differences between schools both in the scores of English speaking children and in the numbers of EAL children might suggest that more SLT resources be given to schools in more deprived areas. Equally it might suggest that resources across boroughs should reflect their levels of deprivation. Further evaluation will take place as the project is written up by the therapists undertaking their MSc conversion with City.

5) Upper airway disease in children; what it means for parents

This application will enable us to identify (at a pre protocol stage) parents' concerns and experiences when living with a child suffering from upper airway disease. This information will enable the research team to identify research outcomes that have been developed with parents themselves and will enable us to develop a patient centred research framework which will be led by Professors Lakhanpaul and Schilder. As a first step the data collected from this proposal will enable the applicants to submit an NIHR HTA proposal on the treatment of frequent ear infections in children in early 2013.

Upper airway disease (nonspecific URTI, rhinosinusitis, pharyngitis, tonsillitis, otitis media, croup, and allergy) is among the most frequent primary care diagnoses in young children, the most common indication for them to take medication, and a common reason for specialist paediatric and ENT referral. Therefore, these conditions not only have great impact on the wellbeing and social functioning of children and their families, but also impose a heavy burden on health care resources. Remarkably, in the vast multidisciplinary literature in this area, the perspective of an important 'discipline' has been largely overlooked: that of parents and children. In order to develop meaningful research projects and outcomes that are relevant to parents and children, important questions about the impact of upper airway disease on the child and its family need to be asked. The applicants therefore propose to establish an active parent panel in upper airway disease (currently not existing in the UK), that will through a collaborative approach at a pre-protocol stage identify parent's experiences, needs and preferred outcomes from clinical research and drive the clinical research agenda.

Parents will be identified and approached through health care professionals in the field in primary and secondary care and by the use of 'snowballing'. They will be invited to join the parent panel, and following agreement a focus group will be organised at a time and place most easily accessible to the families. A skilled researcher with experience of working with families will run the focus groups and

draw out important themes relevant to the topic area. It is anticipated that 15 families will join the panel.

The applicants, both appointed jointly by UCL and the Whittington Trust, are active clinicians with a strong track record in clinical trials and translational research and understand the importance of involving parents in each step of the research process. Professor Lakhanpaul has led patient participatory research studies in the UK. The research team intends to actively mobilise the knowledge gained through the proposed work and share it with the clinical communities in primary and secondary care and with the research authorities.

The funding will be used for:

- a) A dedicated researcher who will access the parents and who will hold team meetings identifying the key questions to be asked and feeding back the information to the team as an active process; hold a focus group meeting and transcribe and interpret the collected data; hold another focus group meeting to feedback the data to the parent panel to enable priority areas to be identified; report the findings.
- b) Reimbursement of parent's travel and childcare expenses and provision of vouchers for participation.
- c) Venue hire and hospitality for the focus groups.
- d) Administrative time to support the researcher.

The key deliverable will be a fully functional parent panel in upper airway disease that is integral to the development of the clinical research strategy in this area and will inform the initial NIHR HTA proposal for a clinical trial in frequent middle ear infections.

The data will be fed back to the MCRN General Paediatric Clinical Specialty Group (Professor Lakhanpaul member of this group), the CCRN ENT Specialty Group (Professor Schilder chair of this group) and the PCRN. The team will aim to submit an abstract to a Paediatric/ENT/Primary Care conference in 2013.

6) Tele-health services for children who stammer: Clients' experiences

Investigator: Dr Sharon Millard



The Michael Palin Centre is a specialist centre for children who stammer (CWS), providing assessment and therapy services to a local and UK wide population of children. Children may be referred by local Speech and Language Therapists, when there is concern about the child's progress or the local services are unable to meet the child's needs. The service receives approximately 250 new assessment referrals per year.

The staff has an international reputation for therapeutic excellence and advancing the field through research and clinical innovations. The Centre has recently moved to new, purpose built accommodation which includes state of the art teleconferencing equipment. Providing telehealth services to CWS from all over the UK would be unique and innovative. It is anticipated that this advance would increase access and choice for children and families, as well as reduce the financial burden for families and local Trusts who fund therapists to attend assessment sessions.

While there is early evidence that some telehealth therapy programmes can be effective in reducing stammering in adults, there is little information about the effectiveness of therapy with children. Further, there is little information about the experience and acceptability of using telehealth as a mode of intervention. For clients to make informed choices about whether to opt for telehealth or face-to-face contact, they need to understand the advantages and disadvantages of each option. Knowledge of the potential risks/limitations of telehealth will enable therapists and researchers to minimise these. This would improve patient care in terms of increased effectiveness of interventions and patient experience, as well as inform decisions about which interventions are most likely to be effective if delivered in this way.

Research question

What is the client's experience of receiving Speech and Language Therapy services for children who stammer, via telehealth?

Participants

Children who are referred from outside the London region, will be offered the opportunity to receive an assessment and/or therapy via telehealth. Semi-structured interviews will be conducted with children and parents following the sessions and these will be transcribed and qualitatively analysed to identify themes.

Five families will be included, involving interviews with both parents and the child. The researcher will not be involved clinically with participants.

It is anticipated that participant numbers will be small, since the intervention is dependent on families having access to appropriate facilities (either Skype or teleconferencing) and agreeing to trial an un-researched adaptation to evidence-based interventions. However, the advantage for some will be that this will be the only way of accessing services.

7) Haringey integrated care multidisciplinary teleconference

Investigator: Shirley Ip

The project is intended to be a basis for long-term, sustainable service delivery, engineered in a novel and innovative way. Showing that a multi-disciplinary team (MDT) working design can have an overall impact on high-risk patients in community and domestic settings will have significance for Whittington Health, the high risk patients targeted by the service, the professions engaged with this project, and the service project leadership. The proposed project has importance for contributing to the comprehensive Local Research Network portfolio and acting as a catalyst for more sustained evaluative work based on newer, multidisciplinary led patient services. In addition, a robust evaluation will contribute to a culture change in acute care organisations by showing that MDT working and outreach into community settings is achievable and effective, paving the way for continued innovation in cooperative service provision across traditional sectoral boundaries.

Project Proposal

The “NE Haringey MDT Teleconference” is a way of enhancing inter-professional working practice that has a clear focus on improvement of patient care at the interface of community settings and integrated care organisations.

The aims of the new MDT service are to:

- Deliver value by improving care coordination and optimising health status for each patient.
- Foster a closer working relationship between GPs, Whittington Health Community Services, North Middlesex Hospital, Barnet Enfield and Haringey Mental Health Trust, and Haringey social services.
- Avoid or reduce unplanned hospital attendance and hospital admission.
- Promote self-care by an inter-professional approach to patient management.
- Enhance the management and outcomes of chronic conditions by better coordination of care.
- Avoid or delay placement into residential or nursing placement.

The service has a focus on the over-65 year olds who have repeated attendances to NMH A&E, and who have LTCs.

The project will provide a platform for an evidence-led evaluation and subsequently disseminate best practice; the MDT project is – potentially - an invaluable resource in terms of education and training of GPs, and ensure a spread of knowledge of available services (from all the professional actors) for which these targeted patients are eligible.

Project actions:

1. To develop methods to facilitate closer team working between multiple agencies.
2. To develop means of stratifying risky patients – those who are currently selected on a list of repeat attenders to NMH or patients of concern who can be proposed by GPs or other members of the MDT.
3. To develop efficient ways of conducting a weekly MDT teleconference comprising a GP team, Consultant physician, Consultant psychiatrist, social worker, advanced/specialist pharmacist, community matron and district nurses.

Data capture is essential for operation of the new service, in addition to a necessity for ongoing (and future retrospective) service impact evaluation. This will include a

system for risk stratification of patients with a single centralised record keeping / care plan function.

The proposed data capture will

- i. have a focus on outcomes of MDT discussions and negotiations centred on targeted patients;
- ii. have a clear set of variables associated with implementation of MDT actions (success status and follow up outcomes). For example, initiation of medicines reviews, referrals to MDT services; re-admission rates; LTC markers.
- iii. provide an operational means to monitor patient referrals and MDT decisions. This will provide a set of variables for the effectiveness and quality markers for the new MDT service.

Dissemination.

The data capture platform, and associated continuous evaluation, will be reported every 6 months for the MDT to review and plan for further roll out. As an example of translational research, the project aims to provide a model whereby delivery and evaluation are synonymous activities. Results will be published.

The pilot service aims to operating across 7 GP practices in NE Haringey. It is planned to roll out to all GP practices in Haringey CCG, and be the basis for subsequent service evaluation grants across this geography and across the professional interface described.

Small grant success stories- Intensive care

Professor Hugh Montgomery joined the Whittington ICU consultant staff in 2006. Together, he and his colleagues established clinical fellow's posts for those pursuing a higher medical research degree. The first of those in post successfully applied for Whittington small-grants, allowing them to generate data for use in obtaining financial support elsewhere. Zudin Puthuchery, of the fellow has demonstrated how successful the small grant programme can be: through the grant scheme he was able to obtain an NIHR Fellowship, has completed his PhD, has been awarded five major national and international prizes for his work, and has just had his first paper accepted in the prestigious medical journal *JAMA*. A further 14 papers are planned. Meanwhile, the first every prospective study of the response of the human skeleton to ICU is complete, and data are being analysed. Ronan Astin (still in post) has just had a paper accepted in *Nature Scientific Communications*. Other small grants have

also been awarded to fellows on the ICU and, whilst lead-time is long, all are making good progress in delivering world-class research. Professor Montgomery says 'The Whittington's environment is unique in being helpful, positive and supportive of clinicians and academics. I doubt there are many ICUs in the land with such a high success rate in retaining juniors in this field, or in supporting their academic aspirations. Publishing in JAMA and 'Nature' attests to the quality of the work that can be done, as does the recognition Zudin received for his work. There are now five clinical-academics working on the ICU, and we hope that this will continue.'

5 Research Governance support for Whittington Health

The Whittington Health Research Office manages all research approvals for Whittington Health. The Research Office is comprised of a research administrator (1 WTE), a research co-ordinator (0.6WTE, provided through a service level agreement with UCL/UCLH and Royal Free joint research office), an Assistant Director of Research (0.2 WTE) and a Director of Research and Innovation (2 PAs). The relationship with the UCL/UCLH and Royal Free joint research office provides a resource for advice and support for all RM and G issues. This relationship will end in October 2013 with the reorganisation of RM&G support by the Central and East London (CEL) LCRN.

All national studies are managed and approved through the integrated research approval system (IRAS). All student research is approved using the same standards, although a proportional approach is now taken by the national research ethics committees and NHS Trusts alike, to reflect the often low risk status of student studies. A register is kept of all studies approved at by Whittington Health. The Director of Research and Innovation and the Assistant Director are responsible for overseeing the governance and management of research as well as developing the research and innovation strategy for Whittington Health

Harmonisation of research permissions by CEL LCRN

Over the last year changes have been piloted in the way NHS permissions are provided in Central and East London network. In partnership with UCLP, the CEL LCRN has been leading a project whose aim is to speed up NHS permissions for research in the NHS. This process has focused on commercial studies in the first instance but from October 2013 this will be rolled out to include all portfolio studies. The Harmonisation Project works by having only one NHS permission for all sites

within UCLP. The aim enable commercial organisations to open research at more sites at the same time with only one review of the lengthy and often complicated approvals, thereby opening their research to a wider population. What this actually means in practice is that there is a single sign off procedure for pharmacy, finance and costing and research contracts rather than investigators having to seek these approvals from each individual trust.

6. Whittington Health position on research sponsorship

The research sponsor provides essential oversight in relation to the conduct and quality of clinical research. This is a legal responsibility in the case of clinical trials. With such a small team Whittington Health does not currently sponsor any 'high risk' studies (which are usually early phase clinical trials) as it does not have the capacity to provide the required oversight. The current position of declining sponsorship of such studies protects the Trust from the risk associated with clinical research but possibly undermines our potential to compete and develop our research portfolio. Clinical trials of medicinal, experimental products taking place at Whittington Health are sponsored by industry or academic partners. The sponsors are required on a yearly basis to 'monitor' these studies and report any non compliance against the protocol. There are processes and procedures in place to deal with both serious breaches and protocol violations for Whittington Health studies.

Whittington Health is a popular site for students from all professions to undertake their post graduate studies either at Masters or PhD level. The supervising Universities are responsible for the sponsor role in these cases with support being provided by local investigators and the research team. Work is currently being led by our research co-ordinator to ensure that local universities understand their role as sponsors of these studies and provide the necessary support and oversight to their students.

7. Regulation and compliance

In 2009 the Trust underwent a four day routine MHRA inspection, the inspectorate to which we are accountable for the conduct of clinical research under the clinical trials regulations. The inspectors visited pharmacy, medical records, some patient areas as well as a through review of our systems and processes for the approval and management of clinical research. The report from the MHRA showed no 'critical findings' which was an extremely good and pleasing outcome. An action plan was drawn up to respond to the suggested improvements and was finally signed off and

completed in early 2011. We were proud to achieve this level of governance given the very limited resources that we have to support clinical research management in the organisation.

In September 2012 the MHRA visited the Whittington for a two day site inspection. We have also conducted a through audit of one very old study to ensure that it is being run according to the ICH-GCP expectation. The study was opened at the Whittington prior to the clinical trial regulations being implemented in 2004 however, since we are still following up patients in this trial we wished to be sure that there were no unidentified risks associated with these old studies. The national recommendation for auditing studies is outlined in the Research Governance Framework 2005 and suggests that 10% of projects are audited yearly. We adopted a risk based approach to the auditing of clinical research and will work towards auditing more studies next year according to our policy.

As most of the portfolio is very low risk and since the higher risk studies are monitored by the Sponsors of those studies, we are confident that a risk based approach to auditing will be sensitive enough to identify and address any poor practice.

The monitoring of research studies and activity undertaken by the Sponsor is a much more detailed and robust exercise. All our clinical trials are monitored by the sponsor and this is duty under EU law.

8. Building research capacity at Whittington Health

Whittington Health has an opportunity to build a unique research portfolio given its new integrated care status. The opportunities for Innovation and research potentially provide a rich field of service and knowledge development. Strengthening relationships with our academic partners should enable us to maximise these opportunities in building a research portfolio that is both relevant and progressive for our local communities given the unique focus of the organisation. A Whittington Health Research and Innovation Strategy is being drafted and will be approved later this year. The strategic aims of the strategy will reflect the organisational aims of the integrated care organisation. There are a number of operational areas that need to work well before any strategy in Innovation can be successfully delivered. These include structures and processes around the management and monitoring of performance, quality and transformational work and being able to capture the value of this work, through monitoring the life of the projects. The performance team and

the R and D department are working together to first map existing work, define clearly the work streams and set up new processes for the approval and monitoring of these work streams. The ambition is, that the divisions will eventually have an integrated programme of work that includes clinical audit, innovation projects, transformational change work, quality development and service development work in one place where they can understand the contribution and impact of these programmes on service improvement and patient experience. Part of the strategy will focus on ensuring that the correct structures, processes, systems and support are in place to deliver this objective

Research support for investigators-mentorship scheme

This year, we have begun work to improve the research support that we provide to clinicians within the organisation to offer mentorship and guidance to staff who wish to undertake a project that uses either research or quality improvement methodologies. Many extremely skilled and experienced staff have already volunteered to be research mentors. The mentors interests, experience and skills are advertised on their profiles that are published on our new research and innovation support web pages. Additionally, a series of Whittington presentations has been launched to celebrate and disseminate Whittington projects. These presentations (WHITCAT presentations) have been set up and are lead by Michael Clift, one of our practice development nurses. So far this year, we have seen presentations on the use of open data by NHS and commercial organisations for research purposes and the potential value this can add to the health intelligence available to clinical scientists and spirituality in nursing practice. Further presentations are planned for the last Thursday in every month and are open to all staff.

Making a difference to patient care through cancer research

Whittington Health hosts a very successful cancer research programme led by Dr Pauline Leonard, her team and Mr Jayant Vaidya. Our investigators are supported by a clinical trials practitioner employed by the North London Cancer Research Network (NLCRN), Ms Azmina Verjee and a clinical research nurse, Ms Veronica Conteh employed by Whittington Health. Together they have lead and developed the cancer research programme across the organisation supported by the N LCRN. The programme currently supports a range of studies across tumour groups that include prostate, breast, colorectal, lung and haematology. Recruitment has remained stable to the studies despite a vacancy for a period of time within the year (cancer research nurse) and the closure of two large breast cancer studies TARGIT A and REACT). A

new study in the psychosocial care provided to cancer patients has been opened at the Whittington this year (CAN-TALK) and one patient has already been randomised. A new study for teenagers and young people (BRIGHTLIGHT) has also opened this year, led by our Paediatric Nurse Consultant Wendy King. Whittington Health is keen to support the development of the cancer programme further, including more commercial studies but will need to see an expansion in resources to achieve this. Mr Jayant Vaidya has also just opened a new study which is a follow-on study from the TARGIT A (TARGIT B) using intra-operative radiotherapy in breast cancer and further studies are currently in set-up which should support an increase in patients recruited over the coming year. The dedication and hard work of the cancer team should be noted and recognised as an area of research excellence within the organisation and as such presents significant opportunities for patients and the organisation.

9. Innovation at Whittington health

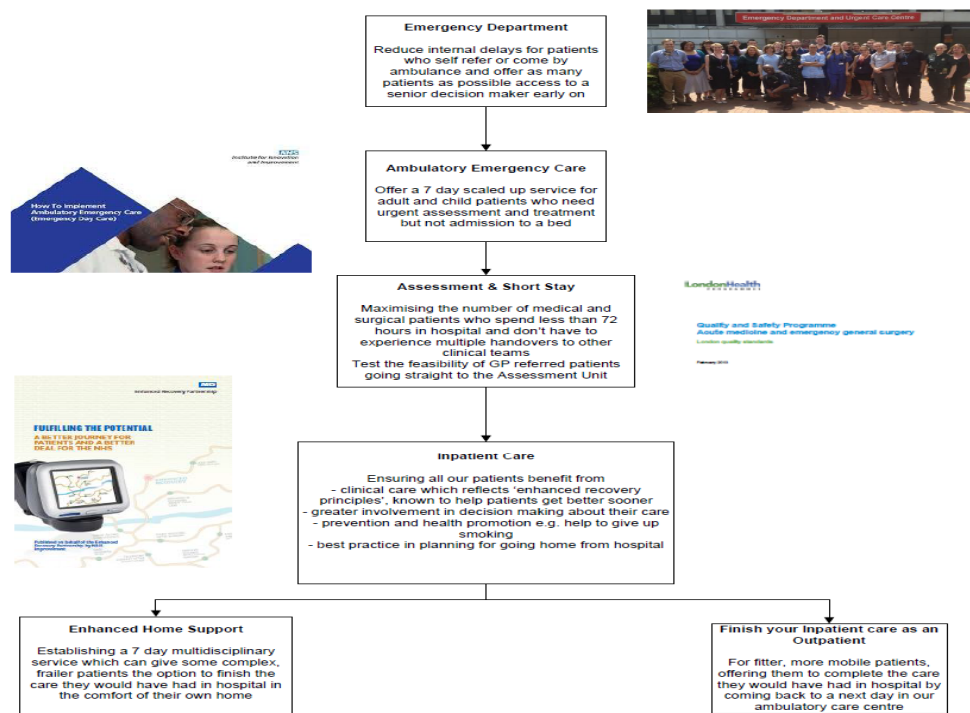
Working together

We are beginning to work more closely with other departments in the ICO to explore ways that we can work together to deliver an Innovation agenda that is both transformational and groundbreaking. Research is only part of the many methodologies available to discover better ways of delivering services, learning and developing as an organisation. It is our aspiration that we work more closely in partnership in bringing together the many existing strands of current innovation and research activity that are transforming the way we work in order to maximise our potential.

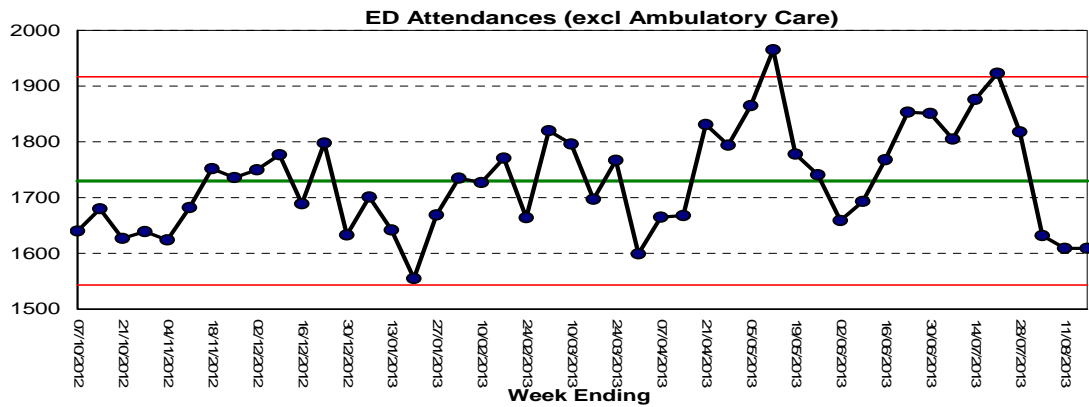
It is hard to talk about Innovation at the Whittington without reporting the progress of the enhanced recovery programme. This programme, led by Dr Sally Herne and her team promises to transform the patient pathway, improve outcomes and reduce hospital stay all resulting in better health outcomes for those using hospital services.

Whittington Enhanced Recovery Programme

Following a review from the Emergency Care Intensive Support Team, the Trust set up a programme designed to improve the patient journey through the hospital and out into the community in autumn 2012. Nearly a year on, we are beginning to see some tangible gains, particularly for medical patients admitted to hospital in an emergency. The scope of what we are trying to achieve is set out in the diagram

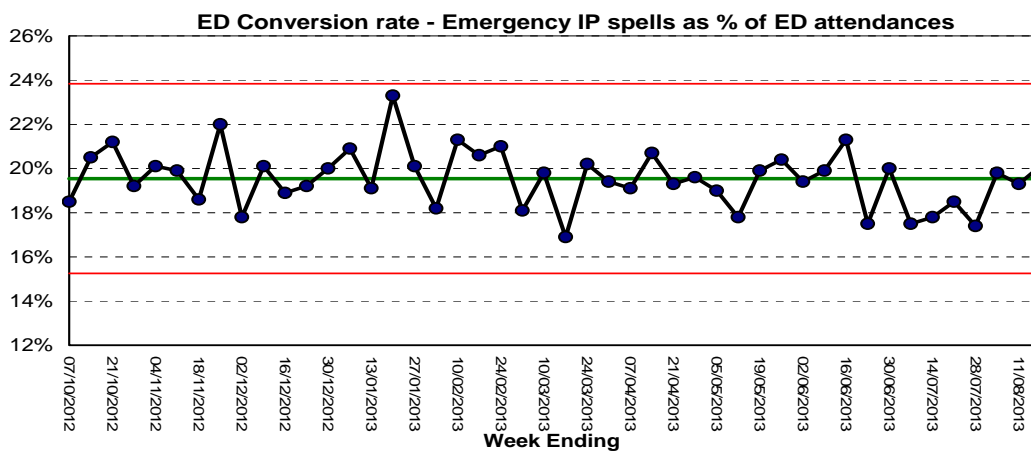


The Trust has had to cope with one of the most difficult 12 months for Emergency Department activity. Not only did we have extremes of weather with snow being followed weeks later by a sustained heat wave ; we also had winter patterns of attendances which lasted into May. The graph below (Graph 1) details the pattern of attendance over the last 12 months.



Graph 1 Emergency Department attendances

Despite the pressure, clinicians still only admit around 1 in 5 patients. This compares well with many other trusts.



Graph 2 Emergency admissions as a percentage of Emergency Department attendances

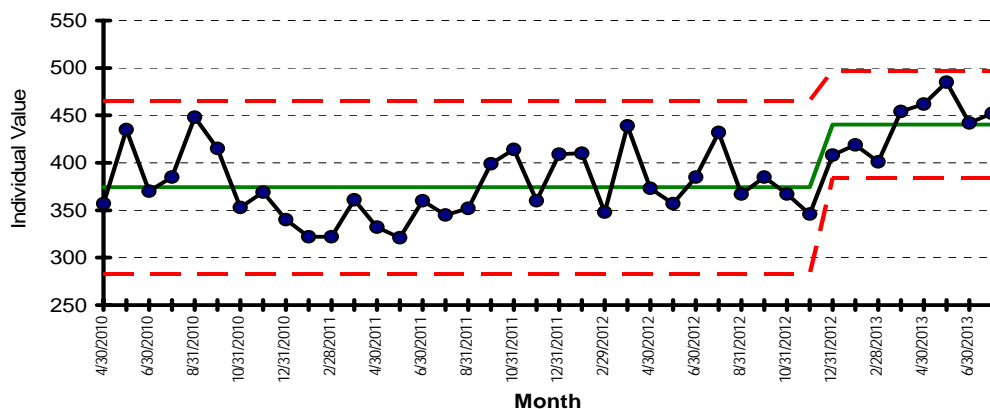
To ensure patients get a safe, consistent service the ED is made a number of changes to staffing and the systems to manage patients

- Recruiting additional clinical, administrative and managerial staff
- Developing the skills of nursing staff in particular, to allow them to be deployed flexibly between different areas of
- Changing shift patterns to match them more closely to patterns of demand

- Piloting a system of nurse navigator for patients arriving in the department, ensuring we direct them to the right 'stream' as quickly as possible
- Trialling 'PIT STOP' – a system whereby patients coming to ED are seen by a senior, experienced doctor first with a view to ordering tests, requesting beds or review by a specialist team
- Setting and monitoring standards – for example setting a time by which referrals to a specialty team should be made.

Attached to the Department is 'ISIS ward'. Patients who need a period of observation and treatment which will take longer than four hours are looked after by the ED team. Our data shows that the team is managing to turn around more patients in this unit. Changes such as strengthening the therapies input, in-reach by acute physicians and embedding an 'ambulatory care' approach to managing patients have helped to make this happen.

Total Activity counted under ED specialty (ISIS)

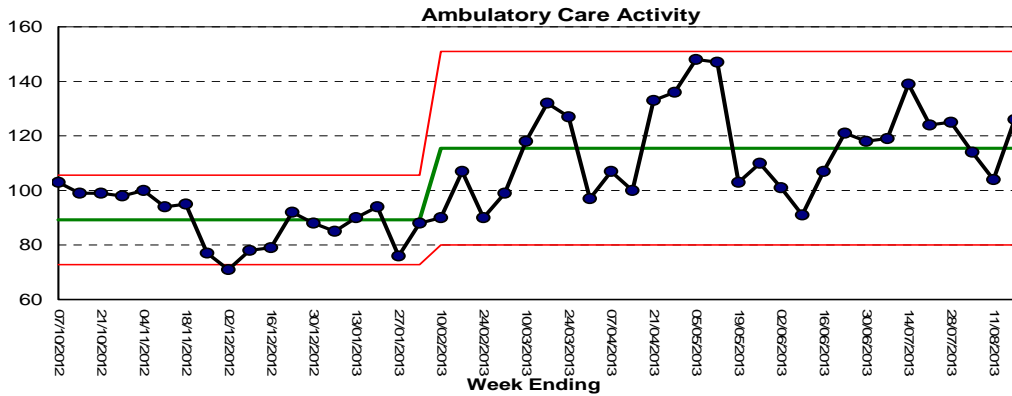


Graph 3 Patients cared for by ED team, observed on ISIS ward

Ambulatory Care

The Trust was providing some ambulatory care in the Emergency Department and 2 consulting rooms just off the ED waiting area. These clinics were used to provide an 'urgent outpatient' type facility for patients who had been screened as suitable by a doctor or experienced nurse. For example a patient attending ED with lower calf pain, may have an initial scan in ED and be given a dose of clexane, then booked to return to ambulatory care for further checks and treatment.

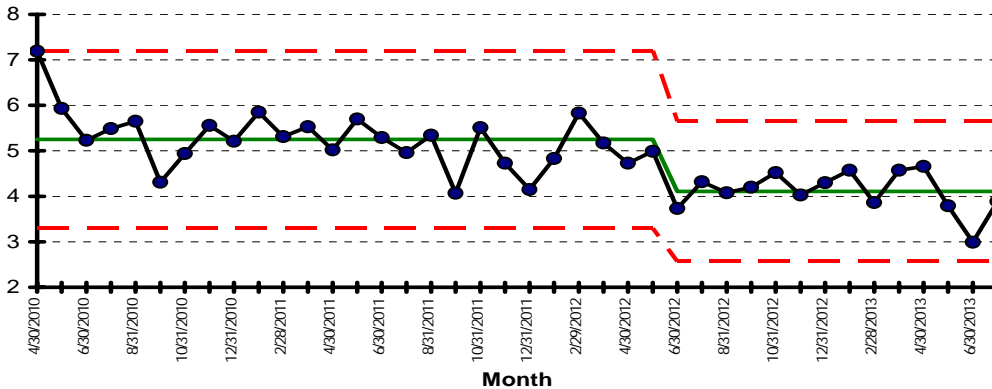
The ambulatory care consulting space was doubled in Spring and the service now sees well over 500 patients a month. The graph below shows the increase in activity



Graph 4 Patients cared for in Ambulatory Care setting

This is already having an impact in terms of the average length of time medical patients spend in hospital as shown in the below graph:

Directory of Ambulatory Care AvLOS

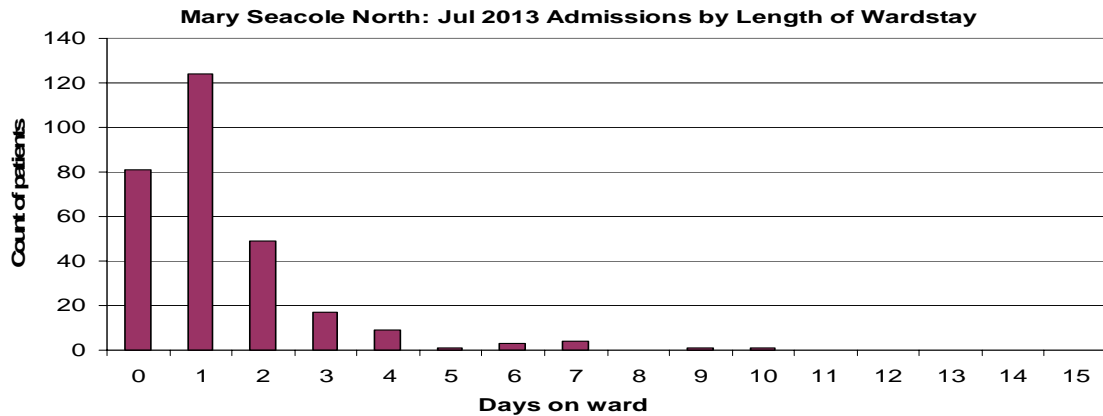


Graph 5 Average Length of Stay for medical patients

A new, purpose built facility will be opened in the first quarter of 2014. This will see adults and children, medical and surgical cases. When it is operating at full capacity, it should see around 2,000 patients a month. This would make it the largest unit of its kind in the country.

Assessment & Short Stay

Patients needing 1-3 days assessment and treatment are admitted to the Medical Assessment Unit – Mary Seacole North and South. The unit is run by a team of acute physicians Monday to Friday and by General Physicians at the weekend. The medical team changed their rota to provide greater continuity of decision making through the week – this means a consultant is on duty 8-8 Monday to Friday. This has helped to reduce length of stay – around 85% of patients are seen and discharged within 48 hours of admission. The following graph show the reduction in LOS

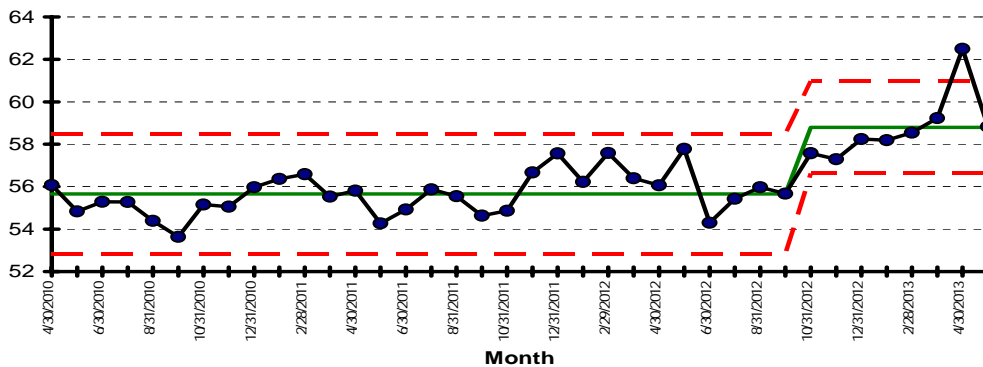


Graph 6 Length of stay for patients on Mary Seacole North Ward

Inpatient Wards

The effect of offering more patients urgent assessment rather than urgent admission is that those patients who do make it to a specialty ward are tending to be older and sicker. The average age of inpatients admitted in an emergency has increased by over 5 years since 2010.

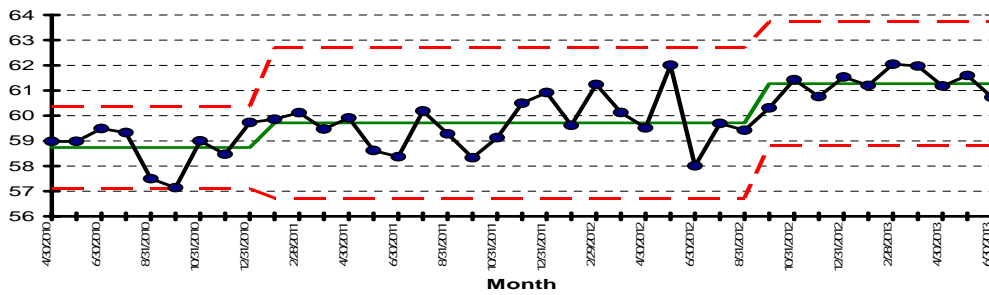
Average Age of Non Elective Adult inpatients



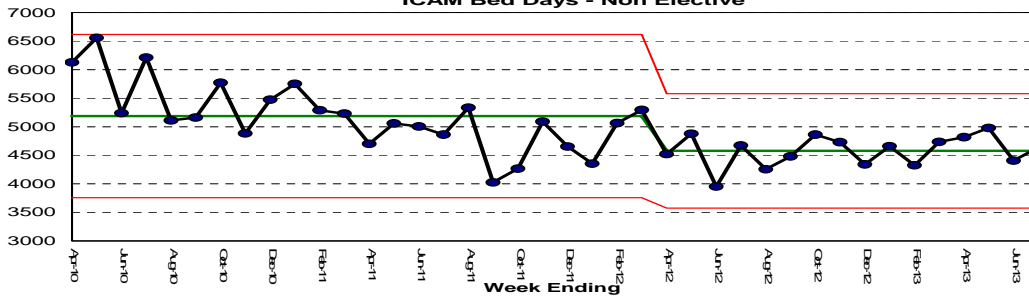
Graph 7 Average age for non-elective adult in patients

Despite the increase in acuity, in medicine the length of stay has come down by over half a day without any increase in readmissions. This includes complex, elderly patients on our JKU wards.

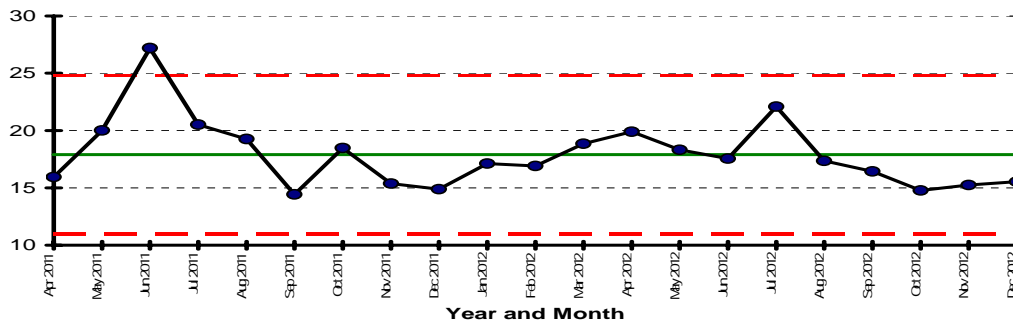
Average Age on Admission (Emergency Medicine)



ICAM Bed Days - Non Elective



Elderly Care Ave LoS - Non Elective

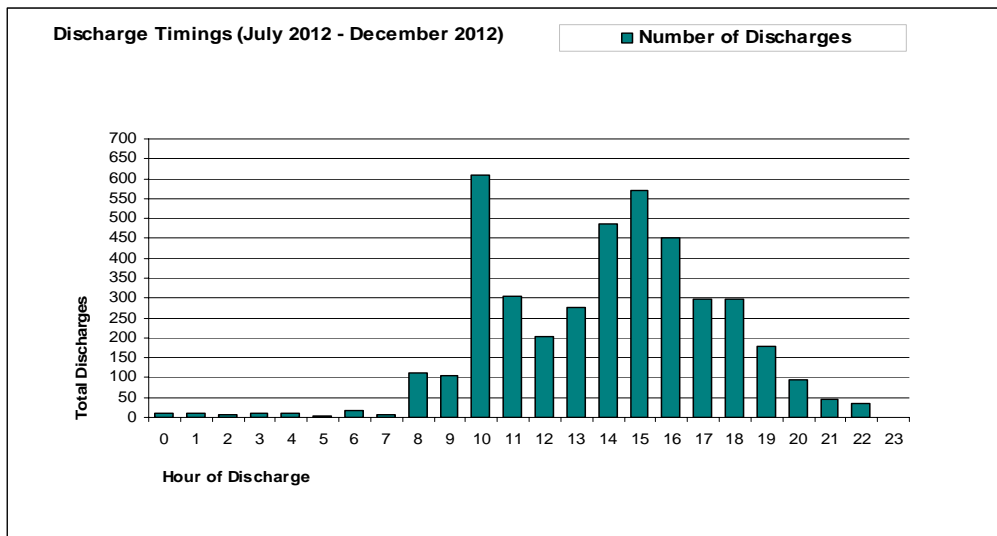


Graph 8abc Average age of patients, total number of bed days for ICAM patients and Length of stay

We aim to maintain this good progress by pioneering ‘enhanced recovery’ for medical patients, starting on the assessment unit in September and spreading the approach to all medical wards by the end of Quarter 1 2014/15. If successful, Whittington will be the first trust to make this a reality.

The drop in length of stay has multiple causes but it coincided with the period the trust was rolling out morning board rounds – multidisciplinary quick reviews of patients usually before 10am.

Each ward now has at least one board round a day, Monday to Friday. Some wards have moved to a system of twice a day, enabling a catch up and review between medical and nursing teams. The chart below shows a marked peak in morning discharges through the second half of last year.

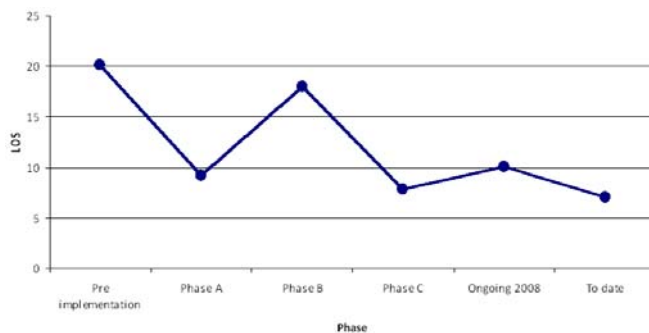


Graph 9 Timing of discharge for in-patients

The Whittington 'Going Home Bundle' will push progress on a stage, ensuring that every ward has been trained in best practice with regard to setting expected dates of discharge and criteria for discharge, maximising morning discharges and increasing the number of patients discharged at weekends. The team leading the initiative will also be implementing a new system for escalating delays and a system of electronic Section 2 and 5 notifications to social care. If possible we aim to extend the electronic form system to include community referrals and continuing care applications. This should mean staff spend less time on form filling and the organisation has a more robust means of tracking response times.

The picture in surgical specialties is more mixed. However, there have been some notable achievements for patients where enhanced recovery is in place

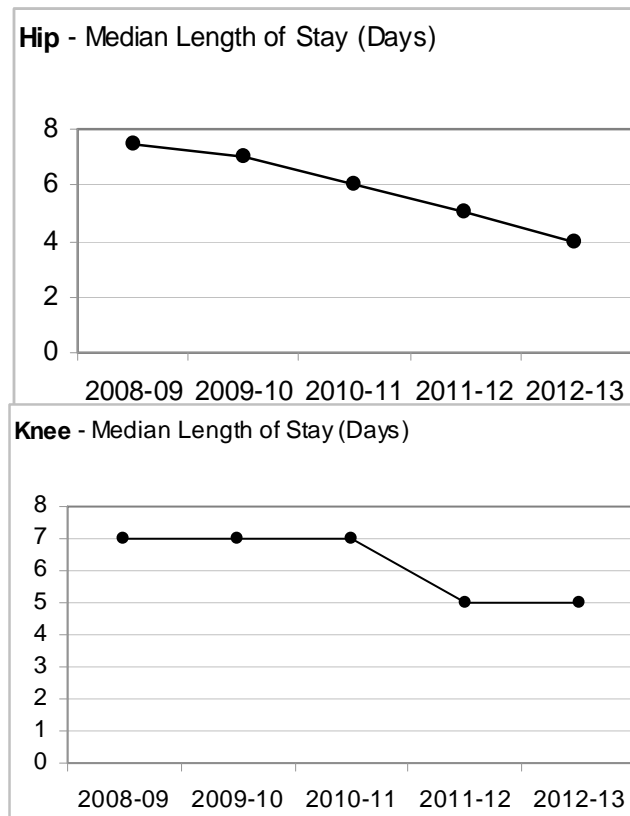
Elective colorectal - length of stay has dropped from 20 days in 2008 to 5 days in 2013



Graph 10 Length of stay for Colorectal patients

Gynaecology where length of stay has reduced from 4.45 days in 2008 to 3.1 days in 2012

Elective hip replacements, were patients now stay around half the number of days they did in 2008/9 and knee replacements where around 2 days have been shaved off the length of stay.



Graph 11ab Length of stay for patients undergoing Hip and Knee replacement

Fractured neck of femur where length of stay reduced by 3 days within the first year and Whittington patient outcomes (mortality, readmission, pressure sore rates) compare favourably with many other London Trusts

Care Going Home

Safe discharge home is a priority and the trust has introduced a number of initiatives to support this such as expanding the Facilitated Early Discharge Services and introducing 7 day therapies cover.

From 1st October there will also be a Hospital at Home service. This will be formed from a team of nurses, therapists and support workers, identifying patients who could

complete their packages of care at home. This will start with a 6 week pilot in Orthopaedics before expanding to include other groups of patients.

Anyone in the hospital at Home service will remain under the care of the hospital consultant but have visits from the team in their own home for interventions such as intravenous therapies, rehabilitation, wound care and pain management.

CEL LCRN Operational Division Staff

Divisional Lead	Division 1 Alan Thompson		Division 2 William Rosenberg		Division 3 John Gribben	Division 4 Marta Buszewicz		Division 5 William Van't Hoff		Division 6 David Wheeler	
Divisional Manager	Delphine Purves		Masuma Harrison		James Lyddiard	Wendy Fisher		Subhir Bedi		Masuma Harrison	
Co-Leads	Simon Adelman	Martin Brown, Ameet Bakhal	Stuart Bloom	Rupert Pearce	John Bridgewater, Daniel Hart	Graham Hitman	Lynis Lewis, Michael King	Anne Schilder	Lyn Chitty	Ian Gilles	Margaret Johnson
Main Clinical Groupings	Ophthalmology & Neurological Diseases	Stroke & Cardiovascular	Digestive Tract	Emergency Medicine	Cancer	Endocrine	Mental Health and Population Research	Paediatric	Genetics and Reproductive Health	Immunology & Musculo-skeletal	Renal & Infectious Diseases
CLRN Specialties	Nervous System Disorders (29)	Cardiovascular (36)	Gastroenterology (18)	Critical Care (6)	Non-Malignant Haematology (8)	Endocrine and Metabolic (9)	Public Health Research (1)	Paediatrics (26)	Reproductive Health and Childbirth (19)	Musculo-skeletal (32)	Infectious Diseases and Microbiology (38)
Topics	Ophthalmology (45) Age & Aging (1) Dementias & Neurodegenerative Disorders (31)	Stroke (22)	Hepatology (14) Surgery (1)	Anaesthesia & Pain (3) Injuries & Accident (7)	Cancer (176) inc Paediatric Oncology	Diabetes(15)	Health Services Research (12) Oral and Dental (2) Mental Health (46) Primary Care(23)	Ear, Nose & Throat (5) Medicines for Children(37)	Genetics (13)	Dermatology (5) Immunology and Inflammation (21)	Renal and Urology (18) Respiratory (11)
Clinical Enabling Group Chairs	Peng Khaw		Tim Harris		Darren Hargrave	Richard Watt		Sarah Creighton		David Isenberg	
Portfolio Officers	Benit Maru, Caroline Williams, Sarah Green, Daniel Pufford		Belinda Theis, Amanda Smith, Melrose Browne-Morgan		Christine Menzies	Emmanuel Rollings-Kamera, Mabel Sali		Isobel Giblin, Suzi Miranberg, Eleanor Rolle-Marshall, Erika Lansdell		Vashist Deelchand, Robert Carver	

Whittington Research and Innovation Output 2012/2013

- (1) **Afghan S, Nadim D, Hannan A, Alhamdani A, Sufi P, Howlader M. Do the patients with psychiatric problems do rather badly after bariatric surgery? British Journal of Surgery 2013;100:7**
- (2) **Aggarwal D, Kumar K, Mukhtar H, Sharma S. Surgical APGAR scoring variance between open and laparoscopic-assisted colorectal cancer resections. Colorectal Disease 2012 Oct; Conference(var.pagings):41**

Abstract: Aim: Colorectal cancer remains one the most common cancers within the developed world. Surgical resection is it's primary treatment. Laparoscopic assisted techniques (LA) have become widespread in augmenting surgical resection. The surgical APGAR score (SAS) was devised to identify those patients at higher risk of developing post-operative complications by measurement of three intra-operative variables (estimated blood loss, mean arterial pressure and heart rate). Here we retrospectively analyze the association between operation type and SAS. Method: Between 2005 and 2007 there were 132 colorectal cancer resections performed at one institution. Complete data was available on 92 patients. Results: Of 30.4% (n = 28) of cases were performed LA. The most common operation performed was anterior resection of rectum (38% n = 35), followed by right hemicolectomy (31.5% n = 29). There was no significant difference between TNM staging or Dukes staging within the LA or non-LA groups. Mean SAS was 7.55 for the non-LA group and over 8 for the LA group. This difference was not statistical significant (P = 0.054). Conclusion: No significant differences in fluctuation in three key intra-operative variables between the open and LA groups existed. This data suggests and reinforces the notion that, with appropriate expertise, safety is commensurate between the two operation groups

- (3) **Aggarwal D, Haddow J, Clark CI. Determining the best approach for quality improvement of the colorectal cancer pathway using run-charts. European Journal of Surgical Oncology 2012 Nov;Conference(var.pagings):1110**

Abstract: Introduction: The National Cancer Patient Experience Survey 2010 reported poorer results for an inner London district general hospital, despite its compliance with the 31/62-day cancer pathway targets. We aimed to look at the lead time to decision-to-treat (DTT) for the colorectal cancer pathway and to identify the best approach for quality improvement. Methods: Times from referral to DTT for patients referred electively in a six-month period in 2011 were retrieved from the hospital databases and examined using a run-chart. The referral point was defined as the earliest of the referral-received date, the consultant-upgrade date, and the firstseen date. The DTT point was defined as the date when the diagnosis and treatment options were discussed with the patient. Results: Thirty patients were identified. The median time from referral to DTT was 28.5 days. However, the inter-quartile range was wide, 16.3 days to 43.8 days, revealing a wide variation in the pathway performance. The maximum and minimum were 110 days and 0 days respectively. Plotting the results chronologically on a run-chart revealed a stable process with no special cause variation. Conclusions: We found a wide variation in the lead time to diagnosis that could be affecting patient experience, despite overall compliance with the 31/ 62-day cancer pathway targets. Our run-chart analysis showed that our current pathway produces variable lead times in a stable manner. Improving elements of the pathway will only reduce the median at best. To achieve a lower median with less variability, the whole pathway will require redesign

- (4) **Allen R, Grosu L, Das I, Kyei-Mensah A. The management of epilepsy in pregnancy at the Whittington Hospital: a retrospective audit 2004 - 2006 and 2007 -2010. Obstetric Medicine 2013; 6: 72 -75**

- (5) **Alrasheid N, Gray R, Sufi P, Atherton E, Mohamed-Ali V. Chronically elevated basal GLP-1 mediates persistent nausea symptoms following weight reduction surgery. Poster Presentation, American Endocrine Society, June 2013**

- (6) **Aresti N, Murugachandran G, Shetty R. Cauda equina syndrome following sacral fractures: a report of three cases. J ORTHOP SURG 2012;20(2):250-3**

Abstract: We report 3 patients with cauda equina syndrome (CES) secondary to a sacral fracture. The difficulty in early diagnosis of CES and the lack of evidence and guidance on treatment are highlighted. When there is a sacral fracture, CES should be suspected. Thorough clinical examination including digital rectal examinations and bladder function quantification is advised. The threshold for performing computed tomography and/or magnetic resonance imaging of the pelvis should be low. Patients should be treated by a multi-disciplinary team with both orthopaedic and neurosurgical input. Further studies are needed to identify the timing and to which patients surgical decompression should be performed

- (7) **Asopa V, Ellis G, Shetty R. Three ways to avoid incorrect-level lumbar spine surgery. Ann R Coll Surg Engl 2012;94(5):359**

- (8) **Athanasias P, Corda L, Chambers C, Gibson H, Eben F. Postpartum ovarian vein thrombosis. A case report of a rare pathology. International Journal of Gynecology and Obstetrics 2012 Oct; Conference (var.pagings):S791**

Abstract: Objectives: Ovarian vein thrombosis is a very rare postpartum clinical entity with an incidence of approximately 1:1500 deliveries. We report a case of the condition in a 26 year old woman that was diagnosed promptly and treated conservatively. The patient made a full and uneventful recovery. Materials: A 26 year old multiparous woman with no significant past medical or family history presented 16 days postnatally to our unit, with right iliac fossa pain, nausea, rigors and an increase in vaginal bleeding. Her antenatal course and delivery were uneventful. On examination, she was tender with guarding over the right iliac fossa, but without rebound tenderness. She was afebrile and no masses were felt on palpation. Laboratory investigations revealed normal clotting and white cell count, but an elevated CRP. Initial differential diagnosis included endometritis and appendicitis. Methods: Case report. Results: Intravenous broad spectrum antibiotic therapy was commenced, whilst the patient underwent further investigations. Evaluation with transvaginal and abdominal ultrasound showed no evidence of retained products of conception or inflamed appendix or kidney pathology. A subsequent CT scan revealed an acutely thrombosed and inflamed right ovarian vein. Anticoagulant therapy was commenced alongside broad spectrum antibiotics. The RIF pain gradually subsided but the patient developed dyspnoea and chest pain. She underwent an ECHO that was normal, and then an MRI scan (image) that did not show any further extension of the thrombus. She was discharged with warfarin for a total of 6 months and a plan for thrombophilia screening. Conclusions: This case highlights the importance of keeping the diagnosis of ovarian vein thrombosis in mind when assessing women presenting with postpartum lower abdominal pain and fever. Delays in diagnosis can lead to complications as ovarian vein thrombophlebitis, sepsis, inferior vena cava thrombosis, pulmonary embolism and death. A high index of suspicion will necessitate evaluation with CT or MRI in order to confirm this unique pathology and avoid unnecessary surgical intervention.(Figure presented)

- (9) **Athanasias P, Chambers C, Barreto S, Pisal N. Hpv testing as a triage in women of different age groups referred with low grade smears. Can it predict high grade disease? International Journal of Gynecology and Obstetrics 2012 Oct;Conference(var.pagings):S286**

Abstract: Objectives: Human Papillomavirus testing was introduced in our colposcopy

department as a triage for women referred with a smear test indicating borderline changes or mild dyskaryosis. The aim of this study was to assess the incidence of HPV infection in various age groups and its significance in predicting high grade disease (CIN 2 or worse). Materials: The HPV status of 2406 women with a Low Grade smear test was determined using the HC2 assay. Methods: This was a retrospective study from January 2005 to October 2011. Data was collected from the medical notes and the computer database for colposcopy (Mediscan). Results: Human Papillomavirus positive rates were 37% (953 patients) with a great variation between the different age groups: 52% between 20-24 years of age, 50% 25-29 years, 41% 30-34 years, 30% 35-39 years, 22% 40-44 years, 22% 45-49 years and 15% >50 years. Between the 1453 women that tested negative for HPV infection only 5 had a subsequent diagnosis of high grade disease. The sensitivity of HPV testing in predicting high grade cervical disease was 86 % and showed a decreasing trend with increasing age. The overall specificity was 64% and gradually increased in the older age groups. The negative predictive value was very high among patients of all ages (99.4 to 100%). Conclusions: We conclude that in women with Low Grade smears, HPV testing can be used to rule out presence of HG disease across all age groups. We therefore feel that the implementation of HPV testing in triaging women with borderline cytological abnormalities and mild dyskaryosis is a safe strategy

- (10) **Aumont-Boucand, V., Millard, S.K. & Packman, A. Managing stuttering in pre-schoolers from two perspectives. International Fluency Association Congress, Tours, July 2012**
- (11) **Bailey JV, Murray E, Rait G, Mercer CH, Morris RW, Peacock R, et al. Computer-based interventions for sexual health promotion: Systematic review and meta-analyses. Int J STD AIDS 201223(6):408-413. Available from: URL: <http://ijsa.rsmjournals.com/content/23/6/408.full.pdf+html>**

Abstract: Summary: This systematic review was conducted to determine the effects of self-help interactive computer-based interventions (ICBIs) for sexual health promotion. We searched 40 databases for randomized controlled trials (RCTs) of computer-based interventions, defining 'interactive' as programmes that require contributions from users to produce personally relevant material. We conducted searches and analysed data using Cochrane Collaboration methods. Results of RCTs were pooled using a random-effects model with standardized mean differences for continuous outcomes and odds ratios (ORs) for binary outcomes, with heterogeneity assessed using the I2 statistic. We identified 15 RCTs of ICBIs (3917 participants). Comparing ICBIs to minimal interventions, there were significant effects on sexual health knowledge (standardized mean difference [SMD] 0.72, 95% confidence interval [CI] 0.27-1.18); safer sex self-efficacy (SMD 0.17, 95% CI 0.05-0.29); safer-sex intentions (SMD 0.16, 95% CI 0.02-0.30); and sexual behaviour (OR 1.75, 95% CI 1.18-2.59). ICBIs had a greater impact on sexual health knowledge than face-to-face interventions did (SMD 0.36, 95% CI 0.13-0.58). ICBIs are effective tools for learning about sexual health, and show promising effects on self-efficacy, intention and sexual behaviour. More data are needed to analyse biological outcomes and cost-effectiveness

- (12) **Baker E, King W, Knott C, Snowball C. Measuring quality in children and young peoples cancer care: Foundation oncology skills programme development. Pediatr Blood Cancer 201259(6):1129**

Abstract: Purpose: To develop and evaluate a foundation oncology skills training programme for children and young people's cancer nurses. In 2005, guidelines to improve outcomes for children and young people were introduced in the UK. In 2008, measures to assess the quality of provision were implemented and a programme of assessment for all children and YP cancer services was launched. All UK centres undergo a peer review process evaluating service provision against these

measures. Although a key focus of the guidelines and measures was training of nursing staff, including the identification of 2 training levels, a review of London centres found a lack of consistent foundation level training. Methods: Mixed methods evaluation including; an action research education development group to design the content of the training; pilot testing of the programme with nursing staff from Principal treatment centres; survey evaluation of programme with mixed nursing groups from principal treatment centres and shared care units. Results: A pilot of 23 nurses across North and South London, found nurses reported the course enabled them to link clinical practice closely with theory/biology, and piece together fragmented knowledge. Evaluations from the courses since have shown a 100% record of achieving personal learning objectives. In particular, staff have stated it helps to "fill in the gaps when the patients are not in their centres." Conclusion: There is a demonstrable need for accessible foundation skills training within PTC & POSCU's across the UK. In this project a course devised for the local workforce was taken up by over 300 nurses. Foundation skills training is effective in enabling services to meet Cancer measures. There remains a future requirement to evaluate with patient input, whether the training has had an impact on quality of care, and to survey more senior staff who sent nurses, to assess any impact they feel the course has had

- (13) **Banerjee A. Biomarkers in colorectal cancer. Colorectal Disease 2012;14(4):522-3.**
- (14) **Banicek J. Attitudes of postoperative patients towards hospital nurse prescribing. Nurse Prescribing 2012;10(12):612**

Abstract: Research by survey method to explore the opinions of postoperative patients to, and their confidence in, nurse prescribing in a hospital setting. Patient adherence/concordance with medication prescribed by a doctor, compared with medication prescribed by a nurse, is also explored. [ORIGINAL] 31 references L2 -

- (15) **Barleycorn D, Tokley S. Award gives me authority. Nurs Stand 2012;26(24):69**
- (16) **Barnard M, Tzoulis P. Diabetes and thalassaemia. Thalassaemia Rep 2013;3(1 SUPPL.):49-53.**

Abstract: Diabetes is a significant complication of beta-thalassaemia major. The aetiology includes iron overload causing beta-cell destruction, autoimmunity, insulin resistance secondary to liver disease and development of type 1 or 2 diabetes. There are specific issues for patients with diabetes and thalassaemia which will be discussed here. Impaired carbohydrate metabolism must be detected early, to allow intensification of iron chelation. As life expectancy in thalassaemia rises, diabetic complications are seen. Optimising blood glucose and cardiovascular risk factor control is essential. Insulin remains critical for severely symptomatic patients. With milder hyperglycaemia, oral antidiabetic drugs are increasingly used. At Whittington Hospital, we wanted to address these issues. In 2005, we developed a unique Joint Diabetes Thalassaemia Clinic, where patients are reviewed jointly by specialist teams, including Consultant Diabetologist and Haematologist. The Joint Clinic aims to optimise diabetes, endocrine and thalassaemia care, while supporting patient self-management. A retrospective audit of the Joint Clinic (2005-09), showed improvement in glycaemic control, (Fructosamine falling from 344 $\mu\text{mol/l}$ to 319 $\mu\text{mol/l}$). We compared our cohort to the National Diabetes Audit for England (2007-08). Patients attending the Joint Clinic achieved better glycaemic control (target reached: 73% Joint Clinic vs. 63% Nationally), blood pressure control (target reached: 58% Joint Clinic vs. 30% Nationally) and cholesterol control (target reached: 81% Joint Clinic vs. 78% Nationally). 22.7% of our patients had ≥ 1 microvascular complication. A significant proportion had endocrinopathies (86% hypogonadism, 23% hypoparathyroidism, 18% hypothyroidism). Managing diabetes is one of the greatest challenges a person with thalassaemia can face. Training people to self-manage their diabetes and providing support from specialist teams working together

are critical. The unique partnership working of our Joint Diabetes Thalassaemia Clinic allows these very complex patients to be managed effectively. M. Barnard and P. Tzoulis, 2013 Licensee PAGEPress, Italy

- (17) **Barnard M, Tzoulis P. Diabetes in Thalassaemia – Audit of Quality of Care in a Unique Joint Clinic. Oral presentation at 3rd Pan-European Conference on Haemoglobinopathies and Rare Anaemias 2012 (Limassol, Cyprus)**
- (18) **Barnard M, Tzoulis P, Jones R, Prescott E, Shah F. Diabetes and Thalassaemia. Proceedings of 3rd Pan-European Conference on Haemoglobinopathies and Rare Anaemias, Thalassaemia Reports 2012; 2 (s2), Pg 4**
- (19) **Barreto S, Athanasias P, Khan AM, Freeman-Wang T, Pisal N. Ablation treatment for high grade cervical intraepithelial neoplasia: Follow-up of 32 cases. International Journal of Gynecology and Obstetrics 2012 Oct;Conference(var.pagings):S860-S861.**

Abstract: Objectives: Given the overall high risk of progression of both CIN 2 and 3, prompt treatment is recommended, with some exceptions for pregnant women and adolescents. Excisional treatments are often chosen. However, women with no suspicion of invasive disease and no endocervical disease can be candidates for ablative therapy. Our objective is to evaluate the effectiveness of ablation procedures for conservative treatment of high grade cervical intraepithelial neoplasia (HG CIN). **Materials:** Women treated with ablation procedures as a first treatment for HG CIN, in Whittington Hospital - London, from 01.01.2005 to 31.08.2011. **Methods:** Retrospective study using data collected from computerized patient database. **Results:** Ablation procedures were performed to treat 32 non pregnant women (mean age: 29.5 years old) after CIN2 (26 cases) or CIN3 (6 cases) diagnosis, as a first treatment. In all the cases, the transformation zone was entirely visualized and there was no evidence of glandular abnormality or invasive disease. First follow-up was done 6 months after treatment using smear and HPV test: 19 women were discharged after negative results within the first year, 1 been re-referred 4 years after borderline smear and HPV + results; 6 continue surveillance in colposcopy clinic for low grade changes (1 case for vaginal disease). Three women had treatment less than 6 months ago, waiting for the first follow-up clinic. It should be noted that 4 women did not attend follow-up clinics after treatment. None needed repeat treatment. No cases of invasive disease occurred after treatment and no high grade cases persistent were observed. **Conclusions:** In appropriately selected cases of HG CIN, ablation can be a safe alternative treatment, avoiding the increasing preterm delivery risk linked to excisional treatments

- (20) **Behjati S, Jamieson K, Montgomery M, Patel N, Jaswon M. Do paediatric high dependency units in district general hospitals improve patient care? A local review of children presenting with seizures. Arch Dis Child 2012;97(6):582. Available from: URL: <http://adc.bmj.com/content/97/6/582.1.full.pdf+html>**
- (21) **Bird D, Culley L, Lakhanpaul M. 'Why collaborate with children in health research: an analysis of the risks and benefits of collaboration with children.' Arch Dis Child Educ Pract Ed. 2013 Jan 8.**
- (22) **Black CJ, Kuper M, Bellingan GJ, Batson S, Matejowsky C, Howell DCJ. A multidisciplinary team approach to weaning from prolonged mechanical ventilation. British Journal of Hospital Medicine 2012 Aug;73(8):462-6.**
Abstract: Objective: To establish whether multidisciplinary team-led strategies to maintain continuity across the weaning process result in an increase in the proportion of patients surviving prolonged mechanical ventilation and reduce the length of time patients are ventilated. Design: A quality improvement programme was conceived and implemented for patients receiving mechanical ventilation for ≥ 21 days. Setting: University teaching hospital general intensive care unit. Interventions: The

introduction of long-term weaning plans. Measurements and main results: intensive care unit survival odds ratio and 95% confidence interval 0.181 (0.06-0.49) $P < 0.01$ and hospital survival odds ratio and 95% confidence interval 0.2 (0.08-0.61) $P < 0.01$. Duration of mechanical ventilation (median and 95% confidence interval) 53 days (32-74) vs 42 days (39-44) $P = 0.03$. Conclusions: Long-term weaning plans led by a multidisciplinary team were associated with a reduction in intensive care unit and hospital mortality, and duration of mechanical ventilation in patients ventilated for ≥ 21 days. Strategies to maintain continuity in this complex patient group are likely to be fundamental to improving outcome

- (23) **Botterill, W. Solution Focused Brief Therapy – Briefly! International Fluency Association Congress, Tours, July 2012**
- (24) **Bourne T, Barnhart K, Benson CB, Brosens J, Van Calster B, Condous G, et al. Nice on Ectopic Pregnancy and Miscarriage Nice Guidance on Ectopic Pregnancy and Miscarriage Restricts Access and Choice and May be Clinically Unsafe. British Medical Journal 2013;346**
- (25) **Branley HM. Systemic diseases and the lung. Medicine 201240(6):305-309.**
 Abstract: Pulmonary complications may be encountered with many systemic diseases. This article discusses several such complications associated with: vasculitis (Wegener's granulomatosis, Churg-Strauss syndrome); connective tissue diseases (systemic sclerosis, rheumatoid arthritis, systemic lupus erythematosus, polymyositis and dermatomyositis, Sjogren's syndrome, ankylosing spondylitis); diseases of the liver (hepatopulmonary and portopulmonary syndrome) and gastrointestinal tract (inflammatory bowel disease); neurological disease (motor neurone disease, Guillain-Barre syndrome); endocrine disease (obesity and thyroid disorders); haematological disease (lymphoma and common variable immunodeficiency); and orphan lung diseases (lymphangioliomyomatosis, pulmonary Langerhans' cell histiocytosis, alveolar proteinosis, pulmonary amyloidosis, hereditary haemorrhagic telangiectasia, Behcet's disease). Different features of individual diseases are discussed such as typical clinical features, physiology and radiology, and finally an approach to management of such cases. Where relevant there is also discussion of drug-induced lung disease, which can sometimes be difficult to distinguish from disease-related pulmonary disease per se. 2012 Elsevier Ltd. All rights reserved
- (26) **Brightwell A, Minson S, Ward A, Leigh A, Fertleman C. Supporting trainees returning from maternity leave - establishing a return to clinical training course. Arch Dis Child 2013; 98(S1):A13**
- (27) **Casale C, Shen L, Marina N, Gray R, Sufi P, Mohamed-Ali V. Consequences of elevated systemic neuropeptide Y and noradrenaline levels to peripheral microvessel vasoconstriction and brain stem astrocytes. Poster Presentation, American Endocrine Society, June 2013**
- (28) **Carpenter J-P, Grasso AE, Porter JB, Shah F, Dooley J, Pennell DJ. On myocardial siderosis and left ventricular dysfunction in hemochromatosis. J Cardiovasc Magn Reson 201315(1)**
 Abstract: Background: Chronically increased intestinal iron uptake in genetic hemochromatosis (HC) may cause organ failure. Whilst iron loading from blood transfusions may cause dilated cardiomyopathy in conditions such as thalassemia, the in-vivo prevalence of myocardial siderosis in HC is unclear, and its relation to left ventricular (LV) dysfunction is controversial. Most previous data on myocardial siderosis in HC has come from post-mortem studies. Methods. Cardiovascular magnetic resonance (CMR) was performed at first presentation of 41 HC patients (58.9 +/-14.1 years) to measure myocardial iron and left ventricular (LV) ejection fraction (EF). Results: In 31 patients (genetically confirmed HFE-HC), the HFE genotype was C282Y/C282Y (n = 30) and C282Y/H63D (n = 1). Patients with other genotypes (n = 10) were labeled genetically unconfirmed HC. Of the genetically

confirmed HFE-HC patients, 6 (19%) had myocardial siderosis ($T2^* < 20$ ms). Of these, 5 (83%) had heart failure and reduced LVEF which was correlated to the severity of siderosis ($R^2 0.57$, $p = 0.049$). Two patients had follow-up scans and both had marked improvements in $T2^*$ and LVEF following venesection. Myocardial siderosis was present in 6/18 (33%) of patients with presenting ferritin ≥ 1000 $\mu\text{g/L}$ at diagnosis but in 0/13 (0%) patients with ferritin < 1000 $\mu\text{g/L}$ ($p = 0.028$). Overall however, the relation between myocardial siderosis and ferritin was weak ($R^2 0.20$, $p = 0.011$). In the 10 genetically unconfirmed HC patients, 1 patient had mild myocardial siderosis but normal EF. Of all 31 patients, 4 had low LVEF from other identifiable causes without myocardial siderosis. Conclusion: Myocardial siderosis was present in 33% of newly presenting genetically confirmed HFE-HC patients with ferritin > 1000 $\mu\text{g/L}$, and was the commonest cause of reduced LVEF. Heart failure due to myocardial siderosis was only found in these HFE-HC patients, and was reversible with venesection. Myocardial iron was normal in patients with other causes of LV dysfunction. 2013 Carpenter et al.; licensee BioMed Central Ltd

- (29) **Casale C, Shen L, Malik S, Gray R, Sufi P, Heath D, et al. Systemic neuropeptide Y levels are suppressed in the metabolically healthy obese. Endocr Rev Meeting Abstracts 2012;33(3)**

Abstract: Fifty percent of a morbidly obese population are type 2 diabetic (DM), while of the remaining non-diabetic cohort, 30-40% are pathologically obese (PO), and 10-20% being metabolically healthy obese (MHO). Despite the obesity, these groups vary significantly with respect to levels of insulin resistance and their associated pathology. Elevated neuropeptide Y (NPY) could explain the different phenotypes. Caucasian subjects undergoing surgical weight-loss were studied. MHO individuals characterized as non-diabetic patients with absence of CVD, fasting insulin levels < 6.5 mIU/ml , fasting plasma glucose < 6.8 mmol/L , systolic/diastolic BP less than 140/85 mmHg . Adipokine levels were determined by ELISA in serum, adipose tissue and media from organ cultures. Adipose tissue morphology was assessed by histology and insulin resistance by HOMA-IR. Vaso-contractile function of isolated adipose tissue arterioles was determined by wire myography and angiogenesis by bioassay. Expression of angiogenic and adipogenic genes in whole tissue was determined by PCR array. The groups did not differ by BMI. The MHO group had lower insulin levels compared to PO and DM patients ($p < 0.001$) and lower HOMA-IR ($p < 0.001$), triglycerides ($p < 0.001$) and SBP ($p = 0.05$). Circulating adiponectin was significantly higher in MHO individuals ($p = 0.001$) and in DM ($p = 0.03$), perhaps due to hypoglycemic therapy, compared to PO. IL-6 and MCP-1 were not different between groups. However, subcutaneous adipose tissue (SAT) leptin in PO was higher than in the MHO SAT, as a marker of adipocyte hypertrophy, as confirmed by histology in both subcutaneous and omental depots ($p = < 0.001$). Circulating NPY levels: DM 16.1(8.15-27), PO 13.1(6.6-18.6) and MHO [7.4 (3.8-12.4) pg/ml]. Similar trends were apparent in adipose tissue NPY protein levels: DM [SC = 228.5(65.2-708), OM = 1255(588-1500)], PO [SC = 165.8(68.8-480.5), OM = 1048(711-1500)] and MHO group [SC = 59.4(10.2-168.1), OM = 987.6(338-1379)] pg/ml/0.5g tissue. While adipogenic genes were not different in the SAT of MHO versus PO, many angiogenic genes were up-regulated in PO SAT. NPY was also induced angiogenesis in an in vitro bioassay, while inducing transient vasoconstriction in adipose tissue micro-vessels. Circulating NPY levels were singular in demonstrating a graded response between the three groups studied, and, may mediate the differences in insulin resistance and endothelial dysfunction that underlie the DM, PO and MHO phenotypes

- (30) **Chambers C, Athanasias P, Pisal N. Asystole as an extreme vasovagal response to manipulation of the cervix. International Journal of Gynecology and Obstetrics 2012 Oct; Conference(var.pagings):S676**

Abstract: Objectives: We report a case of cardiac arrest after manipulation of the cervix in a patient undergoing a laparoscopic ovarian cystectomy. Materials: A 23 year old nulliparous woman was referred to the gynaecology clinic after an ultrasound

scan revealed an incidental finding of a left ovarian mass (4x4 cm). Her previous medical history involved a right ovarian cystectomy for a mucinous cystadenoma. On clinical examination a left adnexal mobile mass was detected. MRI scan confirmed the diagnosis and tumour markers were normal. Given her previous history, a laparoscopic left ovarian cystectomy and appendicectomy were recommended. Methods: Case report. Results: The patient was admitted and assessed preoperatively by the gynaecologist and anaesthetist, who deemed her fit for surgery. On arrival in theatre, general anaesthesia was induced without complication. Following routine dilatation and instrumentation of the cervix the patient suddenly developed bradycardia at a rate of 30 bpm and finally cardiac asystole. External cardiac massage was commenced and 0.2mg glycopyrolate administered. Resuscitation continued for 30 seconds before sinus rhythm was restored. As the patient recovered immediately and remained haemodynamically stable, the decision was to proceed with the operation. Postoperatively the patient made an uneventful recovery and was discharged the following day. Conclusions: Cardiovascular compromise as a vasovagal response to manipulation of the cervix is an exceptionally rare reaction in women undergoing a variety of gynaecological procedures. The incidence of bradycardia, arrhythmias and syncope has been estimated to be around 10-15% in studies involving insertion or removal of intra uterine devices. We present one of the few cases where instrumentation of the endocervical canal has led to asystole. The complex pathophysiology of this vasovagal response includes parasympathetic activation and sympathetic inhibition resulting in reflex cardiovascular depression, systemic hypotension, bradycardia and rarely asystole. The lack of predisposing factors can cause delays in the prompt diagnosis and management of severe vasovagal episodes. Resuscitation guidelines recommend that if persistent bradycardia occurs IV atropine should be administered. Timely intervention, as in our case, is critical to prevent long term neurological consequences or even fatality

- (31) **Chatterjee R, Shah FT, Davis BA, Byers M, Sooranna D, Bajoria R, et al. Prospective study of histomorphometry, biochemical bone markers and bone densitometric response to pamidronate in beta-thalassaemia presenting with osteopenia-osteoporosis syndrome. British Journal of Haematology 2012 Nov;159(4):462-71**

Abstract: This study aimed to evaluate bone remodelling disorders in thalassaemia by using pamidronate (PD) infusion with or without hormone replacement therapy (HRT) as a diagnostic-therapeutic tool. In this prospective study, 24 adult thalassaemia major (TM) and 10 thalassaemia intermedia (TI) patients received either PD and HRT or HRT only (controls) for 3 years. Eugonadal patients with TI had PD only. Bone remodelling was assessed by dual energy X ray absorptiometry (DXA scan), type 1-collagen biochemical bone markers (BBM) and histomorphometry of iliac crest biopsy before and after PD. As a group, thalassaemics had a significant improvement in spinal and femoral bone mineral density Z scores following PD ($P < 001$) compared to the controls. Although BBM were comparable pre-therapy, they were significantly lower in the PD cohort ($P < 0001$) compared to the control group. All patients had osteopenia, diminished osteoid formation and bone volume on histomorphometry pre-therapy with high turnover bone disease (HTO) in TM and low-turnover disease (LTO) in TI. In TM, bone volume improved significantly, whereas TI patients showed little or no response to PD. In conclusion, histomorphometry data suggest that TM patients have a distinct pathology of high turnover bone disease compared to TI patients, who have low-turnover disease. 2012 Blackwell Publishing Ltd

- (32) **Christensen P, Bartels EM, Riecke BF, Bliddal H, Leeds AR, Astrup A, et al. Improved nutritional status and bone health after diet-induced weight loss in sedentary osteoarthritis patients: A prospective cohort study. Eur J Clin Nutr 2012;66(4):504-509**

Abstract: BACKGROUND/OBJECTIVES: Obese subjects are commonly deficient in several micronutrients. Weight loss, although beneficial, may also lead to adverse changes in micronutrient status and body composition. The objective of the study is to assess changes in micronutrient status and body composition in obese individuals after a dietary weight loss program. SUBJECTS/METHODS: As part of a dietary weight loss trial, enrolling 192 obese patients (body mass index >30 kg/m²) with knee osteoarthritis (>50 years of age), vitamin D, ferritin, vitamin B 12 and body composition were measured at baseline and after 16 weeks. All followed an 8-week formula weight-loss diet 415-810 kcal per day, followed by 8 weeks on a hypo-energetic 1200 kcal per day diet with a combination of normal food and formula products. Statistical analyses were based on paired samples in the completer population. RESULTS: A total of 175 patients (142 women), 91%, completed the 16-week program and had a body weight loss of 14.0 kg (95% confidence interval: 13.3-14.7; P<0.0001), consisting of 1.8 kg (1.3-2.3; P<0.0001) lean body mass (LBM) and 11.0 kg (10.4-11.6; P<0.0001) fat mass. Bone mineral content (BMC) did not change (-13.5 g; P=0.18), whereas bone mineral density (BMD) increased by 0.004 g/cm² (0.001-0.008 g/cm²; P=0.025). Plasma vitamin D and B 12 increased by 15.3 nmol/l (13.2-17.3; P<0.0001) and 43.7 pmol/l (32.1-55.4; P<0.0001), respectively. There was no change in plasma ferritin. CONCLUSIONS: This intensive program with formula diet resulted in increased BMD and improved vitamin D and B 12 levels. Ferritin and BMC were unchanged and loss of LBM was only 13% of the total weight loss. This observational evidence supports use of formula diet-induced weight loss therapy in obese osteoarthritis patients. 2012 Macmillan Publishers Limited. All rights reserved

- (33) **Clatworthy D. Design Features to Assist Patients with Dementia in General Hospitals and Emergency Departments. Nursing Management - UK 2012 Oct;19(6):8**
- (34) **Cook, F.M. The Therapeutic Journey - guided by a Roadmap or a Sat-Nav? International Conference on Stuttering, Rome, June 2012**
- (35) **Dacheva T, Malone-Lee J. The problems affecting the diagnosis of urinary tract infection. Aging Health 2012 Oct;8(5):537-45**

Abstract: A most important contemporary challenge of medicine in the elderly is the diagnosis of urinary tract infection. Recently, a number of studies have challenged the validity of the common, routine urinalysis methods. The evidence implies that there may be a large pool of significant disease that is overlooked. This situation occurs at a time when the use of antibiotics is subject to much censure. Thus the proposition that widespread, inappropriately untreated, urinary infection may exist, does not sit comfortably with the zeitgeist. This article will examine the evidence that contradicts many widely accepted standards with respect to the diagnosis of urinary tract infection. 2012 Future Medicine Ltd

- (36) **Dasgupta D, Mitchell S, Dimmock V, Collin F, Wood E. A Novel Simulation Based Teaching Program for Geriatric Medicine Specialist Trainees in North Thames. Age and Ageing 2013;42:16**
- (37) **De SN, Davis B. Iron, B12 and folate. Medicine 2013;41(4):204-207**

Abstract: Iron, vitamin B12 and folate are required for essential metabolic functions in the body. The deficiency states of these nutrients are clinically important because they are common conditions; untreated, they can cause severe morbidity and, previously in the case of pernicious anaemia, mortality. Although disordered haemopoiesis is a frequent finding in iron, B12 and folate deficiency, widespread effects in other organ systems may also occur and may precede the appearance of

haematological abnormalities. Despite long-established essential biochemical aspects of the metabolism of these nutrients, the application of molecular methods to this field has greatly increased our understanding of the molecular mechanisms involved in their physiology. Furthermore, they have contributed to our understanding of disease processes related to disturbances in the metabolic pathways. 2013 Elsevier Ltd. All rights reserved

- (38) **Delon M. A new model of care for 'leaking legs' (lymphorrhoea) in the community. British Journal of Community Nursing 2012;S12-NaN**

Abstract: A Macmillan-funded lymphoedema/chronic oedema service was commissioned in an inner-London primary care trust (PCT) at the end of 2006 following a scoping exercise. A handful of patients were known to the PCT who had lymphoedema. It was expected that most lymphoedema patients would have lymphoedema secondary to cancer or its treatment. The PCT has a population of 202 000, 51% female and 49% male, 16% of those are 55 or over, compared to a national average of 20.45%, therefore having a younger population than average. Anecdotal information was gathered by the lymphoedema specialist about a large number of patients with wounds on their legs. Nurses often reported their dislike in seeing them, often going off sick with back pain related to treating these patients, and the managers need to allocate different nurses to these patients to spread the perceived heavy workload these patient generated. The average dressings consisted of alginate dressings and crepe bandages. To ascertain the extent of the 'leaking legs' population a prospective audit was carried out by the lymphoedema specialist. The results showed a large number of patient affected by leaking legs, cared for by community nurses with poor healing rates. A business case was successful in funding a nurse to treat this population and a new model of care was introduced, with excellent results, resulting in savings to both the nursing and the dressing budget, as well as improved patients outcome. L2 - Available from EBSCOhost

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- (41) **Erturan G, Holme H, Smith R, Dodds R, Iyer S. Successful use of daptomycin in panton-valentine leucocidin positive Staphylococcus aureus paediatric osteomyelitis. Int J Surg Case Rep 20123(7):238-241**

Abstract: INTRODUCTION: Efficacy of daptomycin has been recorded in adult Gram-positive bone and joint infections OAI (1) and daptomycin has been used as secondary or tertiary agent when primary agents have failed (1, 2) in the treatment of osteoarticular infections caused by Staphylococcus aureus. PRESENTATION OF CASE: We report a 16-year-old schoolboy with Panton-Valentine Leucocidin (PVL) positive methicillin susceptible S. aureus osteomyelitis, who was refractory to 9 days of recognised antimicrobial chemotherapy with progressive multifocal haematogenous spread. Subsequent addition of daptomycin promptly cleared the bacteraemia and arrested the disease process within 9 days. DISCUSSION: Although cases have been reported of daptomycin usage in children with invasive staphylococcus bacteraemia, endocarditis and OAI (2), we believe this to be the first case report describing the use of daptomycin in paediatric osteomyelitis caused by PVL positive S. aureus. CONCLUSION: Repercussions of osteomyelitis, in particular those caused by PVL S. aureus, and evolving resistance patterns internationally, highlight the need for further evaluation of daptomycin in the paediatric arena. The response seen with the addition of Daptomycin in this case suggests possible

reduction in hospital stay and number of surgical procedures when compared to other published series using conventional antibiotic regimens. 2012 Surgical Associates Ltd

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Abstract: This is believed to be the first report of a case of septic arthritis, secondary to intra-articular injection, caused by *Corynebacterium pseudodiphtheriticum* - a skin commensal micro-organism. Review of the literature highlights the rarity of this pathogen in osteoarticular infections and a potential for delayed diagnosis and inadequate treatment due to subtle initial presentation. 2012 SGM

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- (47) **Fry, J.(2013). Therapy within a CBT framework: A reflective conversation. In Cheasman, C., Everard, R. & Simpson, S. (Eds). Stammering Therapy from the Inside – New Perspectives on Working with Young People and Adults**
- (48) **Funnell D, Fertleman C, Carrey L, Brierley J. Quantitative valuation placed by children and teenagers on participation in two hypothetical research scenarios. Journal of Medical Ethics 2012;38(11):686-92**

Abstract: For paediatric medicine to advance, research must be conducted specifically with children. Concern about poor recruitment has led to debate about payments to child research participants. Although concerns about undue influence by such 'compensation' have been expressed, it is useful to determine whether children can relate the time and inconvenience associated with participation to the value of payment offered. This study explores children's ability to determine fair remuneration for research participation, and reviews payments to children participating in research. Forty children were interviewed before outpatient visits at two London Hospitals: Great Ormond Street Children's Hospital and the Whittington Hospital District General Hospital. Children were asked to value their involvement in two hypothetical research scenarios - the first an 'additional blood sample', the second also involving daily oral oil capsules taken for a fortnight before further venesection. Background knowledge about familiarity with money, and experience with hospitalisation was assessed. The mean valuation of involvement in the second scenario (£13.18) was higher than in the first (£2.84) ($p < 0.001$). This higher valuation persisted when children were categorised into groups 'aged 12+' and 'below 12'. Those undergoing a blood test on the day placed a higher valuation on participation in the second scenario (£10.43, £21.67, $p = 0.044$). These children aged 8-16 demonstrated the capacity to discern a fair valuation for participation in medical research. The monetary sums are influenced by the time and inconvenience involved in the research, and by the extent of recent experience with hospital procedures. The authors review current ethical thinking regarding payments to child research participants and suggest that a fair wage model might be an ethically acceptable way to increase participation of children in research.

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- (50) **Gibson F, Shipway L, Aldiss S, Hawkins J, King W, Parr M, et al. Exploring the work of nurses who administer chemotherapy to children and young people. European Journal of Oncology Nursing 2013 Feb;17(1):59-69**

Abstract: Abstract: Purpose of the research: To explore the knowledge, attitudes and beliefs of nurses who administer chemotherapy to children and young people. Methods and sample: A national postal survey of nurses working within the 21 cancer centres in the United Kingdom and Ireland. The questionnaire included 25-items addressing the attitudes, beliefs and concerns regarding nurses' roles, support mechanisms and educational preparation related to administration of chemotherapy. Results: In total 286/507 (56%) questionnaires were returned. The majority of nurses worked in inpatient +/-outpatient (78%) settings and most gave chemotherapy on a daily basis (61%). The median time working in oncology was 10 [range 0.5-32] years and time administering chemotherapy was 8 [0.1-32] years. Aspects of administration that caused the most worry included treatment side-effects, extravasation, dealing with allergic/anaphylactic reactions and knowledge deficits in colleagues. There was no significant difference in worry according to level of nurse education but those with an oncology qualification had less Knowledge-related worry ($p = 0.05$). There was no difference in attitude according to level of education or having an oncology qualification. There were significant correlations between time qualified, time working in oncology and the number of years administering chemotherapy and the worry domains (ranging from $r = -0.14$ to $r = 0.24$, $p < 0.05$); and attitude to chemotherapy (ranging from $r = 0.12$ to $r = 0.26$, $p < 0.001$). Conclusion: As anticipated nurses new to chemotherapy administration were initially anxious about the role and they worried about making a drug error. Education and support from colleagues appears to have a positive effect on reducing worry and increasing competence

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Abstract: Background In response to the 2009 H1N1 influenza pandemic, health care workers (HCWs) were offered immunization with H1N1 vaccine in addition to seasonal flu vaccine. Previously, low rates of influenza vaccine uptake in HCWs have been attributed to concerns about vaccine clinical effectiveness, side effects and access difficulties. Aims To explore H1N1 influenza vaccination of HCWs in London during 2009-10 and examine reasons for vaccine refusal. Methods An online questionnaire survey of doctors and nurses working in two primary care trust (PCT)

areas and one acute trust area was carried out in London. Results Only 59% of the 221 respondents had been immunized with H1N1 influenza vaccine and 43% with seasonal influenza vaccine. The commonest reasons for remaining unvaccinated were 'side effects', 'swine flu not severe' and 'concerns about clinical effectiveness of the vaccine'. Respondents who had been vaccinated that season gave positive feedback on their experience. Conclusions While uptake among HCWs was greater for the pandemic vaccine than is usually seen with seasonal influenza vaccine, this survey suggests that in this area of London during the 2009 pandemic, HCWs refused H1N1 vaccination due to concerns about clinical effectiveness, side effects and perceptions that H1N1 infection was not generally severe. We found no evidence to suggest poor access was a barrier to H1N1 vaccination of HCWs. If good access is maintained, the key barrier to improving seasonal flu vaccine uptake lies with informing the personal risk assessment made by the HCW

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Cardiopulmonary exercise testing predicts postoperative outcome in patients undergoing gastric bypass surgery. *British Journal of Anaesthesia* 2012 Oct;109(4):566-71.

Abstract: Background For several types of non-cardiac surgery, the cardiopulmonary exercise testing (CPET)-derived variables anaerobic threshold (AT), peak oxygen consumption (peak), and ventilatory equivalent for CO₂ (V_E/V_{O₂}) are predictive of increased postoperative risk: less physically fit patients having a greater risk of adverse outcome. We investigated this relationship in patients undergoing gastric bypass surgery. Methods All patients (<190 kg) who were referred for CPET and underwent elective gastric bypass surgery at the Whittington Hospital NHS Trust between September 1, 2009, and February 25, 2011, were included in the study (n121). Fifteen patients did not complete CPET. CPET variables (peak, AT, and V_E/V_{O₂}) were derived for 106 patients. The primary outcome variables were day 5 morbidity and hospital length of stay (LOS). The independent t-test and Fisher's exact test were used to test for differences between surgical outcome groups. The predictive capacity of CPET markers was determined using receiver operating characteristic (ROC) curves. Results The AT was lower in patients with postoperative complications than in those without [9.9 (1.5) vs 11.1 (1.7) ml kg⁻¹ min⁻¹, P0.049] and in patients with a LOS>3 days compared with LOS≤3 days [10.4 (1.4) vs 11.3 (1.8) ml kg⁻¹ min⁻¹, P0.023]. ROC curve analysis identified AT as a significant predictor of LOS>3 days (AUC 0.640, P0.030). The peak and V_E/V_{O₂} were not associated with postoperative outcome. Conclusions AT, determined using CPET, predicts LOS after gastric bypass surgery. The Author [2012]. Published by Oxford University Press on behalf of the British Journal of Anaesthesia. All rights reserved

(57) **Holme H, Bhatt R, Koumettou M, Griffin MAS, Winckworth LC. Retrospective evaluation of a new neonatal trigger score. *Pediatrics* 2013131(3):e837-e842.**

Abstract: OBJECTIVES: To design and validate an objective clinical scoring system to identify unwell neonates, by using routinely collected bedside observations. METHODS: A Neonatal Trigger Score (NTS) was designed by using local expert consensus and incorporated into a new observation chart. All neonates >35 weeks' gestation admitted to the NICU over an 18-month period, and an age-matched "well" cohort, were retrospectively scored by using the newly constructed NTS and all established pediatric early warning system (PEWS) scores. RESULTS: Scores were calculated for 485 neonates. The NTS score area under the receiver operating characteristic curve was 0.924 with a score of 2 or more predicting need for admission to the NICU with 77% sensitivity and 97% specificity. Neonates scoring ≥2 had increased odds of needing intensive care (odds ratio [OR] 48.7, 95% confidence interval [CI] 27.5-86.3), intravenous fluids (OR 48.1, 95% CI 23.9-96.9), and continuous positive airway pressure (OR 29.5, 95% CI 6.9-125.8). The NTS was more sensitive than currently established PEWS scores. CONCLUSIONS: The NTS observation chart acts as an adjunct to clinical assessment, highlighting unwell neonates. Its simplicity allows successful and safe use by nonpediatric specialists.

NTS out-performed PEWS, with significantly better sensitivity, particularly in neonates who deteriorated within the first 12 hours after birth ($P < .001$) or in neonates with sepsis or respiratory symptoms ($P < .001$). Neonates with a score of 1 should be reviewed and those scoring ≥ 2 should be considered for NICU admission for further management. Copyright 2013 by the American Academy of Pediatrics

- (58) **Irvine K, Laws K, Gale R, Kondel TK. (2012). Greater cognitive deterioration in women than men with Alzheimer's disease: A meta analysis. Journal of Clinical and Experimental Neuropsychology, 34(9), 989-998**
- (59) **Jawad I, Athanasias P, Pisal N. Comparative study of outpatient hysteroscopy vs transvaginal sonography in the evaluation of endometrial pathology. International Journal of Gynecology and Obstetrics 2012 Oct;Conference(var.pagings):S679**

Abstract: Objectives: Ultrasound imaging has a pivotal role in the assessment of endometrial pathology. However, it is closely dependent on the operator's skills and the quality of the scanning equipment. We compared the ultrasound diagnostic performance with the outpatient hysteroscopy findings on pre and post menopausal symptomatic women that were referred to our department. Materials: 244 women with menstrual irregularities or postmenopausal bleeding underwent outpatient hysteroscopy over 22 months in the gynaecology department in a district general hospital. All of the patients underwent ultrasound assessment of the endometrial cavity prior to the outpatient hysteroscopy. We assessed the correlation between the ultrasound and hysteroscopy findings. Methods: Retrospective study in a district general hospital. Data was collected from the outpatient hysteroscopy clinic registry, the hospital notes and the computer database. Results: A total of 119 out of the 253 patients had hysteroscopy findings that did not correlate with their ultrasound assessments. 76 patients had pathological findings on hysteroscopy that were not detected on ultrasound and conversely 43 patients had a normal hysteroscopy despite focal pathologies being identified on ultrasound. Of the 76 patients whose focal pathologies were not seen on ultrasound, 44 had uterine polyps, 18 had submucosal fibroids and 14 had endometrial abnormalities such as thickening or polypoidal endometrium which were found on hysteroscopy. The remaining patients had ultrasound findings that correlated with their hysteroscopy findings. 91 patients underwent ultrasound scans that were essentially normal and 43 patients had pathologies identified on both investigations. The 43 patients who had findings which correlated with their ultrasound scans included 20 patients with fibroids, 20 patients with polyps and 3 patients with endometrial thickening. Conclusions: Transvaginal ultrasonography is an established method for the evaluation of the endometrium but as it depends enormously on the operator's skills can be misleading. In our study more than 50% of the women with endometrial polyps and fibroids were diagnosed accurately only after an outpatient hysteroscopy as the sensitivity of this procedure was significantly higher compared to ultrasonography

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 Abstract: Guidelines were developed at the Whittington Hospital paediatric emergency department (ED) for a nurse-led discharge pathway, initially for children presenting to the department having accidentally ingested a substance that was potentially toxic. Following the new pathway led to cuts in average time in hospital, time to treatment, and costs. Patients' experience of the emergency service was reported to be improved. L2 - Available from
- (72) **Leonard PC. Imperturbability is not incompatible with clinical empathy. British Medical Journal 2012;345**
- (73) **Li Shen OJ. Winner of Young Writer's Competition: How loud is the unquiet mind? William Sargant (1907-88) and British psychiatry in the mid-20th century. J Med Biogr 2012 May;20(2):71-8**

Abstract: William Walters Sargant (1907-1988) is credited, for better or for worse, with putting physicalist psychiatry on the map--at the expense of the dictum 'primum non nocere' (first do no harm). He was an outspoken supporter and practitioner of what he termed the 'practical rather than philosophical approaches' to the treatment of mental illness. This paper examines Sargant's fascinating career, beginning with the reasons behind lifelong passion for radical psychiatry, then discusses the various physical treatments he pioneered and publicized during his three decades at St Thomas' including prolonged electroconvulsive therapy, insulin coma therapy, dangerous combinations of antidepressants and, most notably, prefrontal leucotomy. His heady mix of dogma and charisma enabled him to get away with flying in the face of evidence-based medicine--but not without courting the considerable controversy and

contempt that was to so blacken his reputation posthumously. This paper ends with comments on misguided and misplaced enthusiasm in the history of therapeutics, acknowledgement of Sargent's positive contributions to psychiatry and finally a reminder not to be tempted to pass post hoc judgement on the man or his legacy all too quickly

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Abstract: Objective: To explore associations between bullous pemphigoid (BP) and previous drug use in the United Kingdom. Design: A case-control study comparing the drug history of consecutive patients with BP and control subjects. Setting: Tertiary care center for immunobullous diseases and skin tumor clinics at Oxford University Hospitals. Patients or Other Participants: Eighty-six consecutive BP patients and 134 consecutive controls from the same region and similar in age and sex who presented with other dermatological diagnoses. Main Outcome Measures: Crude and adjusted odds ratios and 95% confidence interval of BP in relation to each drug. Results: Loop diuretics were used significantly more frequently by the BP patients (crude odds ratio, 2.4 [95% CI, 1.2-5.0; P=.02]; adjusted odds ratio, 3.8 [1.5-9.7; P=.006]). No significant differences were found between groups for use of other diuretics, aspirin, antidepressants, antiepileptics, antihypertensives, or central nervous system agents (eg, antipsychotics). Patients with BP used calcium or vitamin D supplements, antibiotics, antihistamines, and prednisolone significantly more often on multivariate analysis. Conclusions: The findings of our study demonstrate increased use of loop diuretics in patients with BP before the development of BP. The mechanism behind such an association clearly warrants further investigation. 2013 American Medical Association

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- (78) **Luther V, Townell J, Rahman H, Loong CY. Fever and haemoptysis in an injecting drug user. BMJ (Clinical research ed) 2012;344:e1568.**
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- (80) **Majumdar K, Barnard M. Tuberculosis in the pituitary – a common pathology in an uncommon site. Oral presentation at 15th Clinicopathological Conference on Pituitary Disease 2013 (London)**
- (81) **McCauley M, Liebling-Kalifani H, Hughes J. Military Mental Health Professionals On Operational Deployment: An Exploratory Study. Community Mental Health Journal 2012 Apr;48(2):238-48**

Abstract: This exploratory study aimed to develop greater insight into the occupational and personal nature of the practice of mental healthcare on operational deployments. Twenty-eight British military mental health professionals were identified as having recently returned from deployment, with 35% agreeing to participate in semi-structured qualitative interviews. Results suggest that whilst this population have a

range of stressors, their main concern is to work towards the success of the overall mission objectives, mainly through achieving their clinical goals. Such work is impacted by challenges such as ethical difficulties, professional obstacles, bonding with colleagues and personal issues. They do however rely upon a range of intra and inter-personal strategies to overcome these hurdles successfully. A number of suggestions for improved mental healthcare on deployment are also identified. A review of the implications of the findings is offered and recommendations for improved training and support for mental healthcare professionals are explored. Finally, potential avenues for future research are considered

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(83) **Manikam L, Blackwell N, Banerjee J, Nightingale P, Lakhanpaul M. Improving assessment of paediatric acute breathing difficulties in medical education: a cluster randomized controlled trial. Acta Paediatrica, 2013, doi: 10.1111/apa.12187**

(84) **McGraw C, Coleman B, Ashman L, Hayes S. The role of the pharmacy technician in the skill-mixed district nursing team. British Journal of Community Nursing 2012 Sep;17(9):440-4**

Abstract: Registered nurses in the district nursing service delegate a broad range of medication administration activities to healthcare assistants. Although healthcare assistants have provided extra capacity, not all activities are suitable for delegation to unregulated practitioners. At the same time, their competency assessment is often patient-specific and demands significant registered nursing input. The purpose of this 6-month pilot programme was to test the premise that the employment of a pharmacy technician in the district nursing service would enhance productivity levels and deliver cost savings. Activities delegated included the administration of oral tablets and subcutaneous insulin and low molecular weight heparin injections. The evaluation found that the introduction of the pharmacy technician was associated with neither enhanced productivity nor more than modest cost savings. However, role redesign is a long-term activity and their role could be built on with further competency analysis

(85) **Miakhil I, Kupelian A, Ghei M, Maraj B, Lee JM. Evidence for missed urinary infection in male LUTS. J Endourol 2012 Sep;Conference(var.pagings): A143-A144.**

Abstract: OBJECTIVE: Introduction: The diagnosis of male LUTS often defies investigation. The recent discrediting of routine urinalysis methods mean that the exclusion of infection and inflammation in male LUTS patients cannot be assumed. Purpose: This study tested the hypothesis that male patients with LUTS would differ from normal controls in showing evidence of urinary tract inflammation and/or infection when scrutinised by modern analysis techniques. METHODS: Patients with LUTS, and asymptomatic controls, were characterised by validated questionnaires. Midstream urine samples were analysed by routine culture and dipsticks. Pyuria was quantified by fresh urine microscopy; urinary cytokines IL6 (Figure presented) and ATP were assayed; and the spun urinary sediment was cultured on chromogenic agar. The non-parametric Mann Whitney U test compared groups. RESULTS: The male LUTS (N = 28) patients differed markedly from controls (N = 46) by manifesting higher microscopic pyuria (U = 420, df = 1, P < .0001); dramatically higher urinary ATP (U = 0, df = 1, p < .0001) and IL6 (U = 130, df = 1, p < .0001); and high colony counts on sediment culture (U = 12.5, df = 1, p < .0001; Figure). All controls were MSU culture negative, and all but one LUTS patient. The dipsticks were similarly misleading. CONCLUSIONS: These data are compelling evidence incriminating urinary tract inflammation and infection in male LUTS patients who would be exonerated by routine urinalysis

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- (89) Mistry K, Ramar S, Oshowo A, Mukhtar H. Post radiotherapy low rectal cancer staging MRI scans: Are they value for money? *Colorectal Disease 2012 Oct;Conference(var.pagings):21*

Abstract: Aim: This study assesses the value of post radiotherapy MRI scans in operative treatment decisions for low rectal cancers in our hospital. Method: All patients with resectable, low rectal cancers (up to 5 cm from the anal verge) and preoperative MRI staging, discussed at our colorectal MDT to determine whether pre-operative radiotherapy was indicated were included in this retrospective study. Pre and post radiotherapy MRI scan staging was compared with resected specimen histology staging. Results: Twenty-six patients were identified of which 20 had pre-operative radiotherapy. Eightyfive percent of patients that had pre-operative radiotherapy showed same or lower T stage, of which 55% had T stage reduction on final histology. Of the six patients that did not receive radiotherapy, 67% had higher T stage on final histology staging and 33% showed no difference. The majority of post radiotherapy MRI scans were unable to provide accurate T staging due to post radiotherapy changes in the pelvis and did not influence operative management. Conclusions: Our experience questions the need for post radiotherapy MRI scans because the operative decision is made on the basis of the initial staging MRI. We recommend that patients should only have post radiotherapy staging CT scans to exclude metastatic disease

- (90) Mistry K, Penna M, Fan K, Chitale S. Tele-consultations for male sexual dysfunction and lower urinary tract symptoms: Patients' perspective. *Journal of Sexual Medicine 2012 Dec; Conference(var.pagings):379*

Abstract: Objective: After initial consultation and focussed examination patients with male sexual dysfunction (MSD) and lower urinary tract symptoms (LUTS) are followed up in clinic to monitor their progression. Often, subsequent consultations do not require physical examination. Teleconsultations have been used successfully in several specialities to monitor chronic disease. In this study we assessed patients' attitudes towards a tele-consultation service for follow-up in place of the traditional face-to-face consultation in outpatient clinics. Methods: 47 patients were included in our study. Patients with MSD and LUTS were recruited to the study over a 3-month period by a consultant urologist after an initial outpatient clinic appointment. Following their first tele-consultation, patients were asked to complete a telephone questionnaire on their experience of the consultation with reference to quality of consult, monetary savings and time taken off work. All patients that had a telephone consultation and agreed to participate in out telephone questionnaire were included. Results: 89% of patients of rated their tele-consultation experience as excellent or good and 77% would be happy continue with having teleconsultations. The majority of patients reported a considerable time and financial saving by not having to attend the outpatients department without compromising the quality of consultation and level

of information gained. Over two thirds of patients reported taking less time off work as a result of the tele-consultation. Conclusion: Follow-up tele-consultations can be effectively used as an alternative to traditional face-to-face consultations for patients with MSD and LUTS. Our study has shown high rates of satisfaction with the service in addition to cost and time saving benefits for the patient. Despite the telephone charges that will be incurred, tele-consultations will lead to savings to the hospital through reduced consultation room occupancy, nursing and administrative input

- (91) **Mistry K, Pal P, Chitale S. A simple two-stage "bailout" technique for the removal of an unyielding ureteric stent. Urology 2013;82(1):242-244**

Abstract: Objective: To describe a simple technique that can be used to manage an unexpected mildly to moderately (<10 mm) encrusted ureteric stent with consummate ease when time, equipment, or experience are unavailable. Methods: We present a series of 5 patients with impacted ureteric stents that were difficult to remove owing to presumed encrustation of the upper end. The indwelling time for the stent ranged from 8 to 16 weeks. All 5 patients were managed by insertion of a second ureteric stent alongside the original one. Result: The encrusted stents were successfully retrieved in all 5 patients at a subsequent visit after the insertion of the second stent, without the need for further specialist equipment or expertise. Conclusion: Insertion of a second stent next to an unyielding, encrusted ureteric stent is a safe, simple, and effective technique to aid in its retrieval. We propose that it should be considered in select patients where encrustation is unexpected and an experienced endourologist is unavailable. 2013 Elsevier Inc. All Rights Reserved

- (92) **Mistry K, Penna M, Dindyal S, Mukhtar H. A mucinous cystic neoplasm of the mesocolon showing features of malignancy. Case reports in surgery 2012;2012:727105**

Abstract: Mucinous cystic neoplasms are rare tumours of uncertain histogenesis. They arise from the ovaries, pancreas, and other intra-abdominal sites but more unusually from the mesocolon. They can present with abdominal pain, distension, or a palpable mass but are commonly an incidental finding. We describe the case of a 48-year-old woman who was found to have an incidental left pelvic cyst on computed tomography. Subsequent laparoscopic excision and histological analysis demonstrated the cyst to be a borderline malignant mucinous tumour arising from the mesocolon. Mucinous tumours should be considered in the differential diagnosis of all intra-abdominal cysts and treatment should be by surgical complete excision

- (93) **Mohamed-Ali V, Casale C, Malik SN, Lei S, Heath DI, Sufi P, Gray R, Marina N, Cotena E, Gilbey MP. Prevalence and treatment of depression are differentially associated with pathological obesity and metabolically healthy obesity. Presented at American Endocrine Society Meeting 2012**

- (94) **Morris R, Morris P. Participants' experiences of hospital-based peer support groups for stroke patients and carers. Disability and Rehabilitation 2012;34(4):347-54**

Abstract: Purpose: The aim was to examine stroke patients', carers' and volunteer supporters' experiences of peer support groups during hospital rehabilitation. Methods: Semi-structured interviews and questionnaires were analysed by inductive thematic analysis. Participants also answered a standardised Therapeutic Factors Inventory (TFI). Results: Five superordinate themes emerged for patients, carers and volunteer supporters. Three themes related to group processes; 'practical issues' (five subthemes), 'staff presence', 'similarity-difference', and comparison with other group members. 'Value of peers' (five subthemes) described beneficial outcomes. The 'similarity-difference' theme and four subthemes under 'value of peers' were related to

items from the TFI which drew agreement from most participants. The supporters had some unique themes; two were concerned with group organisation, one was the experience of 'being helpful to others' and one described the experiences of training. As well as its links with themes, agreement with TFI items revealed experiences that did not emerge as themes; feeling secure, expressing emotions and increased independence. Conclusions: Participation in the group was experienced as beneficial by participants. Benefits included helpful information, advice, making new connections and increased awareness of stroke. Participants identified important group processes such as upward and downward comparison. Responses to the TFI suggested that attendance brought therapeutic gains

- (95) **Moulster G, Ames S, Griffiths T. A new framework for learning disability nursing: implementation. Learning Disability Practice 2012;15(8):20-5**

Abstract: In this, the final article in a series of three, Gwen Moulster, Sarah Ames and Tom Griffiths describe the piloting, implementation, auditing and evaluation of the eclectic Moulster and Griffiths framework for learning disability nursing practice. They also highlight some of the issues involved in shifting conventional ideas to a more contemporary methodology of learning disability nursing.

- (96) **Mulnier H, Barnard M, Forbes A, Aitchison W, Potts H, Noble L, et al. Effect of a self-management programme on glycaemic control and weight in people with established Type 2 diabetes. Diabet Med 2013;30:131**

Abstract: Aims: The Co-Creating Health (CCH) project has been running nationally for five years. A component of this project is a selfmanagement programme providing advice for people with diabetes. We provide evidence for the programme's impact on weight and glycaemic control in the London Boroughs of Lambeth and Southwark. Method: Data were collected retrospectively using the date the individual joined the programme as the index date. A weight or glycated haemoglobin (HbA1c) within one year before the index date was accepted as the person's baseline. A reading more than six weeks after, but within one year from starting, was accepted as a post-programme reading. Results: There were 90 people with an HbA1c before and after the programme. Of these 46 were men (51%), the average age was 65 years (range 41-87, SD 10.8) and average diabetes duration was 9.5 years (range 1-30 years, SD 7.0 years). The mean preprogramme HbA1c was 7.7% (SD 1.77%) and post-programme 7.4% (SD 1.69), with a statistically significant fall of 0.3%, $p = 0.029$. Mean pre-programme weight was 88kg (SD 20.7) and postprogramme 87kg (SD 20.4), which was also statistically significant ($p = 0.037$). Conclusion: The data show a modest improvement in glycaemic control without weight gain. This improvement has been achieved in a group of patients with an average duration of diabetes of 10 years. This shows that a self-management programme has the potential to make a clinically important difference in patients with established diabetes

- (97) **Myers J. No More Casualties: Breaking the Glass Ceiling in the Care Profession. Cancer Nursing Practice 2012 Jul;11(6):11**
- (98) **Myers J. Reviews. Paediatrics at a Glance -- Second edition. Nursing Standard 2012 May 23;26(38):30**
- (99) **Myers J. Reviews. The Great Ormond Street Hospital Manual of Children's Nursing Practices. Nursing Standard 2012 Oct 10;27(6):28**
- (100) **Myers J. Leaders need to show more courage. Nursing Standard 2012 Oct 3;27(5):1**
- (101) **Myers J. No More Casualties: Breaking the Glass Ceiling in the Care Profession. Cancer Nursing Practice 2012 Jul;11(6):11**

- (102) **Myers J. Reviews. No More Casualties: Breaking the Glass Ceiling in the Care Profession. Nursing Standard 2012 May 9;26(36):30**
- (103) **Myers J. Reviews. Paediatrics at a Glance -- Second edition. Nursing Standard 2012 May 23;26(38):30**
- (104) **Myers J. Reviews. The Great Ormond Street Hospital Manual of Children's Nursing Practices. Nursing Standard 2012 Oct 10;27(6):28**
- (105) **Nadarajan V, Goddin J, Luder D, Doshi A. An unusual bump on the head. Intraextracranial meningioma presenting incidentally. BMJ Case**

Abstract: Meningiomas are common intracranial tumours which rarely extend to extra cranial sites. Here, the authors report a rare case of an intracranial meningioma with extracranial spread into the subcutaneous tissues of the scalp, with a brief overview of the literature. An 82-year-old man presented following a fall. At the time of assessment, it was noted that he had a large deformity over the frontal area of his scalp. It was unclear as to the duration of this deformity. Following an inconclusive CT head he underwent a MRI head which revealed an intracranial mass which extended across the frontal lobes. The mass permeated through the skull and extended through to the scalp. He underwent a biopsy of the extracranial component. The histology of which suggested a benign meningioma with low mitotic activity. Copyright 2012 BMJ Publishing Group. All rights reserved

- (106) **Nathaniel CA, Pal P, Penna M, Maraj B, Ghei M. Holmium laser stone fragmentation for upper tract calculi is feasible. J Endourol 2012 Sep;Conference(var.pagings):A382**

Abstract: OBJECTIVE: Treatment modality for upper tract calculi varies amongst urologists. We report the outcomes of endoscopic approach as the sole method from a single centre in a district hospital where ESWL is not readily available. METHODS: We performed a retrospective analysis of 31 patients. Stone burden and location via unenhanced Computed tomography, the number of procedures required for stone clearance and post operative complications were recorded. RESULTS: 10 patients underwent flexible ureteroscopy with 21 undergoing rigid ureteroscopy. The mean number of procedures was 1.1. Three patients required 2 procedures each for stone clearance. Of the 10 renal stone patients, there was one partial staghorn with the remaining 9 having an average stone burden of 8mm, with the range from 5mm to 10mm. The mean stone burden for this group was 7.9 mm. The average stone burden for the ureteric stones was 8.5mm, with the range from 4mm to 13mm. The mean for this cohort was 7.65mm. All patients were stented post operatively with removal between 1-4 weeks. Three patients had two nights stay with 28 having one night. There were no post operative complications recorded. No patients required adjuvant treatment such as PCNL or ESWL. CONCLUSIONS: Retrograde endoscopic laser stone fragmentation continues to remain a safe and effective procedure for stone clearance. There were minimal complication rates and short post-operative stay. Additionally, there were very few repeat procedures

- (107) **Neufeld EJ, Galanello R, Viprakisit V, Aydinok Y, Piga A, Harmatz P, et al. A phase 2 study of the safety, tolerability, and pharmacodynamics of FBS0701, a novel oral iron chelator, in transfusional iron overload. Blood 2012;119(14):3263-3268**

Abstract: This was a 24-week, multicenter phase- 2 study designed to assess safety, tolerability, and pharmacodynamics of FBS0701, a novel oral chelator, in adults with transfusional iron overload. Fifty-one patients, stratified by transfusional iron intake, were randomized to FBS0701 at either 14.5 or 29 mg/kg/d (16 and 32 mg/kg/d salt form). FBS0701 was generally well tolerated at both doses. Forty-nine patients (96%) completed the study. There were no drug-related serious adverse events. No adverse

events (AEs) showed dose-dependency in frequency or severity. Treatment-related nausea, vomiting, abdominal pain, and diarrhea were each noted in < 5% of patients. Mean serum creatinine did not change significantly from Baseline or between dose groups. Transaminases were increased in 8 (16%), three of whom acquired HCV on-study from a single blood bank while five had an abnormal baseline ALT. The 24 week mean change in liver iron concentration (LIC) at 14.5 mg/kg/d was +3.1 mg/g (dw); 29% achieved a decrease in LIC. Mean LIC at 29 mg/kg/d was -0.3 mg/g (dw); 44% achieved a decrease in LIC (P < .03 for LIC between doses). The safety and tolerability profile at therapeutic doses compare favorably to other oral chelators. This trial was registered at www.clinicaltrials.gov as NCT01186419. 2012 by The American Society of Hematology

- (108) **Onslow, M. & Millard, S.K. (2012). Palin Parent Child Interaction Therapy and the Lidcombe Program: Clarifying some issues. Journal of Fluency Disorders, 37, 1-8**
- (109) **Ooi JLS. Winner of Young Writer'S Competition How Loud Is the Unquiet Mind? William Sargant (1907-88) and British Psychiatry in the Mid-20Th Century. J Med Biogr 2012;20(2):71-8**

Abstract: William Walters Sargant (1907-1988) is credited, for better or for worse, with putting physicalist psychiatry on the map at the expense of the dictum *primum non nocere* (first do no harm). He was an outspoken supporter and practitioner of what he termed the 'practical rather than philosophical approaches' to the treatment of mental illness. This paper examines Sargant's fascinating career, beginning with the reasons behind lifelong passion for radical psychiatry, then discusses the various physical treatments he pioneered and publicized during his three decades at St Thomas' including prolonged electroconvulsive therapy, insulin coma therapy, dangerous combinations of antidepressants and, most notably, prefrontal leucotomy. His heady mix of dogma and charisma enabled him to get away with flying in the face of evidence-based medicine but not without courting the considerable controversy and contempt that was to so blacken his reputation posthumously. This paper ends with comments on misguided and misplaced enthusiasm in the history of therapeutics, acknowledgement of Sargant's positive contributions to psychiatry and finally a reminder not to be tempted to pass post hoc judgement on the man or his legacy all too quickly

- (110) **Oostenbrink R, Thompson M, Lakhapaul M, Steyerberg EW, Coad N, Moll HA. Children with fever and cough at emergency care: diagnostic accuracy of a clinical mode to identify children at low risk of pneumonia. Eur J Emergmed. 2012 Aug 3. Epub ahead of print**
- (111) **Pal K, Eastwood SV, Michie S, Farmer AJ, Barnard ML, Peacock R, et al. Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2013;(3)**

Abstract: Background Diabetes is one of the commonest chronic medical conditions, affecting around 347 million adults worldwide. Structured patient education programmes reduce the risk of diabetes-related complications four-fold. Internet-based self-management programmes have been shown to be effective for a number of long-term conditions, but it is unclear what are the essential or effective components of such programmes. If computer-based self-management interventions improve outcomes in type 2 diabetes, they could potentially provide a cost-effective option for reducing the burdens placed on patients and healthcare systems by this long-term condition. Objectives To assess the effects on health status and health-related quality of life of computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus. Search methods We searched six electronic

bibliographic databases for published articles and conference proceedings and three online databases for theses (all up to November 2011). Reference lists of relevant reports and reviews were also screened. Selection criteria Randomised controlled trials of computer-based self-management interventions for adults with type 2 diabetes, i.e. computer-based software applications that respond to user input and aim to generate tailored content to improve one or more self-management domains through feedback, tailored advice, reinforcement and rewards, patient decision support, goal setting or reminders. Data collection and analysis Two review authors independently screened the abstracts and extracted data. A taxonomy for behaviour change techniques was used to describe the active ingredients of the intervention. Main results We identified 16 randomised controlled trials with 3578 participants that fitted our inclusion criteria. These studies included a wide spectrum of interventions covering clinic-based brief interventions, Internet-based interventions that could be used from home and mobile phone-based interventions. The mean age of participants was between 46 to 67 years old and mean time since diagnosis was 6 to 13 years. The duration of the interventions varied between 1 to 12 months. There were three reported deaths out of 3578 participants. Computer-based diabetes self-management interventions currently have limited effectiveness. They appear to have small benefits on glycaemic control (pooled effect on glycosylated haemoglobin A1c (HbA1c): -2.3 mmol/mol or -0.2% (95% confidence interval (CI) -0.4 to -0.1; P = 0.009; 2637 participants; 11 trials). The effect size on HbA1c was larger in the mobile phone subgroup (subgroup analysis: mean difference in HbA1c -5.5 mmol/mol or -0.5% (95% CI -0.7 to -0.3); P < 0.00001; 280 participants; three trials). Current interventions do not show adequate evidence for improving depression, health-related quality of life or weight. Four (out of 10) interventions showed beneficial effects on lipid profile. One participant withdrew because of anxiety but there were no other documented adverse effects. Two studies provided limited cost-effectiveness data - with one study suggesting costs per patient of less than \$140 (in 1997) or 105 EURO and another study showed no change in health behaviour and resource utilisation. Authors' conclusions Computer-based diabetes self-management interventions to manage type 2 diabetes appear to have a small beneficial effect on blood glucose control and the effect was larger in the mobile phone subgroup. There is no evidence to show benefits in other biological outcomes or any cognitive, behavioural or emotional outcomes

- (112) **Pal O, Ghei M, Maraj BH, Malone-Lee J. Mixed growth of doubtful significance is on the contrary wholly significant in patients with LUTS. BJU Int 2012;109:45**

Abstract: Introduction: UTI, diagnosed by MSU culture depends on the 1957 Kass criteria of 105 cfu ml⁻¹ of a single species of a known urinary pathogen. The validation of this threshold was not rigorous and recent times have seen much criticism of its accuracy. This criterion dismisses 'mixed growth of doubtful significance'. There is no evidence to exonerate mixed colonies and so this study tested the hypothesis. Methods: Normal controls, and patients with non-acute LUTS had symptoms measured and an MSU cultured. Fresh urine specimen was examined microscopically to count pyuria. Four groups were compared, normal controls, LUTS no growth, LUTS mixed growth and LUTS positive culture. Results: 43 control specimens (M = 10, F = 33, Mean age 41 sd = 15) and 7517 LUTS patients (M = 719 F = 6798, Mean age 56, sd = 17) provided data. 58% had storage symptoms; 16% had stress incontinence; 20% had voiding dysfunction and 28% had non-dysuric pain symptoms. Urinary pyuria was markedly different in those with mixed growth compared to 'controls' and 'LUTS no growth', on one side and 'LUTS significant growth' on the other (F = 30, p < 0.0001, df = 1). Similar patterns of difference were identified in measures of incontinence, urgency and dysaesthesia. In all analyses the mixed growth group differed markedly from the normal controls. Conclusion: Independent markers of inflammation, storage symptoms and incontinence make it clear that 'Mixed growth of doubtful significance' has considerable clinical significance

- (113) **Pal PO, Penna M, Nathaniel C, Ghei M, Maraj BH. 23-hour stay laparoscopic retroperitoneal upper tract surgery is clinically and economically viable. J Endourol 201226:A125-A126**

Abstract: OBJECTIVE: Evolving technology coupled with an increase in experience has led to an exponential rise in laparoscopic urological surgery. We report our experience with the retroperitoneal approach for simple nephrectomy and pyeloplasty at our institution. This has resulted in better clinical outcomes and health economics. This study aims to see if laparoscopic upper tract surgery done in a day-case environment with a 23-hour stay protocol is clinically and economically feasible. METHODS: A retroperitoneal approach was utilised. Postoperative analgesia was provided with local anaesthetic intercostal nerve block. A computer generated costing template (CGCT) was used to compare the cost of laparoscopic surgery with open. RESULTS: 21 patients (age range 19-70) were included (eight simple nephrectomies and 13 dismembered pyeloplasties). The median operative time was 156 minutes with a blood loss of 50 mls. Two procedures required conversion to open surgery. There were no major complications. Patients were mobilized within 6 hours and commenced on light diet within 9 hours. All pyeloplasties maintained stable function following stent removal. Median hospital stay reduced to 23 hours from 96 hours for laparoscopic cases. CONCLUSIONS: The above result demonstrates that upper tract laparoscopic urological surgery is both economically and clinically feasible. This approach, when compared to open surgery has better clinical outcomes from a hospital stay, recovery and morbidity perspective; ultimately reducing the economic burden on hospitals. Hence we conclude the economic and health feasibility of retroperitoneal laparoscopic techniques for the management of upper tract urological disorders

- (114) **Pal PO, Maraj BH, Ghei M, Lee JM. The clustering of lower urinary tract symptoms: Is the overactive bladder a distinct entity. J Endourol 201226:A64**

Abstract: OBJECTIVE: As clinicians, we typically take diagnostic categorisation for granted, without considering the strength of our assumptions. This study aimed to determine whether natural clustering could be found to justify the use of common diagnostic categories of LUTS. METHODS: Patients presenting with one or more LUTS underwent a complete symptom assessment using a fixed protocol to ensure consistency. The diagnostic groups included storage symptoms, subdivided into (1) OAB and (2) SUI; (3) voiding symptoms; and (4) lower urinary tract pain symptoms. Symptom groupings were constructed in accordance with International Continence Society definitions. RESULTS: 2642 patients (F = 2312, M= 330; mean age = 56; sd = 31) with LUTS, underwent symptom assessment over 17 242 consultations; the dataset comprised 568,986 individual symptom elements. Various cluster analyses showed poor silhouette measures of cohesion and separation until OAB symptoms were removed. When the analysis was repeated with OAB symptoms excluded, the remaining symptom groups formed clusters with some overlap. CONCLUSIONS: This analysis provides evidence that OAB does not form a distinct categorical clinical group. It implies that we may conjecture properties about OAB that are not founded in nature. The expression of LUTS demonstrates substantial overlap, distributed through a continuum, with disparate elements exerting different influences amongst individual patients. (Figure presented)

- (115) **Pal PO, Ghei M, Maraj BH, Lee JM. Mixed growth of doubtful significance is in fact very significant in patients with LUTS. J Endourol 201226:A24-A25**

Abstract: OBJECTIVE: UTI, diagnosed by MSU culture depends on the 1957 Kass criteria of 105 cfu ml⁻¹ of a single species of a known urinary pathogen. The validation of this threshold was not rigorous and recent times have seen criticism of its accuracy. This criterion dismisses "mixed growth of doubtful significance". There is

no evidence to exonerate mixed colonies and so this study tested the hypothesis. Comparison of the log pyuria count by the different MSU culture result groups (Figure presented) METHODS: Normal controls, and patients with non-acute LUTS had symptoms measured and an MSU cultured. Fresh urine specimen was examined microscopically to count pyuria. Four groups were compared, normal controls, LUTS no growth, LUTS mixed growth and LUTS positive culture. RESULTS: 43 control specimens (M= 10, F = 33, Mean age 41 sd = 15) and 7517 LUTS patients (M= 719 F = 6798, Mean age 56, sd = 17) provided data. Urinary pyuria was markedly different in those with mixed growth compared to "controls" and "LUTS no growth", on one side and "LUTS significant growth" on the other (F = 30, p < .0001, df = 1). Similar patterns of difference were identified in measures of incontinence, urgency and dysaesthesia. CONCLUSIONS: Independent markers of inflammation, storage symptoms and incontinence make it clear that "Mixed growth of doubtful significance" has considerable clinical significance

- (116) **Pastides P, El-Sallakh S, Charalambides C. Morton's neuroma: A clinical versus radiological diagnosis. Journal of Foot & Ankle Surgery 2012 Mar;18(1):22-4**

Abstract: BACKGROUND: The aim of our study was to compare the clinical versus radiological diagnosis of patients suffering from a Morton's neuroma METHODS: Clinical assessments and pre-operative radiological imaging of patients who had excision of a Morton's neuromas were retrospectively compared RESULTS: 43 neuromas were excised from 36 patients over 68 months. The commonest clinical symptoms were tenderness on direct palpation (100%), pain on weight bearing (91%) which was relieved by rest (81%). The most sensitive clinical sign was a Mulder's click. Clinical assessment had a sensitivity of 98% (42/43). Ultrasonography had a sensitivity of 90% (28/31) and magnetic resonance imaging had a sensitivity of 88% (14/16) CONCLUSION: There is no absolute requirement for imaging patients who clinically have a Morton's neuroma. The two main indications for imaging are (a) an unclear clinical assessment and (b) cases when more than one web space is affected. Ultrasonography should be the investigation of choice. Copyright 2011 European Foot and Ankle Society. Published by Elsevier Ltd. All rights reserved

- (117) **Pastides PS, El-Sallakh S, Charalambides C. Debridement and microfracture in the treatment of freiberg disease. Tech Foot Ankle Surg 2012;11(3):150-154**

Abstract: Freiberg disease is an uncommon condition of anterior metatarsalgia that involves the head of the lesser metatarsals. Several operative techniques such as dorsal wedge osteotomies and insertion of metallic spacers have been used to treat this condition. However at our institution, we perform a technique not previously described, involving microfracture of the metatarsal head and reattachment of the cartilage flap. The mean follow-up period of the 11 patients described was 49 postoperative months (18 to 96 mo). At 6 months, mean visual analog pain score at rest and on mobilizing was 2.1 (0 to 3) and 3.1 (0 to 5), respectively (P<0.05). All 11 patients had reported a satisfactory outcome and return to acceptable activity levels. This operative technique is a safe and feasible treatment option for patients suffering from late-stage Freiberg disease. It is advantageous as it does not cause shortening or other anatomic abnormalities in the area. All of our patients reported a significant reduction of pain in their feet and all were able to walk and run almost pain free. There were no reported cases of severe restriction of movement or fixed deformity of the toe. We conclude that our technique is a successful alternative operative technique for late-stage Freiberg disease. Copyright 2012 by Lippincott Williams & Wilkins

- (118) **Pereira A, Athanasias P, Mellon C. Chronic ectopic pregnancy as a rare cause of acute pelvic pain. International Journal of Gynecology and Obstetrics 2012 Oct;Conference(var.pagings):S711-S712**

Abstract: Objectives: This case report aims to highlight an obscure cause of acute pelvic pain and to detail aids in correct diagnosis and management. Materials: A 26 year old nulliparous woman attended the emergency department with a one day history of left sided abdominal pain and nausea. Her last menstrual period had been two months before. She had a negative urine pregnancy test and was not sexually active. She had an unremarkable past medical history. Methods: Case report. Results: On examination she was tender in the left iliac fossa but without guarding or rebound tenderness. She was afebrile and haemodynamically stable. Blood tests for full blood count, urea and electrolytes and liver function tests were normal. Urinalysis was normal. She had a transvaginal ultrasound that showed a left adnexal mass of mixed echogenicity measuring 51mm. Colour Doppler showed increased vascularity in the mass. The differential diagnosis included pelvic inflammatory disease, adnexal torsion or degeneration of a pedunculated fibroid. As the scan findings were not conclusive and the patient was stable a decision was made for conservative management. The following day the patient continued to complain of pain and an MRI was performed. This confirmed the presence of a mass with a necrotic focus that was contiguous with the ovary and overall was most likely to represent a degenerating fibroid. The next day the patient was still symptomatic and requiring morphine for analgesia. Since her condition was not improving she underwent a diagnostic laparoscopy that showed dense pelvic adhesions and a distended left fallopian tube. A left salpingectomy was performed due to heavy bleeding after manipulation of the fallopian tube. Intra-operatively the potential diagnosis of a chronic ectopic was raised. Serum beta- HCG was found to be 15 mIU/ml. The patient made an uneventful recovery and was discharged 4 days later. Histology confirmed the presence of chorionic villi within the excised fallopian tube. Conclusions: Chronic ectopic pregnancy can result either from an undiagnosed or a conservatively managed ectopic pregnancy. Timely and correct diagnosis is often very difficult due to the lack of pathognomonic clinical features, ambiguous imaging findings and low sensitivity of urine beta-HCG assays. We recommend that a serum beta-HCG value should be considered in all women of reproductive age presenting with pelvic pain in order to exclude this rare pathology

- (119) **Pereira B, Heath D. Gluteal Compartment Syndrome in Bariatric Surgery. Rare but be aware! British Journal of Surgery 2013;100:17-8**
- (120) **Philip P, Nicos F, Heika B, Mischa H, Shiva D. A telltale heart: An unusual chest radiograph in a trauma patient. CAN J EMERG MED 2012;14(5):315-6**
- (121) **Pilger D, Nguipdop-Djomo P, Abubakar I, Elliman D, Rodrigues LC, Watson JM, et al. BCG vaccination in England since 2005: A survey of policy and practice. BMJ Open 2012;2(5)**

Abstract: Objective: Assess the current BCG vaccination policies and delivery pathways for immunisation in Primary Care Trusts (PCTs) in England since the 2005 change in recommendations. Design: A survey of key informants across PCTs using a standardised, structured questionnaire. Setting: 152 PCTs in England. Results: Complete questionnaires were returned from 127 (84%) PCTs. Sixteen (27%) PCTs reported universal infant vaccination and 111 (73%) had selective infant vaccination. Selective vaccination outside infancy was also reported from 94 (74%) PCTs. PCTs with selective infant policy most frequently vaccinated on postnatal wards (51/102, 50%), whereas PCTs with universal infant vaccination most frequently vaccinated in community clinics (9/13, 69%; p=0.011). To identify and flag up eligible infants in PCTs with targeted infant immunisation, those who mostly vaccinate on postnatal wards depend on midwives and maternity records, whereas those who vaccinate primarily in the community rely more often on various healthcare professionals. Conclusions: Targeted infant vaccination has been implemented in most PCTs across the UK. PCTs with selective infant vaccination provide BCG vaccine via a greater variety of healthcare professionals than those with universal infant vaccination

policies. Data on vaccine coverage would help evaluate the effectiveness of delivery. Interruptions of delivery noted here emphasise the importance of not just an agreed, standardised, local pathway, but also a named person in charge

- (122) **Rai G, Abdulla A. Treatment of older people. Clinical Risk 2012 Sep;18(5):197-201.**

Abstract: Abstract: Decisions to treat older people rely on accurate assessment of the patient, on clinical needs of the individual, based on risks and benefits of specific treatment and ethical principles, including the right of individuals to accept or refuse treatment. In those who lack capacity to make decisions, the physician tries to ensure that his decision is based on "best interests" principles set out in the Mental Capacity Act 2005. While no physician will admit to age discrimination, in reality there is evidence of inequalities in care and treatment in hospitals, and it is this fact that has led the Government to outlaw discrimination in healthcare under the new provision of the Equality Act 2010. This of course will not mean that all individuals with the same condition will have the right to receive the same treatment-decisions in each case will be based on an individual's clinical need-this fact alone may lead to difficult discussions with relatives and carers, particularly in relation to end-of-life care. This article provides an overview of the basis of management of older patients, and illustrates the importance of taking a holistic approach in the decision-making process

- (123) **Raine J, Scarrott D. Which clinical errors lead to the referral of UK paediatricians to the National Clinical Assessment Service? Eur J Pediatr 2012 Oct;171(10):1449-52**

Abstract: The aim of this study was to determine which clinical errors lead to the referral of UK paediatricians to the National Clinical Assessment Service (NCAS). Data for the 10-year period from 1 April 2001 to 31 March 2011 were analysed. Referrals are classified into clinical, behavioural and health related. Clinical referrals can be general, relating to general deficiencies in knowledge and skills, or specific and concerned with a critical incident. Specific clinical referrals were analysed. There were 259 paediatric cases in this period. There were 110 (42 %) clinical concerns in the 259 cases. In 47 of the 110 cases, these were general concerns. There were 63 cases where specific clinical concerns had led to the referral. These were: diagnosis and management of child protection cases, 19; prescribing errors, 13; diagnosis other than child protection cases, 12; treatment incidents, 7; difficulties with transfer of a patient to another unit, 6; poor resuscitation, 4; and slow response to an emergency, 2. In 16 of the cases, the patient died. Conclusion: This analysis reveals some different errors to those in other studies of paediatric litigation and complaints. Mistakes in child protection cases were the commonest reason for referral to NCAS. Prescribing errors were the second commonest cause. Difficulties in the diagnosis and treatment of a range of different conditions accounted for the next biggest group of referrals. This study helps highlight areas of paediatrics, such as child protection and prescribing, where training needs to be improved in order to improve patient safety. 2012 Springer-Verlag

- (124) **Rajvinder Khasriya, Sanchutha Sathiananthamoorthy, Salim Ismail, Michael Kelsey, Michael Wilson, Jennifer Rohn, and James Malone-Lee. The spectrum of bacterial colonisation associated with urothelial cells from patients with chronic lower urinary tract symptoms. Journal of Clinical Microbiology, 2013 DOI: 10.1128/JCM.03314-12**
- (125) **Ramar S, Heath D, Sufi P. Primary Obesity Surgery, Endolumenal (POSE): Safety and Short Term Results. Obesity Surgery 2012;22(9):1335**
- (126) **Ramar S, Heath D, Sufi P. Laparoscopic Management of Marginal Ulcer Perforation After Gastric Bypass Surgery. Obesity Surgery 2012;22(9):1368**

- (127) **Rashid N, Baker E, Denver E, Barnard M. Increasing hospital attendances with hypoglycaemia (from 2006 to 2011). Diabetic Medicine 2012; 29 (Suppl. 1), Pg 22 (A62, P325)**
- (128) **Rashid N, Baker E, Denver E, Barnard M. Increasing hospital attendances with hypoglycaemia (from 2006 - 2011). Oral presentation at Diabetes UK Professional Conference 2012 (Glasgow)**
- (129) **Ryamajhi D, Volkman E, Browne R, Nageswaran A. An audit of termination of pregnancy (TOP) assessment and referral service within an outreach setting of a contraception and sexual health service. Eur J Contracept Reprod Health Care 2013;18:S146**

Abstract: Background: RCOG views induced abortion as a healthcare need and ensure that women have access to abortion services locally. Aim and objectives: We evaluated the clinical practice against local and RCOG standards of care of women requesting induced abortion. Methods: The care of every 3rd patient referred to the assessment service between 1 June 2010 and 30 December 2011 was audited. Results: A total of 167 women aged 14 to 48 years were audited. Most, 86 (52%) belonged to Black ethnicity, 77 (46%) were from deprived postcodes, 66 (39%) were under 19-year-olds and 54 (32%) were under 18, of whom 12 (7%) were under 16, all were Fraser competent. All under 19-year-olds were offered two weeks follow-up with a nurse. A total of 154 (92%) abortions were carried out up to 14 weeks, 129 (77%) were under 10 weeks of which medical abortion accounted for 48 (29%). A total of 161 (96%) had their abortion within two weeks of referral to TOP services, and 48 (29%) of women had had one or more previous abortion, 26 (44%) of whom were under 19. After abortion, 162 (97%) were offered LARC, of whom 89 (53%) accepted, and 60 (36%) received LARC post abortion. All 167 were counselled and offered Chlamydia screening. A total of 165 (99%) received prophylactic antibiotics post procedures. Conclusion: The service needs improvement on: * Uptake of contraception especially LARC post TOP especially for under 19-year-olds to reduce repeat abortion * Dedicated nurse follow-up * Aim for 100% documentation of child protection issues (achieved 98% currently) * Staff training * Improve access to medical TOP and reduce time interval between initial assessment and procedure * Now we have two new medical TOP clinics within our CASH clinic

- (130) **Remedios M, Patel M, Parker N, Robins A, Erskine A, Shah F, et al. Sickle cell crisis: a 9-year audit of length of stay at the Whittington Hospital. British Journal of Haematology 2012;157:76**
- (131) **Remesova T, Jones L, Sufi P. Outcome of early pregnancy after weight loss surgery. International Journal of Gynecology and Obstetrics 2012 Oct;Conference(var.pagings):S461**

Abstract: Objectives: American Society for Metabolic & Bariatric Surgery recommends in women after bariatric surgery for optimal obstetrical and neonatal results to delay conception to 12-18 months post operatively. Our heterogenic cohort of 20 patients conceived at 1 week to 42 months after bariatric surgery. We investigated obstetrical and neonatal outcomes in these patients. Materials: We recorded 23 pregnancies in 20 patients aged 22 to 42 who became pregnant after bariatric surgery and investigated their initial reproductive plans, fertility status, contraceptive method, development of pregnancy and obstetrical and neonatal outcome. Methods: Retrospective data collection from medical records and semi-structured telephone interviews were carried out with most of the patients. Results: Ten patients conceived within one year after the surgery, 3 patients within twelve to eighteen months, and 7 patients later than eighteen months. There were 17 singleton pregnancies and 2 twin pregnancies, 1 patient had miscarriage at 6 weeks. There were 11 primiparic gravities. Nine patients had diagnosed polycystic ovaries, 1 described decreased

fertility and 9 women had normal fertility. Nine patients reported regular periods, 5 irregular and 1 patient restarted to have periods after certain weight loss postoperatively. Two women conceived intentionally. 16 women didn't conceive intentionally despite using contraception in 9 cases, Patients suffered from these complications during pregnancy: hypertension (1), small-sized placenta (1), symptomatic gall stones (1) and no gestational diabetes. Mode of delivery was recorded for 17 patients: 4 emergency and 2 elective Caesarian sections (41.2%), 10 vaginal deliveries (58%). Reasons for emergency section were placental abruption, fetal distress at 42 weeks, and growth failure. One delivery was at 30 weeks, fourteen deliveries were on term 38-41 weeks and one was at 42 weeks. Average weight of the newborn was 2.94 kg (0.9-3.74 kg) and all babies were healthy at the time of the interview. Conclusions: Carefully monitored pregnancies have satisfactory obstetrical and neonatal outcome even in early period after the weight-loss surgery. There is an increase rate of Caesarian sections and it seems that there is an increase rate of twin pregnancies than in normal non - obese population. The neonatal outcome in monitored pregnancies is comparable to normal weight population

- (132) **Remesova T, Jones L, Heath D, Sufi P. Management of early pregnancy after bariatric surgery. BJOG Int J Obstet Gynaecol 2012;119:116-117**

Abstract: Objective: American Society for Metabolic & Bariatric Surgery recommends in women after weight loss surgery to postpone conception to 12-18 months postoperatively to reduce risks for fetus and mother due to rapid weight loss and frequent vitamin and mineral deficiency. There is evidence that pregnancies 18 months or later after bariatric surgery have satisfactory outcome. We investigated 10 patients who conceived within first 12 months after surgery with focus on their fertility, obstetrical and neonatal outcome. Methods: We did a retrospective collection of data from medical records and semi-structured telephone calls. We recorded fertility status, type of contraception and intention to conceive, problems during pregnancy, mode of delivery and neonatal outcome. Participants: 10 women who had gastric bypass and conceived 1 week to 11 months after the operation. Height, BMI at conception, age, parity was recorded. One pregnancy was twins. Results: Eight patients were contacted by telephone: eight patients (100%) did not conceive intentionally, four (50%) did not use any contraceptive method as two were told to be infertile. Two (25%) used condom and two (25%) used contraceptive pill, five patients (62.5%) had diagnosed polycystic ovaries syndrome. In nine patients we noted mode of delivery: three patients (33%) had Caesarian section, one was emergency (placental abruption). Six patients had vaginal delivery. All deliveries were at 38-41 weeks. Newborns weighed 2.3-4 kg and at the time of telephone interview all babies were healthy. Bariatric profile bloods were done every trimester showing anaemia in three patients (30%), zinc deficiency in two patients (20%), B12/folate deficiency in two patients (20%), vitamin D deficiency in three patients (30%) and one patient were showing low levels of vitamin D and zinc despite supplements. Conclusion: Patients after bariatric surgery show rapidly increasing fertility thus contraception counselling should be given to every woman after bariatric surgery, preferably avoiding contraceptive methods related to digestive system. Pregnancy must be followed up closely from the beginning of pregnancy with bariatric profile bloods every trimester to diagnose promptly any imbalance in vitamins and minerals

- (133) **Remesova T, Pereira B, Jones L, Sufi P. To be or not to be pregnant within 24 months after bariatric surgery! Does it affect weight loss? British Journal of Surgery 2012;99:19**

- (134) **Remesova T, Robinson P, Jones L, McDougall K, Heath D, Sufi P. Repetitive Education Improves Patient's Knowledge of Various Aspects of Bariatric Surgery. British Journal of Surgery 2012;99:19**

- (135) **Retsky M, Demicheli R, Hrushesky WJM, Forget P, De KM, Gukas I, et al. Promising development from translational or perhaps anti-translational research in breast cancer. Clinical and Translational Medicine 2012 Aug 28;1**

Abstract: Background: A great deal of the public's money has been spent on cancer research but demonstrable benefits to patients have not been proportionate. We are a group of scientists and physicians who several decades ago were confronted with bimodal relapse patterns among early stage breast cancer patients who were treated by mastectomy. Since the bimodal pattern was not explainable with the then well-accepted continuous growth model, we proposed that metastatic disease was mostly inactive before surgery but was driven into growth somehow by surgery. Most relapses in breast cancer would fall into the surgery-induced growth category thus it was highly important to understand the ramifications of this process and how it may be curtailed. With this hypothesis, we have been able to explain a wide variety of clinical observations including why mammography is less effective for women age 40-49 than it is for women age 50-59, why adjuvant chemotherapy is most effective for premenopausal women with positive lymph nodes, and why there is a racial disparity in outcome. Methods: We have been diligently looking for new clinical or laboratory information that could provide a connection or correlation between the bimodal relapse pattern and some clinical factor or interventional action and perhaps lead us towards methods to prevent surgery-initiated tumor activity. Results: A recent development occurred when a retrospective study appeared in an anesthesiology journal that suggested the perioperative NSAID analgesic ketorolac seems to reduce early relapses following mastectomy. Collaborating with these anesthesiologists to understand this effect, we independently re-examined and updated their data and, in search of a mechanism, focused in on the transient systemic inflammation that follows surgery to remove a primary tumor. We have arrived at several possible explanations ranging from mechanical to biological that suggest the relapses avoided in the early years do not show up later. Conclusions: We present the possibility that a nontoxic and low cost intervention could prevent early relapses. It may be that preventing systemic inflammation post surgery will prevent early relapses. This could be controlled by the surgical anesthesiologist's choice of analgesic drugs. This development needs to be confirmed in a randomized controlled clinical trial and we have identified triple negative breast cancer as the ideal subset with which to test this. If successful, this would be relatively easy to implement in developing as well as developed countries and would be an important translational result. 2012 Retsky et al.; licensee Springer

- (136) **Roberts J. Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development. Child and Adolescent Mental Health 2012;17(2):126**
- (137) **Roberts S, Schreuder F, Watson T, Stern M. The Long-Term Experience of Copd Patients Taught Plb: A Mixed Methodological Study. Thorax 2012;67:A107**
- (138) **Roberts S, Rogers S, Segal A, Purcell S, Broomfield H, Fabris G, et al. Long Term Exercise (Lte) for Copd Patients Post-Pulmonary Rehabilitation (Pr) Prolongs the Duration of Benefits Derived from Pr. Thorax 2012;67:A55**
- (139) **Round J, Fitzgerald AC, Hulme C, Lakhanpaul M, Tullus K. [Urinary tract infections in children and the risk of ESRF](#). Acta Paediatr. 2012 Mar;101(3):278-82. doi: 10.1111/j.1651-2227.2011.02542.x**
- (140) **Salvilla S, Thusu S, Panesar S. Analysing the benefits of laparoscopic hernia repair compared to open repair: A meta-analysis of observational studies. Journal of Minimal Access Surgery 2012 Oct;8(4):111-7**

Abstract: Background: The purpose of this study is to compare the difference of incidence of post-operative complications, operative time, length of stay and recurrence of patients undergoing laparoscopic or open repair of their ventral/incisional hernia a meta-analytic technique for observational studies. Materials and Methods: A literature search was performed using Medline, PubMed, Embase and Cochrane databases for studies reported between 1998 and 2009 comparing laparoscopic and open surgery for the treatment of ventral (incisional) hernia. This meta-analysis of all the observational studies compared the post-operative complications recurrence rate and length of stay. The random effects model was used. Sensitivity and heterogeneity were analysed. Results: Analysis of 15 observational studies comprising 2452 patients qualified for meta-analysis according to the study's inclusion criteria. Laparoscopic surgery was attempted in 1067 out of 2452. The results showed that the length of stay (odds ratio [OR], 1.00; 95% confidence interval [CI], 1.09 to 0.91; $P < 0.00001$) and operative time (OR, 59.33; 95% CI, 58.55 to 60.11; $P < 0.00001$) was significantly lower in the laparoscopic group. The results also showed that there was a significant reduction in the formation of abscesses (OR, 0.38; 95% CI, 0.16 to 0.92; $P = 0.03$) and wound infections (OR, 0.49; 95% CI, 0.29 to 0.82; $P = 0.007$) post-operatively. There is a trend which indicates that the recurrence of the hernia using laparoscopic repair versus open repair was overall lower with the laparoscopic repair (OR, 0.48; 95% CI, 0.22 to 1.04; $P = 0.06$), however, this was not significant. Conclusion: Laparoscopic incisional hernia repair was associated with a reduced length of stay, operative time and lower incidence of abscess and wound infection post-operatively. This study also highlights the benefit of using observational studies as a form of research and its value as a tool in answering questions where large sample sizes of patient groups would be impossible to accumulate in a reasonable length of time

- (141) **Sen G, Keene J, Raine J. An analysis of successful litigation claims in childhood fatalities in England. Eur J Pediatr 2012 Nov;171(11):1657-60**

Abstract: This study aimed to analyse the number, nature and costs of successful litigation claims against the National Health Service in England involving fatalities in children. A record of claims involving fatalities in children from 1 April 2004 to 31 March 2011 was obtained from the National Health Service Litigation Authority. The closed cases where compensation had been paid to the claimant were analysed. One hundred thirty out of a total of 234 closed cases (56 %) resulted in payment of compensation. The commonest causes of a fatality were delayed/failed diagnosis (58), delayed/failed treatment (19), complications related to procedures/ operations (17), poor overall quality of care (7), medication errors (6), inappropriate medical advice leading to delayed presentation (6) and communication errors (5). The commonest diagnoses involved were sepsis (17), meningitis (11), cardiac defects (8), gastrointestinal illness (8), intracranial bleed (4), meningococcal septicaemia (3) and malignancy (3). The total cost of litigation was \$8,143,342 with cost per case ranging from \$1607 to \$790,555 with a mean of \$62,641. The death of a child is a tragedy. When an error has occurred, this causes further suffering to the family and to the health care professionals involved. Conclusion: This data suggest areas where training could be improved, and by learning from such errors we can diminish such occurrences in the future and improve patient safety. Springer-Verlag 2012

- (142) **Shah P, L., Noar J, Ashley P. Management of 'double teeth' in children and adolescents. International Journal of Paediatric Dentistry 2012 Nov;22(6):419-26**

Abstract: International Journal of Paediatric Dentistry 2012; 22: 419-426 Background. Abnormally, large teeth are often referred to as 'double teeth'. These can pose numerous challenges for the clinician. There is no published protocol on the management of double teeth. Aim. To review the published literature and also patients managed at the Eastman Dental Hospital (EDH) and to develop a clinical

protocol for the management of double teeth in children and adolescents. Design. Literature was searched (Medline and Embase) and data collated. Patient notes of cases managed at the EDH were reviewed. Results. Eighty-one teeth from 53 papers and 22 patients were included in the review. Success criteria were only reported in 32 papers and were variable. Twenty-three papers had no follow-up period. The main factor in determining the management of a double tooth was root and root canal system morphology. The treatment of choice in teeth with separate roots was hemisection and in those with a single root was crown modification or extraction. Conclusion. It was not possible to determine the best management strategies because of the variable reporting in the literature. The authors have proposed a protocol for management and a data collection sheet for essential information needed when reporting on double teeth cases

- (143) **Shen L, Ndubuisi Orié N, Casale C, Marina N, Dashwood M, Sufi P, Heath D, Gray R, Mohamed-Ali V. Depot and disease specific differences in adipose noradrenaline mediated vascular tone and arteriolar structure. Oral Presentation , American Endocrine Society, June 2013**

- (144) **Shuttleworth J. Infant observation, ethnography and social anthropology. [References]. 171-180. 2012**

Abstract: (create) This chapter considers 'infant observation as research' from the perspective of the author's doctoral research within social anthropology, illustrates the nature of this research and explores the potential value of the infant observation method to ethnographic fieldwork in anthropology. The author's research was undertaken at an inner-city mosque, seeking to answer the question of whether sustained, close observation of religious and social activity within a congregation can throw light on the emergence of a shared sense of religious reality. The author discusses the process of becoming an observer at the mosque, the mosque as imagined space, and Islam expressed through implicit and explicit registers. An extract from the fieldwork notes is presented with commentary, which describes a congregational event but particular individuals are prominent within it, not only in terms of their social roles but also through the author's perception of their emotional engagements with one another and with the public expression of representations of the event itself. Although this research is undertaken within the framework of social anthropology, it draws on current understandings of countertransference processes and primary and secondary intersubjectivity within psychoanalysis, infant observation and child development to explore the affective currents within the mosque congregation and the manner in which these currents are imaginatively elaborated and publicly expressed. While this always involves particular individuals in particular situations, the author is interested in the collective dimension of these phenomena. From this perspective the continuing existence of the mosque and its congregation can be understood to be sustained, in part, by the different emotional currents and forms of relatedness that emerge within particular events. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

- (145) **Simpson J, Robinson K, Creighton SM, Hodes D. Female genital mutilation: the role of health professionals in prevention, assessment, and management. [Review]. BMJ 2012;344:e1361**

- (146) **Singh R, Khoyratty S, Coakley P, Kerlake R, Gajendragadkar P. Improving Surgical Weekend Handover at two District General Hospitals. British Journal of Surgery 2012;99:51**

- (147) **Southern L, Bielawski C. Timely Administration of Anti-Parkinson'S Medications: A Multi-Disciplinary Project to Improve Knowledge, Drug Availability and Patient Empowerment. Age and Ageing 2013;42:12**

- (148) **Steel SC, A Martineau, M Mamdami, M McDaid, N Johnson, J Malone-Lee. Is living in the dark making London sick? TB, Vitamin D and the City. 6th conference of the union Europe region; international union against tuberculosis and lung disease.4-6 July, London, UK Imperial College London 2012**

Abstract: Adequate vitamin D status is an important modulator of immunity against Mycobacterium TB. Exposure to sunlight is probably the most significant source of Vitamin D yet no studies have directly measured sunlight exposure in TB patients. This pilot study sought to establish the relationship between Vitamin D status and sunlight exposure using personal UVR dosimetry in an urban setting. Subjects were invited to take part from a central London TB clinic. 12 index cases and 13 contacts completed the study. Both groups were tested for IGRA reactivity. Dermal Melanin content was measured using light spectrometry. UVR exposure was measured using Polysulphone film over 8 weeks. Film measurements were translated into a standard erythemal dose (SED) or where subjects failed to return the films, these were estimated. Mean values for 25(OH) D in index cases were 31.6 nmols/l and 36.1 nmols/l in contacts cases, at the end of the study period. Sun exposure was not significantly related to 25(OH) D in index cases ($r=0.016$, $\text{sig}=0.961$, $p=0.05$) and showed only a weak positive correlation in contacts ($r=0.233$, $\text{sig}=0.44$, $p=0.05$). There were no significant changes in facultative melanin after UVR monitoring that may have suggested UVR exposure through tanning.

Causal sunlight exposure is unlikely to provide Tuberculosis patients with sufficient opportunity for their Vitamin D requirements in an urban setting. The contribution of urban life to the Tuberculosis story remains an important contributor to population health, as a result of 'dark' living styles adopted by city dwellers.

- (149) **Steel SC, A Martineau, M Mamdami, M McDaid, N Johnson, J Malone-Lee. UVR measurement in an urban environment: Does being in the city affect potential UVR exposures? 6th conference of the union Europe region; international union against tuberculosis and lung disease.4-6 July, London, UK Imperial College London . 2012.**

Exposure to sunlight is probably the most important variable in achieving adequate Vitamin D status for health. City living potentially inhibits exposure to UVR through a number of mechanisms. These include atmospheric variables such as low level ozone and pollution as well as shadowing from buildings and trees. This study measured ambient UVR levels in a city and compared these data with a rural setting nearby, to determine the effect of the city on potential UVR exposure.

Over a period of 1 year polysulphone film badges were placed on top of a wood construction that was fixed to a roof above shadowing from other structures. The badges were changed daily or every other day in the winter months. The films were read pre and post exposure, in a spectrophotometer at 330nm and the change in absorbance calculated to reflect the potential daily UVB measurement and expressed as a standard erythemal dose (SED). These data were compared with previous measurements taken at a rural setting nearby.

There were no significant differences in the potential exposures between the two datasets regardless of differing measurement methods and different years of measurement. There was a strong correlation between the two data sets: $r= .958$, $n=12$, (months) $p= 0.01$. London showed slightly higher monthly means than the rural site.

These results suggest that UVR exposure in the city is comparable to more suburban environments. However, personal exposure behaviour and variation in living styles will determine the possibility of sufficient sunlight exposure, in relation to Vitamin D status

- (150) **Sufi P, Branley H, Restrict L, Lock S, Heath D, Kaiser R. STOP-BANG Questionnaire as a Screening Tool for Obstructive Sleep Apnoea in Bariatric Surgery. British Journal of Surgery 2012;99:10-1**
- (151) **Sufi P, Ramar S. Early results of Primary Obesity Surgery Endolumenal (POSE). British Journal of Surgery 2012;99:15**
- (152) **Taghipour K, Mohd Mustapa MF, Highet AS, Venning VA, Kirtschig G. The approach of dermatologists in the UK to the treatment of bullous pemphigoid: Results of a national survey. Clin Exp Dermatol 201338(3):311-313**
- (153) **Thompson, M, Lakhanpaul M, et al. 'Systematic review and validation of prediction rules for identifying children with serious infections in emergency departments and urgent-access primary care.' Health Technology Assessment; 2012; Vol. 16: No. 15 ISSN 1366-5278**
- (154) **Tibrewal S, Saha S, Haddo O. Percutaneous K-wire buttress technique for displaced radial neck fracture. Ortopedia, traumatologia, rehabilitacija 2013;15(2):169-74**

Abstract: Radial neck fractures are uncommon injuries in adults and more often found in children, where they account for 5-8.5% of elbow injuries. It is generally agreed that an angulation of less than 30 degrees is acceptable. However, anything greater than this should be improved in an attempt to restore normal anatomy and maximize the range of movement. We describe our management of a radial neck fracture in a young lady which was significantly angulated, resulting in a restriction of movements. Attempts at a closed reduction failed and hence we proceeded with percutaneous reduction and buttressing with a K-wire. Post-operatively the patient regained a full range of movements with normal elbow function. We outline our surgical technique, which has not been previously described. We suggest that it is a safe and easy option in cases of failed closed reduction and should be considered prior to proceeding with an open reduction

- (155) **Tirlapur N, Kelsey M, Montgomery H. Investigating diarrhoea on the ICU: A retrospective study. Crit Care 201216:S56-S57**
- Abstract: Introduction Diarrhoea is common in ICU patients, with a reported prevalence of 15 to 38% [1]. Many factors may cause diarrhoea, including Clostridium difficile, drugs (for example, laxatives, antibiotics), faecal impaction with overflow and enteral feeds. Diarrhoea increases nursing workload, impacts on patient dignity, increases costs and exacerbates morbidity through dermal injury, impaired enteral uptake and subsequent fluid imbalance. We aimed to identify prevalence, yield of stool investigations and clinical impact of diarrhoea on our ICU. Methods A retrospective observational study of all ICU patients treated in a 15-bed district general hospital from 1 January 2010 to 31 December 2010 was performed. ICU patients from whom stool samples had been sent for microbiological analysis (including microscopy and C. difficile toxin (CDT)) were assumed to have suffered diarrhoea. Stool sample results were compiled with patient demographics, ICU length of stay (LOS) and mortality data. Results Of 782 patients (mean age +/- 2SD 62.1 +/- 37.1, 52.3% female) treated on our ICU, 334 stool samples were sent from 133 (17.0%) patients. Two samples (0.6%) yielded abnormal results: one out of 131 (0.8%) patients with CDT samples sent and one out of 108 (0.9%) patients with stool microscopy samples sent had a positive sample. The prevalence of C. difficile (1/782) and other organisms (1/782) was 0.1% and 0.1% respectively. In terms of diagnostic yields, positive findings were found in one out of 191 (0.5%) CDT samples and one out of 141 (0.7%) stool microscopy samples (for Candida). When compared to patients without diarrhoea, sufferers were older (64.1 +/- 33.2 vs. 61.7 +/- 37.8 years, P = 0.16) with greater female preponderance (55.6% vs. 51.6%, P = 0.40). Sufferers experienced longer ICU LOS (16.3 +/- 45.6 vs. 4.6 +/- 19.4 days, P <0.0001) and greater ICU mortality (19.5% vs. 12.6%, P = 0.035) during the study period.

Conclusion Diarrhoea was common on our ICU, its prevalence (17%) being consistent with established literature. It was associated with statistically increased ICU LOS and mortality, although any direction of causality remains to be established. A low stool investigation yield and low prevalence of *C. difficile* suggests that other noninfective causes of diarrhoea need excluding. Further research is required to establish the prevalence and pathogenesis of diarrhoea on UK ICUs, in order to develop evidence-based management plans for reducing its incidence, and its clinical and financial impact

- (156) **Tufton N, Fruedenthal R, Barnard M. A rare cause of a leg ulcer in a patient with diabetes. British Journal of Diabetes & Vascular Disease 2012; 12: 98-100**
- (157) **Valarche E. Uptake of intrauterine contraception method in nulliparous women attending Haringey Contraception and Sexual Health Clinics (retrospective audit) between April 2011 and March 2012. Eur J Contracept Reprod Health Care 2013;18:S135-S136**

Abstract: Objective: Nulliparous women represent a fertile female population who may not be offered intrauterine (IU) method of contraception due to traditional attitudes, and a fear from health care providers, of an increased rate of complications (e.g., PID, infertility, risk of perforation during procedure). Wider use of IU contraception is likely to have a positive impact on the rate of unintended pregnancies in the UK. Design: Electronic patient records were reviewed for all women who had an IUD/IUS inserted between 1 April 2011 and 31 March 2012. Nulliparous women were identified. Demographic and clinical data was extracted and analysed using an Excel database. Clinical practice was evaluated against local and FSRH standards of care. Results: A total of 423 women initiated intrauterine contraception in Haringey Contraception and Sexual Health (CASH) clinics over the study period, of whom 107 (25%) were nulliparous. The majority (60%) were white UK ethnicity; with a median age of 27 (range 15 to 49) years, 68% were aged > 25 years, and 24% had previous TOP (5% two TOPs). All patients had successful IUD/IUS insertions; three patients had NovaT 380 inserted after failed insertion of a TT380 slimline device. No uterine perforations occurred. Most (93%) IU procedures were performed with the use of local anaesthetic (1% Lignocaine gel, intra-cervically), and 83 (78%) procedures were performed with an assistant present, 23 (21%) were done by a clinical nurse specialist, with 73% having a Nova T380 inserted and only 4% Mirena IUS. Immediately after the IUD/IUS insertion, only 7 (7/107) patients felt mild abdominal discomfort with spontaneous resolution within 30 minutes. The available data for follow up was for 50% (53/107) of patients. Only 9 (9/53) removals were recorded during our study (mostly due to bleeding and/or pain). STI testing (chlamydia and gonorrhoea, NAAT) was performed for 75 patients (70%), and two Chlamydia-positive patients were identified (treated within three weeks of diagnosis, both were asymptomatic, no PID developed). Conclusions: Our study demonstrated the successful practice of the use of the Intrauterine Contraception method in nulliparous women in the CASH service. It also highlighted a trend in our society that women are having children later in their childbearing life, so health professionals must give the choice of IU contraception to nulliparous women of any age

- (158) **Van Der Fits L, Qin Y, Out-Luiting JJ, Vermeer KG, Whittaker S, Van Es JH, et al. NOTCH1 signaling as a therapeutic target in Sezary syndrome. Journal of Investigative Dermatology 2012 Dec;132(12):2810-7**

Abstract: NOTCH signaling is important for development and tissue homeostasis and is activated in many human cancers. We investigated a role for NOTCH1 signaling in Sezary syndrome (SS), a cutaneous T-cell lymphoma in which CD4+ tumor cells (Sezary cells) are present in the skin, lymph nodes, and peripheral blood. We show consistent expression of activated NOTCH1 by Sezary cells isolated from peripheral blood of SS patients, as well as the SS-derived cell lines SeAx and HuT78. In

addition, immunohistochemical stainings of skin biopsies from SS patients showed consistent expression of nuclear NOTCH1 and its downstream target hairy/enhancer of split-1 (HES1) by Sezary cells. We demonstrate that this persistent NOTCH1 activation is not caused by mutations in the coding regions of NOTCH1 and F-box and WD40 domain protein 7 (FBWX7) genes. Inhibition of NOTCH1 signaling by gamma secretase inhibitors decreased cellular viability and induced apoptosis of Sezary cells. These observations argue that NOTCH1 signaling is functionally involved in the pathogenesis of SS, and inhibition of NOTCH1 signaling represents a new therapeutic target for the treatment of SS. 2012 The Society for Investigative Dermatology

- (159) **Venning VA, Taghipour K, Mohd Mustapa MF, Highet AS, Kirtschig G. British Association of Dermatologists' guidelines for the management of bullous pemphigoid 2012. British Journal of Dermatology 2012 Dec;167(6):1200-14**
- (160) **Verbakel JY, Van den Bruel A, Thompson M, Stevens R, Aertgeerts B, Oostenbrink R, Moll HA, Berger MY, Lakhanpaul M, Mant D, Buntinx F; European Research Network on Recognising Serious Infection (ERNIE). How well do clinical prediction rules perform in identifying serious infections in acutely ill children across an international network of ambulatory care datasets? BMC Med. 2013 Jan 15; 11:10. Doi: 10.1186/1741-7015-11-10**
- (161) **Vetpillai P, Oshowo A. Acute small bowel obstruction due to chicken bone bezoar. International Medical Case Reports Journal 2012 Dec 3;5(1):87-9**

Abstract: Acute intestinal obstruction due to foreign bodies, or bezoar, is a rare occurrence in an adult with a normal intestinal tract. We report an unusual case of a 43-year-old black man with no previous abdominal surgery and no significant medical history who presented with an acute episode of small bowel obstruction due to an impacted undigested chicken bone. 2012 Vetpillai and Oshowo, publisher and licensee Dove Medical Press Ltd

- (162) **Winckworth LC, Holme H. Inhaled Mannitol Improves Lung Function in Patients with Cystic Fibrosis. Arch Dis Child 2012;97(11):1003-6**