Excellence in Patient Care Awards: how to run a patient-centred improvement project

The RCP's flagship award ceremony, the Excellence in Patient Care Awards (EPCA), returned in 2025 to recognise and celebrate the groundbreaking work of our fellows and members in medical education, quality improvement and clinical research.

Professor Mumtaz Patel, PRCP, said: 'These awards highlight the extraordinary ways in which our fellows and members are improving the lives of patients every day. From doctors on hospital wards to academic researchers in our universities, the stories at this year's awards have been truly inspiring – shining a spotlight on the very best of the NHS.'

For physicians and healthcare teams, this recognition is rewarding validation of the hard work that they have done and an opportunity to share the impact of what they have achieved.

Dr Ian Cormack, a 2025 EPCA winner, stated: 'Having the support from the RCP means a lot. That endorsement is a big deal, personally … I'm delighted and grateful for the opportunity to promote the positive impact of our programme.'

Commentary guest editor, **Dr Cleodie Swire**, spoke to three EPCA winners to learn more about their projects. They offer advice to physicians undertaking similar work, on how to run innovative projects that improve care for patients and drive change in a pressured healthcare system.

The Medical Protection Society award for patient safety

This multi-team collaborative project, led by Dr Ian Cormack, clinical lead at Croydon Sexual Health Service, introduced opt-out HIV testing in the emergency department (ED) in 2020. This has improved patient safety and outcomes – and addressed significant healthcare inequalities. He explained why they undertook the project:

> 'HIV physicians see the consequences [of patients not being tested] … we saw cases including a mother-to-child transmission where the husband had attended the ED many times with various problems including chest and urinary tract infections and so could have been diagnosed earlier, preventing transmission to the mother and baby.'

A 97% testing rate has been sustained for the last 5 years and over 100 additional patients have been engaged or re-engaged through the programme. Alongside the testing, a specialist mental health team was introduced to help people who may struggle to access HIV care without their support.'We have gone from a fear of HIV testing, to it being normalised and accepted within the hospital,' Ian told *Commentary*.

> 'Our approach in Croydon to introducing opt-out testing was a multi-disciplinary team collaboration with close involvement of the ED, HIV, IT and clinical laboratory leads and teams. An HIV test was added to every ED order set. All patients aged above 16 were included in the programme, without upper age cut-offs; 60% of our HIV patients are over the age of 50 years and one is now over 100 years of age. 48,000 tests are done a year; results are provided within 48 hours. All non-negative results are sent directly to the HIV team. There is no ED involvement at that stage, recognising that they are very busy at the frontline. Any patients with a non-negative result are invited to attend the department and are offered an immediate point-of-care test to confirm status, reducing patient anxiety by avoiding further delays.
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> 'Early diagnosis has had a transformational impact on patient outcomes. Not only are we reducing AIDS-defining illnesses and associated disability, reducing critical care admissions and reducing mortality, but we have also shown an impact on transmission of HIV. We had a case of an individual who was in multi-organ failure with haemophagocytic lymphohistiocytosis. They had been tested for HIV in the ED – when the result came back positive, they were started on antiretroviral therapy within days which contributed significantly to their survival.
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> 'It's like night and day with opt-out testing in terms of patient safety. It's a different world compared to when I started here as a consultant in 2005. We diagnose HIV early into their admission, which improves survival if they have an AIDS-defining illness. The rate of potentially life changing AIDS-defining illnesses has reduced to half that of the pre-testing era, reducing hospitalisation of patients and disability. Once diagnosed, patients can live to over 100 years of age with antiretroviral treatment.
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> 'Getting the funding for testing was difficult, but

eventually we got an agreement for 2 years. There was frequent uncertainty about future of our funding; stressful once when you've invested so much and people are employed. If you believe in the goal and the project, you have to persevere. For me, it took 15 years and then it all seemed to happen at once. It's been very rewarding seeing the patient outcomes improving so much and knowing we are involved early in anyone's admission ensuring that they get the best care and treatment.

'As part of the national bloodborne virus program we're also opt-out testing for hepatitis B and hepatitis C contributing to the hepatitis elimination targets. The opt-out model of testing could be used to test for other conditions and has exciting potential given the continuous advances in diagnostics.

'Areas with low HIV prevalence still present challenges, as the national guidance does not currently endorse opt-out testing. Algorithms or automated approaches that link certain blood results or clinical indicators associated with HIV could be useful in reducing risk in these areas. In late diagnosed patients there is very often a familiar pattern of blood results that could be used to trigger HIV testing. Many presentations such as septicaemia or screening for pyrexia of unknown origin are examples where testing could be incorporated.

'Stigma and mental health issues are really important and can affect engagement with HIV services, and there is still a lot of work to be done ensuring patients have the best quality of life.'

'We are proud to have signed up to the HIV confident charter as an organisation to help fight HIV stigma and we are grateful to have an embedded specialist mental health team to help support our patients' mental health and maximise engagement with care.'

The Medical Practice Management award for developing workforce

Rotherham Hospital is a medium-size district general hospital that (like many other hospitals) over the last few years has been dealing with more patients and more complexity, with minimal chance in funding and not enough staff to provide the care. They also had National Training Survey data from 2021–2022 which had responses that were significantly below the average for medicine. Through a collaborative effort and multiple small changes, the experience of resident doctors has been significantly improved without an increase in financial support.

Dr Matthew Roycroft, an internal medicine / geriatric consultant and the project lead, said: 'Resident doctors are an absolutely phenomenal part of our workforce. We need more registrars; they make huge differences to patients, they're the people who keep our hospitals going 24/7. As we get more patients with more complexity, we need people of that seniority. We need to expect this and plan for it, rather than realising their importance when it's too late. There's nothing that we have done that is unique. It is the cumulative approach that is unusual. The RCP's *Keeping medicine brilliant* highlights the psychology of what people need to have a positive job experience, which underpins the overall approach.

'We increased our registrar workforce by 50% and have said yes to every foundation doctor offered. We have created a junior clinical fellowship programme that supports people through an alternative certificate pathway. We made the computer system more usable. We reviewed our staffing levels and aligned these with the RCP *Guidance on safe medical staffing report*, and increased our targets further when local experience showed that there was still too much work. This had to be balanced by smoothing out variability in staffing levels, so there are also fewer 'over-staffed' days now. Our educational supervisors get paid time for that role. We have lunchtime education 5 days a week for our foundation doctors, 4 days a week for everybody else.

'It's been a massively collaborative effort; with huge involvement of our finance, education, HR and medical workforce department.

'We've got a phenomenal resident doctor forum in the trust. Trust executives are at every meeting, as well as senior clinicians. We cannot fix everything that people come up with, but we can take the really problematic things away

'Even if you take a robust approach, you can make mistakes. We changed our shift start time, thinking that was going to make things better on one ward. It achieved this, but introduced complexities and negative impacts for other staff that led to this decision being reversed.

'With a complex initiative like this, it's possible that you will miss a group who are impacted, even if you think you have spoken to everyone. Everybody wants loads of staff around them because then you can do a really good job. When we were redistributing staff, the areas with better staffing which lost people found this hard. I learnt the importance of keeping everyone aware of what is happening and why.

'One of the things we've really pushed for was increasing training posts. We have applied for basically every training post at every level that we were offered, and we've even pushed for training posts that we haven't been offered.'

Sustainability – reducing the environmental impact of healthcare award

Cartridge (reusable) insulin pens have a lower carbon footprint, produce less plastic waste and a lower cost than disposable pens. The project winning this award has had a measurable impact on prescribing behaviour in Devon, shifting practice towards using cartridge pens. To date 4,000 disposable pens have been saved, which has an equivalent carbon footprint to driving 1,000 miles in a

car. This project has attracted national attention and the team are now focusing on driving this change on a wider scale.

Dr Vincent Simpson, a registrar in diabetes and endocrinology at Torbay and South Devon NHS Foundation Trust, and **Dr Deepthi Lavu**, a GP and an Exeter Collaboration for Academic Primary Care research fellow at the University of Exeter, reflected on their award-winning project:

'A lot of diabetes-related care is done by diabetes specialist nurses in primary care, so involving them was important, as they will have many of the conversations with people living with diabetes about their insulin pens. GPs highlighted that the disposable pens come up as the first option within their formulary. Guidance has now been provided that outlines equivalent cartridge and disposable options with PIP codes, and GPs seem open to making this change.

'We have taken an ad hoc approach, which meant that we would realise things that we should have done things 2 months ago. Now that we've got into the thick of it, we've started to think ahead more.

'We need to have a better understanding of the impact of our interventions. For instance, insulin pumps are becoming the standard for type 1 diabetes care. We have absolutely no idea which one is better from a sustainability perspective. Some kind of quantification needs to happen before you can start making any kind of decisions about how to improve sustainability. We were very lucky with the pens that the information was already out there.

'The RCP *Green physician toolkit* and the Royal College of General Practitioner *Green impact for health toolkit* have some suggestions of things for people to consider. As clinicians, prescribing is the part that we have the most power over, and this includes deprescribing as well.'

Tips for people considering similar work

Start small

Vincent and Deepthi recommend starting local: 'By focusing on Devon, we were able to demonstrate an impact and talk directly to people to increase engagement. Consider your realms of influence. As an FY1, you may be able to impact what you do within the department you're working in, but as you get further along in training, you get more and more influence. Always look at what is within your realm of control.'

Similarly, Matthew recommends starting in smaller, more manageable ways rather than tackling an entire project head on: 'You can't jump straight to where we are now. Pick elements of it. Pick the people who you want to work with, work with them.'You can't expect rapid change, he says. 'There are a few easy changes you can make, but most things take a lot of time. Expect setbacks and variation.'

Don't go at it alone

Ian places teamwork at the heart of starting patient-led improvement projects.

'Prioritise good relationships and trust with all the key personnel within the multidisciplinary team. Communicate your goals clearly. Long meetings are a waste of time, 20–30 minutes maximum.'

Matthew also encourages seeking out the best possible team members as a starting point: 'I am very much an educationalist by background, and … I believe that all you need to do is get good people in front of good people. Others get really interested in showing people what processes they should follow. My approach is to … let them work out how to do it.'

Get the word out there

Getting good engagement with relevant teams and spreading the word are vital to keeping your project going. 'There's still a lot of anxiety over testing. Testing saves lives. They're going to find out at some point if we don't test them in this way, but it will be once they're in ITU with an AIDS-defining illness,' Ian says. He recommends using positive messaging throughout.

He uses pre-intervention data, from HIV inpatient and outpatient databases from 2005 onwards, to demonstrate the need for testing and that the approach was acceptable to patients. This has also allowed them to describe the impact and to update people on good progress. 'Now we go and feedback the good outcomes to the ED team.' He also emphasises how important it was to create opportunities to talk to colleagues about his project – including cupcakes on World AIDS Day: 'I'd go and visit the ED, put my foot in the door and say "I brought you some cakes. Can I talk to you about this idea?"'

Deepthi once overheard someone talking about the ICB on a train, introduced herself and secured an introduction to the local formulary team. She and Vincent said: 'It's important to take every opportunity to find people who are engaged. Over and over again, we will talk to people about this. If they show an interest in it, we get them on board and contributing in whatever way they can. Keep yourself open to opportunities and seize whatever you can get.'

It is also important to put yourself out there for opportunities like the EPCA. Vincent and Deepthi stated: 'We thought there was no reason why we should have applied for this RCP award. We often have imposter syndrome, and we don't realise how big the syndrome is until someone else points out how much you have achieved. Throw yourself out there and it might be much bigger than what you think it is.'

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