

# WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 68: 18 December 2024

**In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in late November and through December.**

## FROM OUR DIRECTOR

Dear Colleagues

This final newsletter for 2024 brings with it an opportunity to reflect on the year that has passed. Our Institute community has had many significant successes and impacts across all our research and teaching endeavours. There is a great deal to celebrate - sending warm thanks and good wishes to one and all.

We had a wonderful Graduation Day on Monday, celebrating the achievements of hundreds of our students (see news item below). I was delighted to see so many students and meet their families, and would encourage more of you, particularly supervisors of PhD students, to make the effort to attend these marvellous occasions. Here is a cheerful photograph of myself, flanked by my Education Manager Hanif, and Institute Manager Sab. Thank you both for all your hard work and the amazing jobs you do for our Institute.

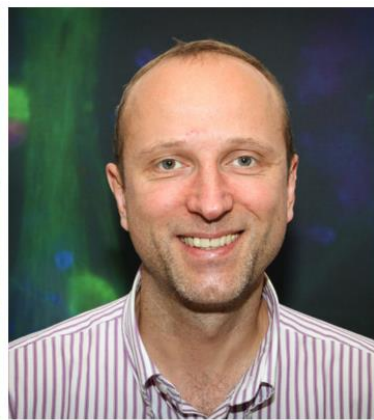


I am pleased to announce new appointments to several of our leadership roles:

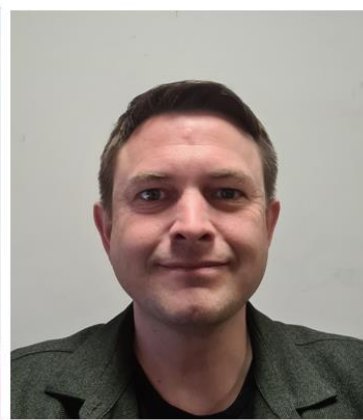
Jen Randall and Dennis Ougrin have been appointed to share the role of WIPH Director of Undergraduate Studies. They will lead on coordinating and shaping the Institute's existing undergraduate teaching portfolio, and work with colleagues to identify other opportunities to expand undergraduate provision and associated income generation. They will represent WIPH at Faculty/University MBBS/undergraduate committees and contribute to shaping the MBBS curriculum, and will also oversee the WIPH MBBS/UG teaching commitments and portfolio, ensuring high quality delivery of teaching, providing guidance and mentorship to lecturers and leads. Both Jen and Dennis have extensive experience in undergraduate and postgraduate teaching, supervision, curriculum development, and academic leadership, and we welcome them into their new roles. Our thanks to Jon Bestwick, who is stepping down from the role, for years of dedicated and tireless work ensuring that WIPH contributes effectively to the MBBS.



Jen Randall



Dennis Ougrin



Jon Bestwick

We also thank Richard Hooper for all his hard work as deputy lead in the Centre for Evaluation and Methods.

We are delighted that Beth Stuart is taking over as interim deputy lead until we advertise for new centre leadership roles next spring/summer.



Richard Hooper



Beth Stuart

We also have exciting news from our Institute cross-cutting Public Advisory Panel which Megan Clinch and Alison Thomson co-lead. Meg returns from her sabbatical leave next month and will take up her new role as Director of Education. We are delighted that Jane Rigney, who oversees Patient and Public Involvement strategy for CCSPED, has agreed to join Alison and Meg as deputy Public Advisory Panel lead - welcome Jane!



Megan Clinch



Alison Thomson



Jane Rigney

Finally, please be sure to take a well-earned rest during the festive period, keep warm, and enjoy your time with family and friends.

Wishing you all a Happy New Year

Warm wishes

Fiona

## MEET WIPH

### MEET - TESSA ROBERTS (Lecturer in Psychiatry and Mental Health, CPMH)

#### How would you describe your roles and responsibilities?

My role combines teaching and research, but research is the bigger part of my job. In practice that means lots of grant-writing! I recently finished a fellowship so I've been developing new collaborations, brainstorming ideas, and pitching them to funders. Lots of my work involves international collaboration, focussing on community-led mental health solutions, so I sometimes get to spend time abroad, and I spend a lot of time on Zoom calls. I supervise two brilliant PhD students, from Ghana and India, teach on the Cultural Psychology & Psychiatry Master's programme, and contribute to my research unit (Social & Community Psychiatry), CPMH, and the wider Institute, mostly by supporting early career researchers and EDI initiatives.

#### What has been your greatest professional achievement?

I hope many of my biggest professional achievements are yet to come, but a turning point in my career was securing a post-doctoral fellowship, representing my first major grant as PI. Some of the nicest moments were being nominated for supervision and teaching awards by students. In terms of my academic contributions, I'm probably most proud of a piece I wrote in the British Journal of Psychiatry called 'Reconceptualising the treatment gap', which I like to think has contributed to the gradual paradigm shift in global mental health towards contextualising mental distress and engaging with social determinants of mental health when developing solutions.

**What aspects of your role do you enjoy the most?**

I love the early stages of developing research ideas and exploring these with partners (before the panic as a grant deadline looms), and fieldwork, particularly qualitative interviews and participatory work. I enjoy writing discussion sections and commentaries, when you get to reflect on what the research means for our scientific understanding of an issue and for policy and practice. I also really enjoy mentoring students and early career researchers, and helping them navigate their way through the minefield of academia.

**What would be your second choice as a profession?**

I'd like to go into politics, and try to address some of the big issues that could make society fairer and more inclusive. Probably not as a candidate for office (as I'm not diplomatic enough), but perhaps as a community organiser or part of the wider team that does research/crafts policy/writes speeches etc.

**What do you enjoy doing outside work?**

I have a very funny, curious 3 year old daughter, and I love exploring London with her and discovering things that she's never experienced before.

**Something most people don't know about you?**

I used to live in Mexico, and like to think of myself as an honorary Latina. (Enchiladas verdes would probably be my choice of last meal.) I have also lived on a boat for the past 9 years, although we're in the process of moving onto land at the moment, so our pirate phase is sadly coming to an end!



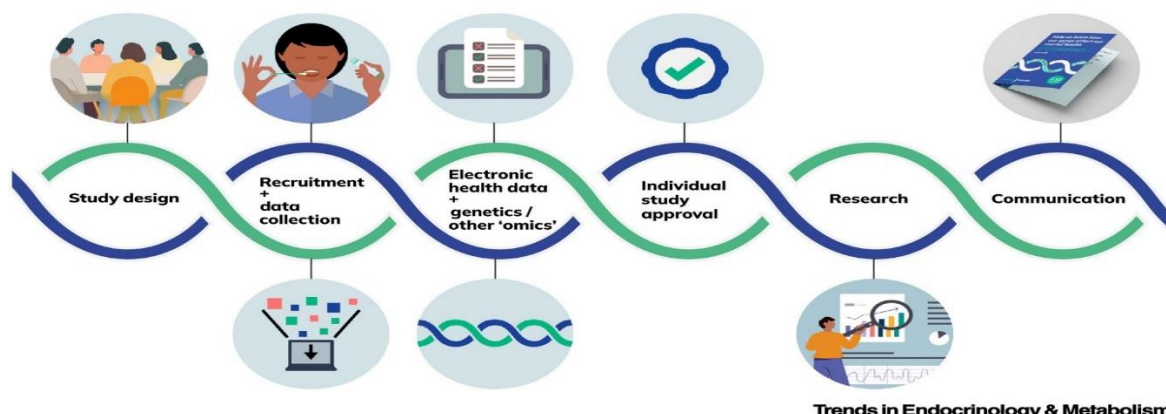
**GENERAL INSTITUTE NEWS**

**Genes & Health: Advancing health and community involvement in research**

28 November (Sarah Finer, Moneeza Siddiqui. Centre for Primary Care)

A Science and Society [article](#) celebrates the achievements and ethos of the Genes & Health study, which focuses on British-Pakistani and British-Bangladeshi volunteers and diversifying genetic research. Authors say the study exemplifies the transformative potential of collaborative research and community engagement in advancing science and promoting health equity, and is at the forefront of genetic research, driving innovation and improving health outcomes for all.

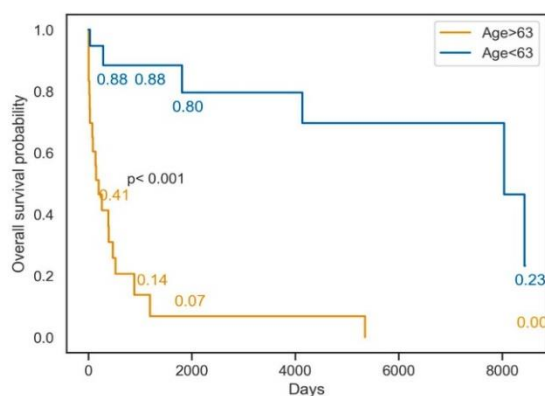
## The Genes & Health study process: Design to impact



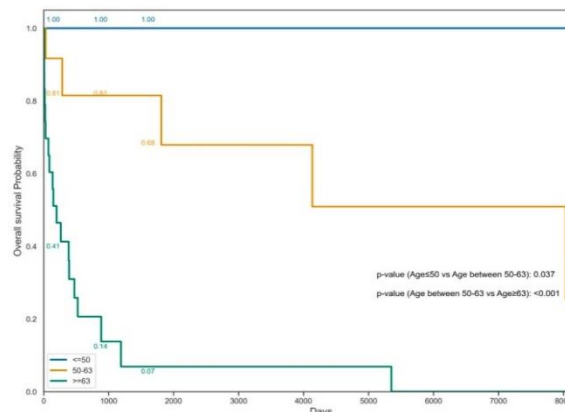
## Mortality and prognosis for HSV1 encephalitis

28 November (Jack Pepys. Centre for Preventive Neurology)

Analysing clinical, electrophysiological, imaging, and laboratory data, a retrospective study of encephalitis patients with Herpes Simplex Virus (HSV1/HSV2 and Varicella Zoster VZV) in the cerebrospinal fluid (CSF) finds that patients aged  $\geq 63$  with HSV-1 encephalitis have a significantly higher mortality risk, independent of cancer. The results showed that delayed antiviral treatment (beyond 48hrs) and cancer comorbidities increased mortality risk, and that higher CSF lymphocyte counts were associated with better survival, regardless of cancer status. Researchers say the findings may help explain wide discrepancies in reported mortality rates for HSV encephalitis patients.



Age >63	0	2000	4000	6000	8000
At risk	24	1	1	0	0
Censored	0	4	4	4	4
Events	0	19	19	20	20
Age <63	0	2000	4000	6000	8000
At risk	23	8	8	5	3
Censored	0	12	12	14	16
Events	0	3	3	4	4



Age <=50	0	1000	2000	3000	4000	5000	6000	7000	8000
At risk	11	4	4	4	4	4	3	2	1
Censored	0	7	7	7	7	8	9	10	10
Events	0	0	0	0	0	0	0	0	0
Age 50-63	0	1000	2000	3000	4000	5000	6000	7000	8000
At risk	12	7	4	4	4	2	2	2	2
Censored	0	3	5	5	5	6	6	6	6
Events	0	2	3	3	3	4	4	4	4
Age >=63	0	1000	2000	3000	4000	5000	6000	7000	8000
At risk	24	2	1	1	1	1	0	0	0
Censored	0	4	4	4	4	4	4	4	4
Events	0	18	19	19	19	19	20	20	20

## Reaching the Unreached: An International Conference on Dementia Care

29-30 November (Claudia Cooper, Jessica Budgett, Harriet Demnitz-King. Centre for Psychiatry and Mental Health)

A team from the NIHR Policy Research Unit in Dementia and Neurodegeneration (DeNPRU-QM) delivered presentations at the 2024 International Conference on Dementia in Bangalore. Claudia Cooper chaired a session on 'Digital Media: Possibilities and Pitfalls,' where she presented the NIDUS-UK study. In a workshop on 'Dementia Home Care: Understanding and Meeting training and support needs (DOMUS)' Jessica Budgett delivered a presentation on the NIDUS programme and DeNPRU-QM, and discussed the next step adaptation trial (NIHR Instilled), which begins recruitment early next year. Harriet Demnitz-King spoke about cognitive debt and dementia risk.



### **Asthma Prevention: European Respiratory Society Research Seminar**

3 December (Seif Shaheen, Centre for Preventive Neurology)

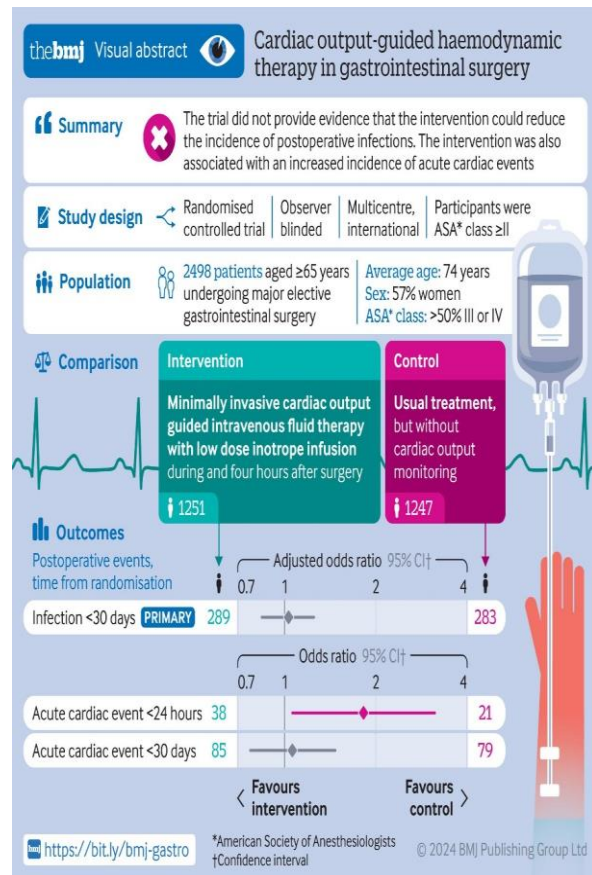


A summary of presentations from the 2023 ERS Research Seminar on Asthma Prevention considers whether sufficient evidence already exists to implement interventions, and how best to move the field towards novel prevention strategies. The seminar concluded that reducing exposure of pregnant women and children to air pollution will reduce incident asthma, data exists showing that fish oil and a component of raw cow's milk may prevent asthma, and modulating trained immunity by either mimicking helminth infection or oral and sublingual bacterial products is a promising area of research. Given the potential public health benefits of primary prevention of asthma, authors say funders should consider supporting high risk/high reward clinical studies in this area, especially using therapeutic interventions with well-known side effects.

### **OPTIMISE II RCT: Evaluating cardiac output-guided haemodynamic therapy**

3 December (Ann Thomson, Boby Mihaylova, Esubalew Assefa, Thomas Hamborg, Centre for Evaluation and Methods)

Results from an RCT evaluating an algorithm for cardiac output-guided haemodynamic therapy in patients undergoing major gastrointestinal surgery do not provide evidence that cardiac output-guided intravenous fluid therapy with low dose inotrope infusion could reduce the incidence of postoperative infections. The OPTIMISE II [trial](#) assigned 2498 patients aged  $\geq 65$  across 55 hospitals worldwide to receive minimally invasive cardiac output-guided intravenous fluid therapy with low dose inotrope infusion during and for 4hrs after surgery, or to usual care without cardiac output monitoring. Acute cardiac events occurred within 24hrs in 3% of intervention patients (v 1.7% of usual care patients) and within 30 days in 6.8% intervention patients (v 6.3% of usual care patients). The study concludes that routine use of this treatment approach in unselected patients is not recommended.



## BBC World Service Health Check programme

4 December (Sarah Finer, Moneeza Siddiqui. Centre for Primary Care)



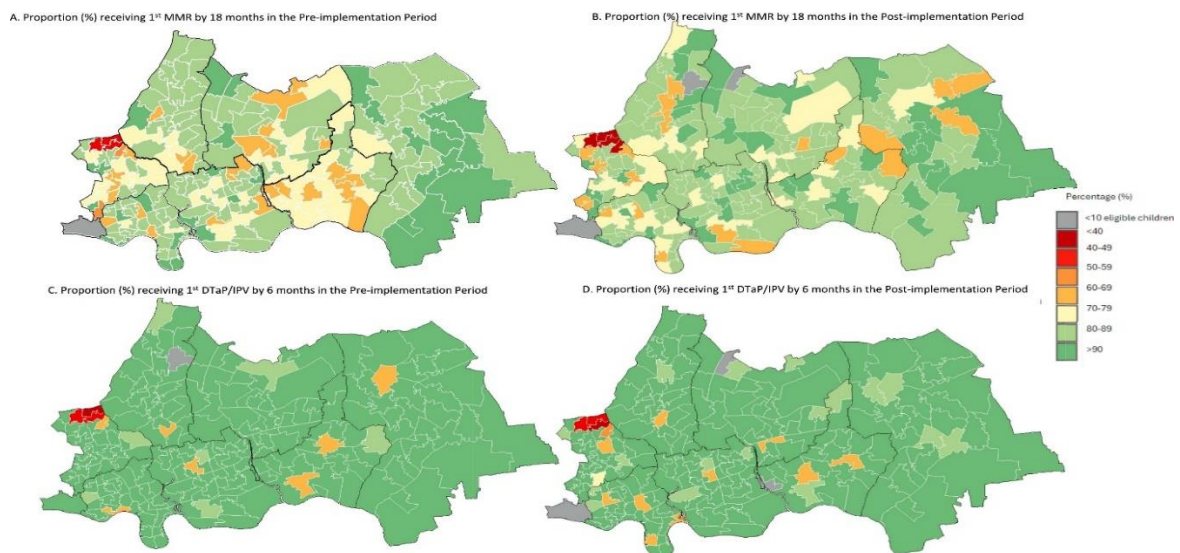
In an [interview](#) for the BBC World Service Health Check programme, Sarah Finer and Moneeza Siddiqui discussed the findings from their recent study, published in *Nature*, looking at the genetic underpinnings that could lead to earlier presentations of type 2 diabetes (T2D) in South Asian populations. The [paper](#) showed that a genetic predisposition to lower insulin production and less healthy fat distribution are major causes of early-onset T2D in British Asian people.

## Improving timeliness of preschool MMR vaccinations

5 December (Milena Marszalek, Meredith Hawking, Ana Gutierrez, Nicola Firman, Jianhua Wu, John Robson, Kelvin Smith, Isabel Dostal, Zaheer Ahmed, Anna Billington, Carol Dezateux. Centre for Primary Care)

Evaluation of a primary care digital call-and-recall tool for childhood preschool vaccinations in NE London [shows](#) improved timely receipt of first measles, mumps and rubella (MMR) vaccinations. Proportions of children with timely first MMR

increased by 4.1% (77.7 to 81.8%), equating to 92 more children immunised each month or 1104 per year. There was no significant change in Slope Index of Inequality using an area-level deprivation measure for either vaccine, but geographic inequalities in MMR timeliness improved in the majority of neighbourhoods. The free, digitally enabled call and recall tool ([APL-Imms](#): Active Patient Link Immunisation) was co-designed by researchers with primary care health practitioners, and training and educational materials were supplied to support general practices in its adoption and use.



### Santa in the City fundraising charity run

5 December (Cancer Screening and Prevention QMUL team, CCSPED)

There was much festive cheer from the Cancer Screening and Prevention QMUL team at the Santa in the City fundraising 3.5km charity run. The team was raising money for Sarcoma UK, a national charity funding vital research, offering support for anyone affected by sarcoma cancer, and campaigning for better treatments. Well done all!

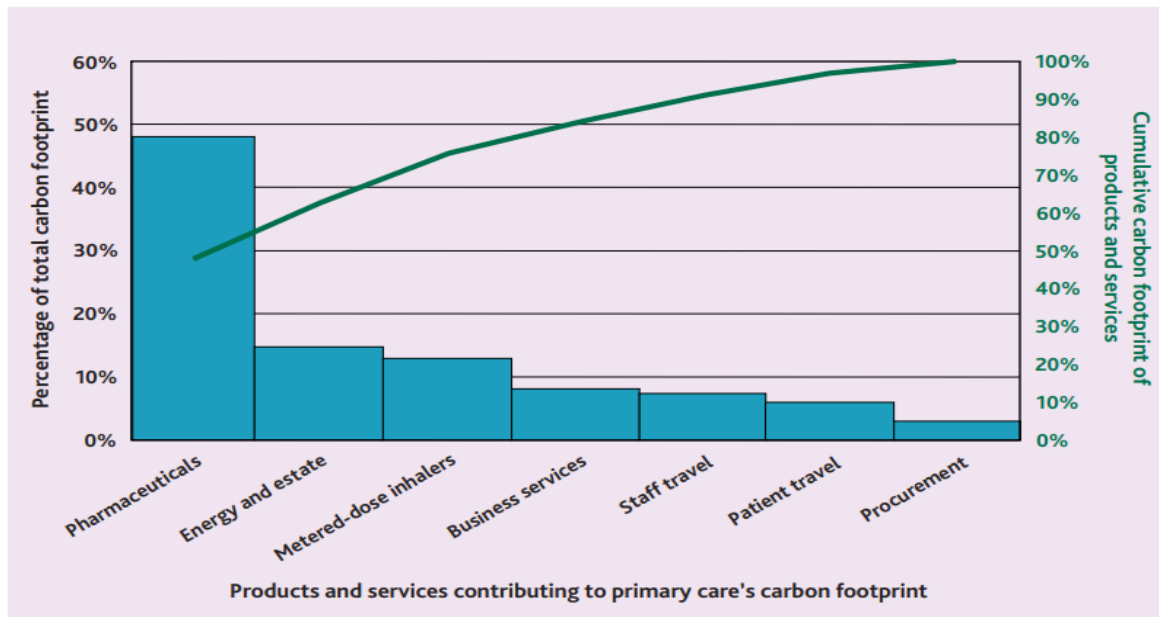


### How to reduce the carbon footprint of your primary care practice

5 December (Michael Naughton. Centre for Primary Care)

Noting that health care is responsible for  $\approx 5\%$  of UK greenhouse gas emissions, with primary care accounting for over 20% of these emissions, authors of a BJGP Life and Times [piece](#) say that reducing the primary care carbon footprint has the potential to improve the health of patients and communities, while decreasing workload and saving resources. Suggesting practical steps, the article describes how primary care can minimise its contribution to climate change by reducing prescribing, prescribing low-carbon medications, facilitating active travel or remote working and consultations, reducing overtreatment and over-investigation, optimising long-term condition management, and advocating and raising public

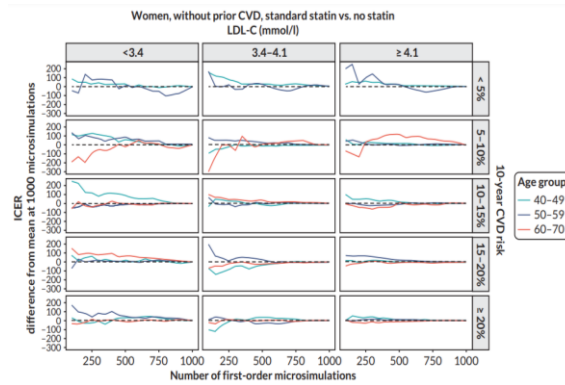
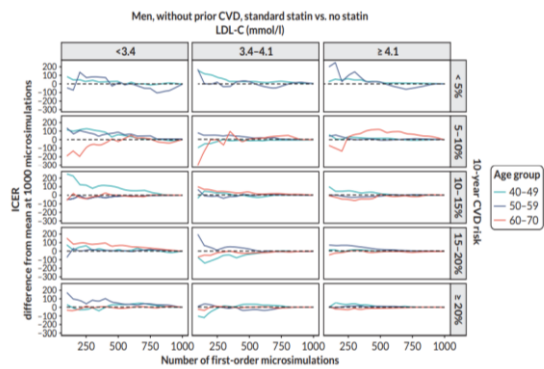
awareness. The authors call on partners and local primary care leaders to calculate their impact and address the issue.



### Statin therapy in the UK: effectiveness and cost-effectiveness

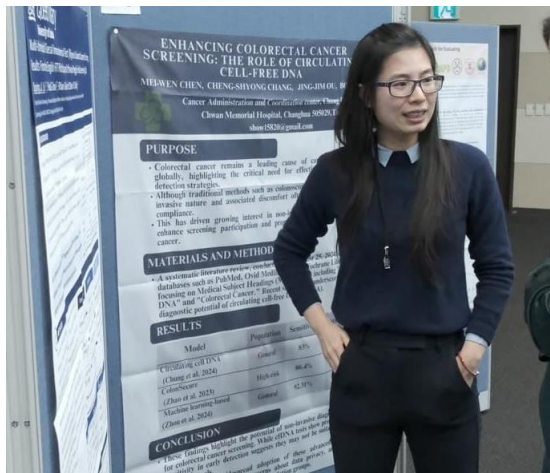
5 December (Boby Mihaylova, Runguo Wu, John Robson. Centres for Evaluation and Methods/Primary Care)

A Health Technology Assessment of the effectiveness and cost-effectiveness of statin therapy across UK population categories [reports](#) quality-adjusted life-years (QALYs) and incremental costs per QALY gained from the UK healthcare perspective. In people aged 40-70, lifetime use of standard statin therapy resulted in undiscounted 0.20-1.09 QALYs gained per person (pp); higher-intensity therapy added a further 0.03-0.20 QALYs pp. In those aged  $\geq 70$  lifetime standard statins increased QALYs by 0.24-0.70, and higher-intensity statins by a further 0.04-0.13 QALYs pp. Benefits were larger among people with higher cardiovascular disease (CVD) risk or low-density lipoprotein (LDL) cholesterol. Standard statin therapy was cost-effective across all categories of people aged 40-70 and higher-intensity therapy was cost-effective with higher CVD risk or LDL cholesterol. Both standard and higher-intensity statin therapies appear cost-effective for those aged  $\geq 70$ . The results suggest that statin treatment should be strengthened among people at higher CVD risk, and extending treatment to further categories of people aged  $\geq 40$  should be considered.



## WIPH researchers' work recognised at IACCS meeting in S. Korea

7 December (Joy Li, Tom Duffy. Centres for Evaluation and Methods/Cancer Screening, Prevention and Early Diagnosis)

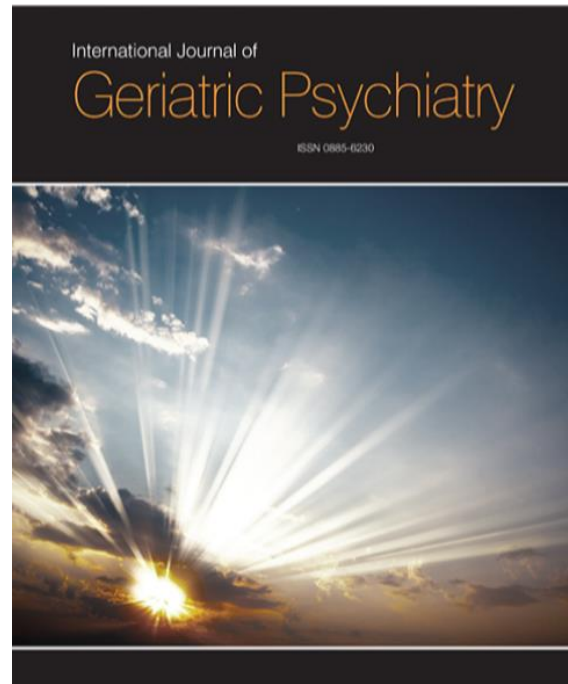


At the 15<sup>th</sup> International Asian Cancer and Chronic Disease Screening Network (IACCS) meeting in Goyang, South Korea, Joy Li and Tom Duffy both presented prize winning posters. Joy was awarded 3<sup>rd</sup> place for her poster on the results from the English FIT pilot study and Italian Reggio Emilia data on colorectal cancer screening, and Tom took 4<sup>th</sup> place with his poster on results from a nationwide English study on mammography screening, treatment, and breast cancer mortality.

## Editorial: The Janus Face of Person-Centred Care

8 December (Liz Sampson. Centre for Psychiatry and Mental Health)

Despite the goal of personalised care in the NHS Long Term Plan, person-centred care for people with dementia is challenging, with an increasing reliance on collaboration with family and paid carers. Authors of an [editorial](#) contend that the current focus of person-centred care on patient preferences is potentially harmful, and that the separation of current practice from its Rogerian underpinnings has eroded its meaning and become detrimental to its therapeutic goals. They say that a recentring of the meaning of person-centred care to ensure that it is grounded primarily in the relationships between patients and their family carers (often put under strain as dementia progresses), and not one or the other, is needed.



### **Intravenous v oral iron treatment for iron deficiency anaemia in pregnancy**

9 December (Jahnavi Daru, Centre for Public Health and Policy)



**Trusted evidence.  
Informed decisions.  
Better health.**

**Cochrane reviews**

A systematic [review](#) of 13 studies, published over 20yrs and including almost 4000 pregnant women with iron deficiency anaemia, finds that intravenous iron is probably a better treatment than oral iron for iron deficiency anaemia during pregnancy, but intravenous iron administered in pregnancy may not prevent severe anaemia after birth compared with oral iron. Researchers did not observe a difference between treatments in prevention of heavy bleeding after childbirth or the need for blood transfusion. Serious unwanted effects were rare, and may not be increased with intravenous iron compared with oral iron.

### **Using AI to evaluate climate effect on viral respiratory diseases in children**

9 December (Kate Pazukhina, Oleg Blyuss. Centre for Cancer Screening, Prevention and Early Diagnosis)

To examine the role of climate in predicting complications in paediatric respiratory viral infections (RVIs), machine learning models were tested in an analysis of 1610 hospitalization records of children with lower respiratory tract infections in Rome from 2018-2023. Results suggest that climate variables can enhance the ability of logistic regression models to predict RVI severity, but their inconsistent impact across algorithms highlights challenges in integrating environmental data into clinical predictions. Researchers say that the models need to be refined for use in reliable healthcare applications.

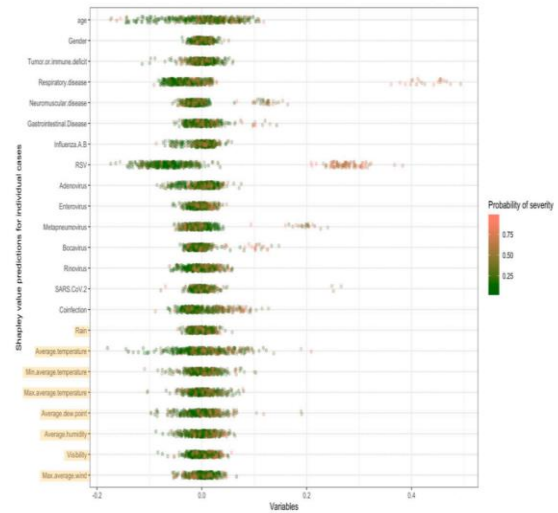


Figure 1. Shapley values for all predictors arranged by individual cases.

### First HDip programme PhD student passes viva

10 December (Jing Hui Law. Centre for Primary Care)



The first HDip programme student to pass their viva, Jing Hui Law has successfully defended her thesis on 'Exploring genetic risk perceptions surrounding type 2 diabetes in British Bangladeshi and British Pakistani populations'. Jing Hui thanks her supervising team, including Sarah Finer, Nina Fudge, and Jamie Ross, and all the colleagues and collaborators who contributed to shaping research ideas during her PhD. The Wellcome funded HDiP Doctoral Training programme applies human-centred data research to health and care data, and provides an amazing opportunity for talented young researchers. Congratulations Dr Law!

### NIHR Evidence Alert on opioid use

10 December (Steph Taylor. Centre for Primary Care)

Results from a 2023 study on opioid use for long term pain not caused by cancer are highlighted in a new NIHR Evidence Alert. The study found that, compared with usual care, a group-based intervention with one-to-one support for people on opioids helped them discontinue their medication, but did not increase the impact of pain on everyday

**NIHR** | National Institute for Health and Care Research

life. A cost-effectiveness analysis is expected shortly, and the researchers are working with Integrated Care Boards in London to implement the I-WOTCH (Improving the Wellbeing of People with Opioid Treated Chronic Pain) programme, with a view to a wider roll out.

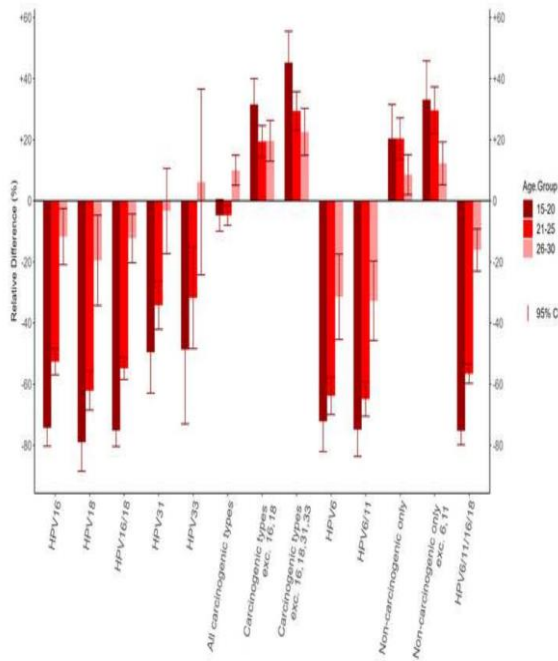
Group-based intervention reduced opioid use among people with long-term pain



# Evidence

## HPV genotype-specific prevalence over 10yrs in the United States

10 December (Jack Cuzick. Centre for Cancer Screening, Prevention and Early Diagnosis)



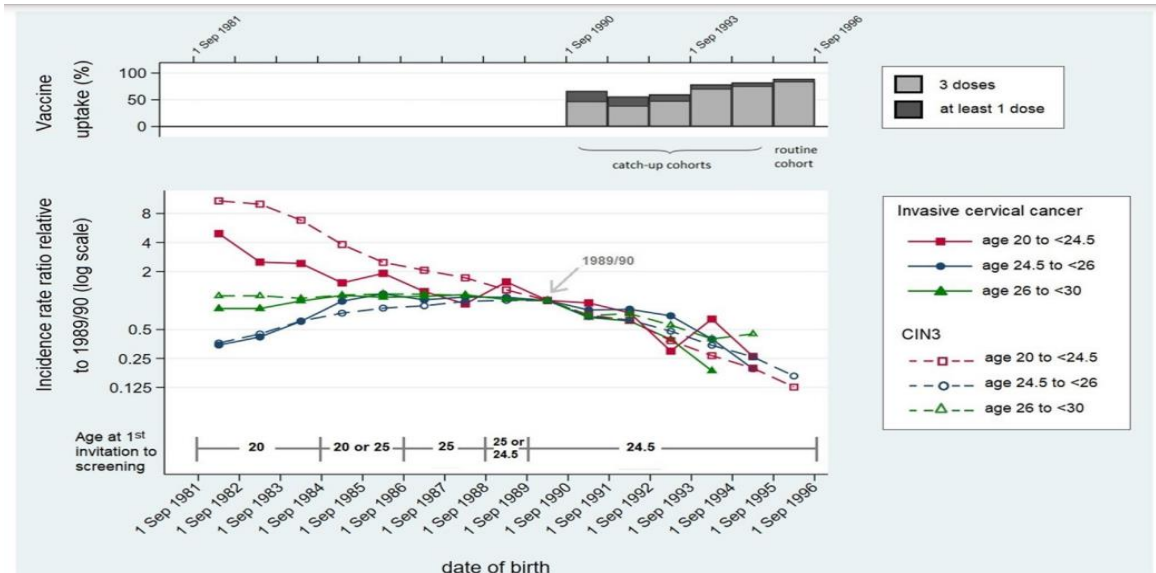
In the largest population-based investigation of HPV genotype-specific distributions over the 10yrs following implementation of the 4-valent HPV vaccine (HPV6/11/16/18) in the USA, liquid-based cervical cytology samples from individuals aged 15-30 screened in New Mexico were tested by broad-spectrum HPV genotyping. Prevalence reduced significantly for HPV16/18/31/33, and increased for other carcinogenic HPV types. Large reductions in HPV6/11 were observed but overall, non-carcinogenic, non-vaccine types increased. Authors say that increases in non-vaccine HPVs may attenuate anticipated reductions in HPV-related abnormalities, including cancers, but the benefits of HPV vaccination remain substantial.

## Effects of HPV vaccination and cervical screening policy in England

10 December (Milena Falcaro, Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

An analysis of the association between HPV vaccination and cervical screening policy changes and cervical cancer incidence and grade-3 cervical intraepithelial neoplasia incidence in England from 2006-2020 finds no evidence of increased cervical cancer rates over the age of 26 in cohorts not offered cervical screening until age 24.5 or 25. Substantial and increasing reductions in CIN3s and cervical cancers were observed in the cohorts offered HPV vaccination and were consistent with an 80% decrease in cervical neoplasia in the routine vaccination group. Authors

say that although changes in screening policy had substantial effects on cervical disease rates, there was little biological variation in rates prior to the introduction of HPV vaccination, and that since then, the reduction in incidence has been dramatic, with those offered vaccination at age 12-13 having  $\approx 80\%$  lower rates than they would have had in the absence of a national vaccination programme.



### AI technologies to improve skin cancer detection in primary care

10 December (Fiona Walter. Centre for Cancer Screening, Prevention and Early Diagnosis)

A commentary in *Lancet Digital Health* examines use of artificial intelligence (AI) technologies to improve skin cancer detection in primary care. The NHS currently uses AI to triage referrals from primary to secondary care to screen out obviously benign lesions, but authors identify several potential positions along the skin cancer diagnosis pathway where AI could be useful, and present a figure summarising these in three broad categories: before seeing a primary care clinician, with the primary care clinician, or after the primary care consultation. They conclude that AI technologies have great potential to help detect and diagnose skin cancer and to reduce workload of over-stretched health-care systems, but will need to be developed carefully to achieve this potential, guided by evidence-based approaches and appropriate implementation.

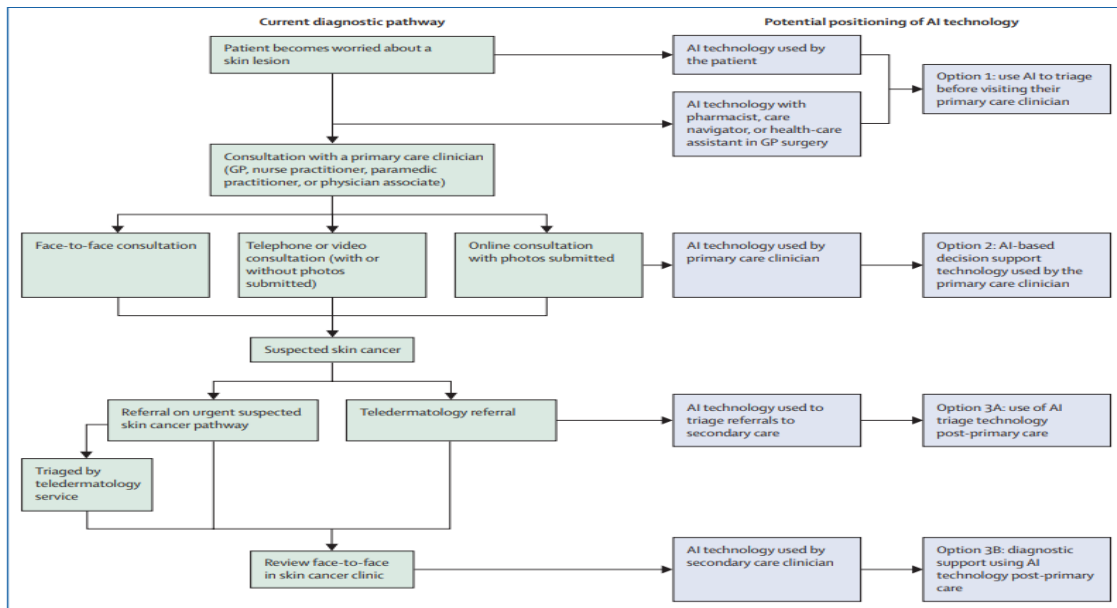
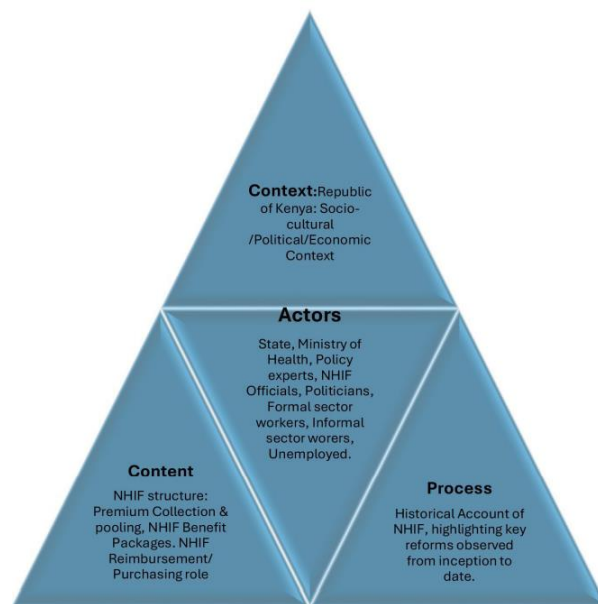


Figure: Potential positioning of AI technologies in the skin cancer diagnostic pathway

## Social health insurance in Kenya

11 December (Susan Nungo, Jonathan Filippin, Giuliano Russo. Centre for Public Health and Policy)

Assessing the potential of the Social Health Insurance (SHI) model to support the achievement of Universal Health Coverage in low and middle-income countries (LMICs), researchers conducted an analysis of the Kenyan National Health Insurance Fund (NHIF). Findings showed that only 17% of the population was covered by SHI, with just 27% of the informal economy covered by the NHIF. Authors say they identified little informal sector participation, inefficiencies in purchasing and payment of healthcare services, and a lack of political goodwill as key bottlenecks for the implementation of SHI schemes. They conclude that for SHI systems to be beneficial, LMICs must implement strategic purchasing systems, political goodwill, good governance, and arrangements that do not impose co-financing on the population. This publication comes from an MSc dissertation by first author, Susan Nungo, who is a current WIPH PhD student, and was awarded a full-cost LISS-DTP scholarship in 2023.



Adaptation of the Gilson and Walt (1996) policy triangle to study the social health insurance development in Kenya.

BMJ Journals

BMJ Open

## Oxford Centre for Early Detection and Prevention Symposium

11 December (Georgia Black, Centre for Cancer Screening, Prevention and Early Diagnosis)



As a keynote speaker at the Oxford Centre for Early Detection and Prevention (OxCODE) symposium held at the University of Oxford, Georgia Black delivered a presentation on *Doing 'detective work' to find a cancer: how are non-specific symptom pathways for cancer investigation organised, and what are the implications for safety and quality of care?* OxCODE brings together researchers to collaborate and maximise research outputs on early cancer detection and precision cancer prevention. The symposium focused on five key themes: technology in cancer early detection/prevention, preventive cancer vaccines, early cancer biology, risk identification and stratification, and diagnosing patients with non-specific symptoms.

## Deaths from Sickle Cell Crises – What needs to change?

11 December (Stephen Hibbs, Centre for Primary Care)

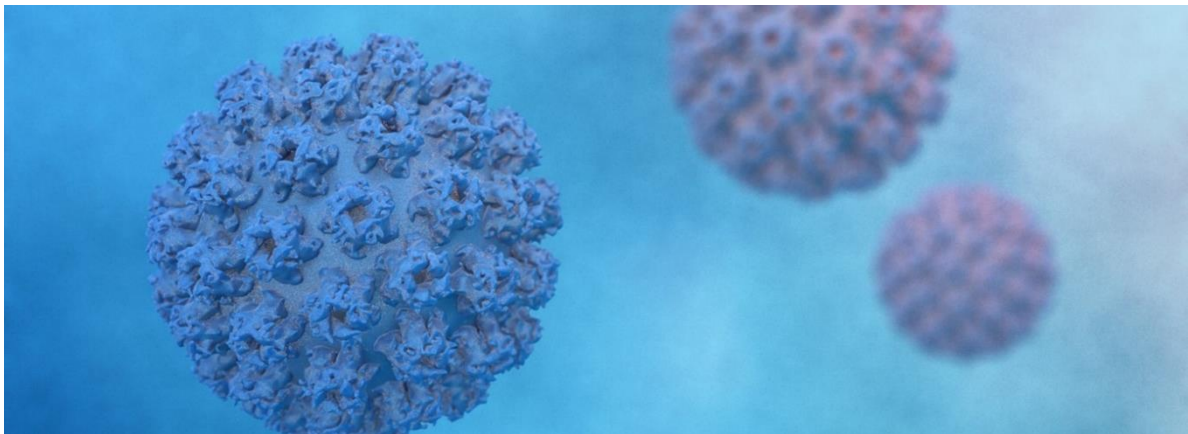
A piece for The Conversation reflects on the deaths of patients from sickle cell crisis and how poor care is a contributing factor. The authors reflect that better care for people experiencing sickle cell crises has been a struggle for decades, and that many hospital staff know little about it or how to treat it. Work to improve services is under way, with NHS England piloting dedicated SCD crisis centres, and 2/3 SCD patients in London now having a universal digital crisis treatment plan which can be used in any hospital in the capital, but authors call for better training for healthcare staff. They conclude that improving treatment options, creating safer care systems and fostering more compassionate care will not only ease the suffering of people who live with SCD, it is likely to save lives.



## New protocol to test self-collected cervical samples could reduce recalls

12 December (Jiyao Lei, Katie Deats, Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

A new protocol to analyse self-collected cervical samples could reduce the need for follow-up clinician screening for many women, and lead to more rapid referral for assessment for others. Self-samples cannot be processed using cytology, so if HPV is found, a clinician-collected sample is required. As 20% of women with positive self-samples do not attend for clinician-sampling, this could lead to untreated cervical pre-cancer. Researchers accessed details of HPV self-sample test results that are not usually available for analysis, and used the data to divide HPV-positive women into high-, medium-, and low-risk groups. Under this [protocol](#), only 5% of women fell into the high-risk group, with  $\approx 40\%$  of these having disease requiring treatment, meaning they would be recommended for immediate colposcopy. The authors suggest that the 53% of women testing positive who fell into the low-risk group could safely be re-tested after a year, without the need for immediate clinician-sampling. They say that this risk assessment would reduce the numbers called unnecessarily for clinician-based screening, while still catching the vast majority of early stage cancers, and that adoption of this protocol could improve cervical cancer screening procedures in the NHS.



## Latest *Thinking In Between* podcast

12 December (Stephen Hibbs. Centre for Primary Care)

### Thinking In Between

In the latest *Thinking In Between* [podcast](#), Stephen Hibbs speaks with Professor Louise Younie from the QMUL Institute of Health Sciences Education, who shares three ideas that have shaped her journey as an academic, a general practitioner, a person living through cancer diagnosis and treatment, and a creative teacher. Louise's work focuses on using creative enquiry to explore professional identity formation, human flourishing, and humanising medicine,



and her three big ideas are Liberation Pedagogy, Epistemic Humility, and Flourishing.

### Partnership to improve diversity in patient access to genomic medicine in NHS 12 December (Veline L'Esperance. Centre for Primary Care)

In her role as Senior Clinical Advisor in Genetics, Genomics and Precision Medicine at the NHS Race and Health Observatory (RHO), Veline L'Esperance will lead a new partnership with NHS England to deliver an 18 month collaborative research project investigating the disparities faced by ethnic minority patient groups across access to, and delivery of, the NHS Genomic Medicine Service (GMS). The partnership will involve the South East NHS GMS Alliance, Oxford University, Central & South NHS GMS Alliance, and the NHS RHO. Together the team will address where disparities and barriers exist through national and regional assessments of ethnic health inequalities in patient pathways.



www.nhsrho.org  
@NHS\_RHO

Partnership announced to improve diversity in patient access to genomic medicine in the NHS

### Stakeholder views on how to reduce salt intake in Malaysian Schools 13 December (Feng He, Mhairi Brown. Centre for Public Health and Policy)



An analysis of the views of school administrators, food operators, and consumers on salt intake in Malaysian schools identifies a lack of knowledge about salt intake and reduction among stakeholders. Key facilitators of salt reduction included few strategies such as public health campaigns, priorities towards salt reduction policies, or school-based education programmes.



Researchers highlight the need to ensure collaborative efforts among stakeholders.

### **Cancer investigation in non-specific symptom NHS pathways in England**

13 December (Georgia Black, Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

Exploring how holistic care is understood and put into practice for cancer investigation in non-specific symptom (NSS) pathways in the English NHS, a study conducted in 4 hospitals identifies challenges, including conflict between delivering holistic care and meeting timed targets, due to limited availability of imaging and diagnostic tools. Findings revealed a lack of clarity on the boundaries of holistic care, resulting in wide variation in NSS pathway implementation across health care providers, with some study participants acknowledging that the current model does not recognise holistic care beyond cancer exclusion. Researchers observed that NSS investigation in younger patients posed difficulties due to history of health anxiety or depression, as well as concerns over radiological risk exposure. Authors say that appropriately funded organisational models of care, prioritising holistic care in a timely manner over solely meeting cancer targets, are needed.



### **TBNet consensus statement on TB in adult migrants in Europe**

13 December (Dominik Zenner. Centre for Public Health and Policy)



Considering the likelihood that decisions on management of migrants at risk of TB are not always made with due consideration for clinical evidence, a systematic review summarises current evidence on diagnosis of active TB in migrants entering the EU/EEA and UK. Researchers found a higher vulnerability of migrants for TB, including increased risk of extrapulmonary TB, multidrug/rifampicin-resistant TB, TB/HIV co-infection, and worse TB treatment outcomes compared with host populations. The TBnet Consensus recommendations include screening migrants for TB/ latent TB infection according to country data, a minimal package for TB care in drug susceptible and MDR/RR-TB, implementation of migrant-sensitive strategies, and free healthcare and preventive treatment for migrants with HIV co-infection.

### WIPH Graduations

16 December

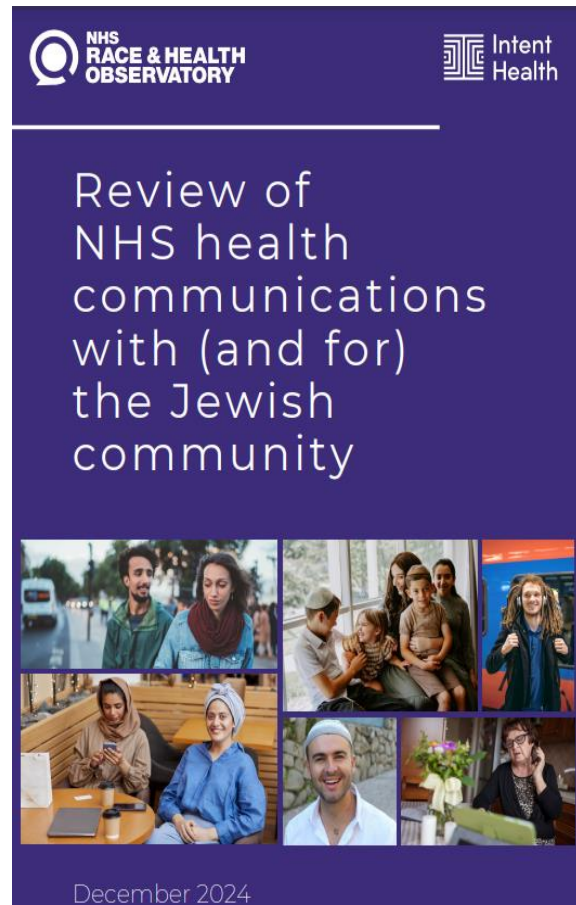
Congratulations to our WIPH postgrad students in mental health, global public health, and health data in practice from both the online and in person cohorts, who graduated on Monday. We also celebrated the achievements of several of our recent PhD students. With so many of our students graduating, we had to separate the event into two ceremonies. More than 300 WIPH postgraduate students will be awarded their degrees at the end of this academic year. Well done all.



## Review of NHS health communications with the Jewish community

16 December (Ranjit Manchanda. Centre for Cancer Screening, Prevention, and Early Diagnosis)

A new report, *Review of NHS health communications with (and for) the Jewish community*, launched by the NHS Race & Health Observatory, explores challenges faced by these communities, and includes resources to support NHS staff to ensure that their communications are effective. The programme is an output of the Genetic Cancer Prediction through Population Screening Study which began in 2008 to evaluate the need for population-based screening for genetic testing. Ranjit Manchanda, who led GCaPPS, is quoted in the report: 'Offering BRCA genetic testing across the entire Jewish population, beyond traditional family-history based approach can double the BRCA carriers identified, preventing many more breast and ovarian cancers than the earlier clinical strategy, saving many more lives. It offers a new paradigm for delivering cancer genetic testing in healthcare and is an exciting step forward in cancer prevention and early detection.'



**Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to [j.a.mackie@qmul.ac.uk](mailto:j.a.mackie@qmul.ac.uk)**