

Promising pancreatic cancer treatment

A new combination of two different approaches – virotherapy and immunotherapy – is showing promise as a treatment for pancreatic cancer, according to new research from Queen Mary University of London (QMUL).

The study, funded by the UK charity Pancreatic Cancer Research Fund, investigated whether the effectiveness of the Vaccinia oncolytic virus – a virus modified to selectively infect and kill cancer cells – as a treatment for pancreatic cancer, would be improved by arming it with a gene which modulates the body's immune system.

Despite laboratory studies which show that they can both kill cancer cells and provide immunity against cancer regrowth, oncolytic viruses have not performed well in clinical trials, as the immune system naturally attacks the virus

before it can be effective.

The QMUL team, at Barts Cancer Institute, armed the Vaccinia virus with a copy of the interleukin-10 (IL-10) gene, which would express proteins in the cancer cell once infected by the Vaccinia. These proteins are important in cell signalling – but are also known to dampen the immune response – and the researchers hoped that this would allow the virus to take hold and persist for longer.

“Many viruses use IL-10 to hide from the host's immune system, so we thought we'd use this natural strategy to investigate whether it would improve Vaccinia's effectiveness,” said Dr Yaohe Wang, who led the research. The research team first confirmed in the cell lines that arming Vaccinia with IL-10 would not compromise Vaccinia's anti-cancer effects. They then

conducted tests comparing the effectiveness of Vaccinia and Vaccinia armed with IL-10 on mice with pancreatic cancer and a group of transgenic mice specially bred to develop a more human form of the disease. After six weeks, 87.5% of all the mice treated with the combination approach were completely clear of tumours compared with 42.8% of those treated with Vaccinia alone.

Maggie Blanks, CEO of the Pancreatic Cancer Research Fund, said: “Much more research is needed, but these early results show there is some potential here. Pancreatic cancer desperately needs a radical new approach to see improvement in survival, so a new treatment that also offers protection against disease recurrence would be an extremely important development.”

The study was published in the journal *Clinical Cancer Research*.

Intra-arterial treatment improves stroke outcomes

MR CLEAN, a ground-breaking study published in the *New England Journal of Medicine*, has showed that intra-arterial treatment for acute ischaemic stroke patients improves patient outcomes. The procedure consists of the effected blood vessel being re-opened quickly using a small stent to capture the clot and pull it out of the brain through a catheter. This results in less brain damage, fewer neurological problems and a greater quality of life. The effects of a stroke are wide-reaching and can result in severe disability, such as speech problems and paralysis.

MR CLEAN (Multicenter Randomised Clinical trial of Endovascular treatment for Acute ischaemic stroke in the Netherlands) is an independent comparative effectiveness trial, conducted in the Netherlands from December 2010 through March 2014. The trial, which was a prospective, randomised clinical trial of 500 patients showed an overall shift toward more positive outcomes in patients who received interventional treatment. Among these patients, who would have otherwise been left severely disabled, more who received intra-arterial treatment

were returned to functional independence.

Commenting on the research, UK-based specialist, Dr. Sanjeev Nayak, University Hospitals of North Staffordshire NHS Trust, has said: “The positive results are welcomed news. It is now very clear that new generation devices, better patient selection and timely intervention will lead to better patient outcomes. As a neuro-interventionalist who has treated hundreds of stroke patients, I have personally seen how endovascular treatment can change the course of a patient's life. Most acute ischaemic stroke patients face a high likelihood of long-term disability without intra-arterial treatment. With clinical evidence now in hand proving the benefits of intervention, we can work with healthcare providers throughout the chain of care to make endovascular treatment available to a dramatically larger group of stroke patients.

“At our own institution we have shown significant cost saving benefits to both the hospital and social care as a result of improved clinical outcomes and costs savings due to disability prevention.”

Clinical trial launched for Parkinson's vaccine

A novel Parkinson's vaccine (Affitope PD03A) will now be tested in a clinical Phase I trial in Austria by an EU-funded consortium. The vaccine was developed by the Austrian biotech company AFFiRiS AG and targets a protein called alpha-Synuclein.

The protein plays a key role in the onset and progression of Parkinson's as well as multiple system atrophy (MSA), an orphan disease. This vaccine has the potential to modify disease progression, rather than only symptomatic improvements available with current treatment strategies.

The start of the Parkinson's trial follows in the wake of positive results from a similar Parkinson's vaccine trial recently conducted by AFFiRiS with support from the Michael J. Fox Foundation.

Blood sugar levels in heart failure patients predict risk of early death

New research suggests that people who arrive at hospital emergency departments with acute heart failure should have their blood sugar levels checked on arrival. This simple and inexpensive measure could identify patients at high risk of early death, further hospitalisations, or the development of more health problems, such as diabetes.

Results of a large study published online in the *European Heart Journal*, show that even if someone arrives at hospital with no prior diagnosis of diabetes and with blood sugar levels within a range that could be considered as 'normal', if their levels are above 6.1 mmol/L they are at higher risk of developing diabetes and early death.

Researchers from the Institute for Clinical Evaluative Sciences (ICES), the Peter Munk

Cardiac Centre at the University Health Network, and the University of Toronto, Canada, analysed the outcomes for 16,524 people who arrived at hospital emergency departments in Ontario, Canada, with acute heart failure between 2004 and 2007. The patients were aged between 70-85 years old and 56% (9,275) of them did not have pre-existing diabetes. The researchers compared the outcomes of the patients against a reference group of patients whose blood glucose levels ranged between 3.9-6.1 mmol/L.

They found that patients without pre-existing diabetes had a risk of death within 30 days from any cause that was 26% higher than the reference group if their blood glucose levels were between 6.1-7.8 mmol/L, rising to 50% higher if

their levels exceeded 11.1 mmol/L. Their risk of death from cardiovascular causes was 28% higher for levels between 6.1-7.8 mmol/L, rising to 64% higher for levels between 9.4-11.1 mmol/L. As their blood glucose levels rose, so did their risk of subsequently developing diabetes; for levels between 6.1-7.8 mmol/L, their risk of diabetes was 61% higher, and this rose by 14% for every 1 mmol/L increase in blood glucose. If their levels exceeded 11.1 mmol/L, their risk of diabetes was 261% higher.

Associate Professor of Medicine, Dr Douglas Lee, a senior scientist at the ICES, who led the research, said: "Although diabetes is a known risk factor for developing heart failure, this is the first time that it has been shown that heart failure predisposes people to developing diabetes."

Pregnant women urged to have flu vaccine

Public Health England (PHE) is calling for more pregnant women to come forward for the free flu vaccination as a report shows how fatal the virus can be for pregnant women.

The national maternal deaths report led by a team of academics, clinicians and charity representatives, called MBRRACE-UK shows that among those women who died in, or shortly after, pregnancy, between 2009 and 2012, flu was the cause of death in 1 in 11.

Within this period, which includes the period of the influenza pandemic in 2009 to 2010, a total of 36 pregnant women died with strains of the flu virus that the current vaccine will protect against. Half of the deaths occurred after the vaccine became available free-of-charge to pregnant women, but sadly none of the women were known to be vaccinated.

Pregnant women are at increased risk of serious complications and death from flu compared with other healthy adults. Flu can also affect the pregnancy, leading to stillbirth, prematurity and low birthweight. Flu can also be serious for new-born babies, who cannot be protected themselves by vaccination, but gain some protection if their mother is vaccinated in pregnancy.

Professor Maria Zambon, director of PHE's Reference Microbiology Centre, said: "Flu is now largely preventable for pregnant women and their babies, because a free, safe and effective vaccination is offered from the NHS. The vaccine is not a live vaccine and it cannot give you flu. Despite this, around 60% of pregnant women in England have yet to get the flu vaccine this winter, and this of great concern."

Laparoscopic bladder cancer surgery shows good survival rates

Long-term survival rates following laparoscopic surgery for bladder cancer are comparable to those of open surgery, according to a study published in *BJU International*. The findings, which come from the largest study to date with long-term follow-up after this type of minimally invasive surgery, indicate that prospective randomised trials comparing these two bladder cancer surgeries are warranted.

Open radical cystectomy, or removal of the bladder through open surgery, is the treatment of choice for muscle invasive and high-risk non-muscle invasive bladder cancer; however, the surgery can lead to serious complications. Some hospitals are using minimally invasive procedures such as laparoscopic radical cystectomy, but there is little information on the effectiveness of these procedures for preventing cancer recurrence over the long term.

To address this, the European Association of Urology (EAU) section of Uro-technology has

been building a large database of laparoscopic radical cystectomy procedures performed across Europe. When exploring this database, an international team led by Simone Albisinni, MD and Roland van Velthoven, MD, PhD, of the Université Libre de Bruxelles in Belgium, found that laparoscopic radical cystectomy can lead to reliable cancer control even many years after surgery. After five years, 66% of patients had no signs of bladder cancer recurrence, and among those followed for 10 years, 62% had no signs of recurrence.

"Analysing over 500 patients and with a median follow-up of five years, these results are vital to globally evaluate the efficacy of this procedure. They suggest that a laparoscopic approach to bladder cancer, when performed correctly, can be as safe as open surgery with regards to cancer control, though maintaining the benefits of a minimally invasive approach," said Dr. Albisinni.

Promising technology to aid cancer

Researchers at Oregon State University have developed a new way to selectively insert compounds into cancer cells – a system that will help surgeons identify malignant tissues and then, in combination with phototherapy, kill any remaining cancer cells after a tumour is removed. The findings, published in the journal *Nanoscale*, have shown success in laboratory animals.

Oleh Taratula, an assistant professor in the OSU College of Pharmacy, explained: "With this approach, cancerous cells and tumours will

literally glow and fluoresce when exposed to near-infrared light, giving the surgeon a precise guide about what to remove. That same light will activate compounds in the cancer cells that will kill any malignant cells that remain. It's an exciting new approach to help surgery succeed."

The work is based on the use of a known compound called naphthalocyanine, which has some unusual properties when exposed to near-infrared light. It can make a cell glow as a guide to surgeons; heat the cell to kill it; and produce reactive oxygen species that can also kill it.

Quality standard on antibiotics to reduce newborn deaths

The National Institute for Health and Care Excellence (NICE) has issued a new quality standard which sets out priorities for healthcare professionals on the use of antibiotics to prevent and treat infections in newborn babies.

Professor Gillian Leng, deputy chief executive and director of health and social care at NICE said: "Giving prompt treatment with antibiotics helps to save the lives of many newborn babies every year. This new quality standard sets out how healthcare professionals can quickly and effectively prescribe antibiotics to those pregnant women and babies who need it the most."

The quality standard includes six statements to help reduce newborn deaths and improve the treatment of pregnant women and babies who

need antibiotics for an infection, including:

- Thoroughly assessing pregnant women and newborn babies to identify any clinical signs that put a newborn at risk of infection.
- Offering a preventative course of antibiotics to women as soon as possible during labour if they are at risk of passing an infection on to their newborn².
- Administering antibiotics within one hour if it is decided that a newborn needs treatment, even if test results are yet to come through.

Professor Leng added: "We also know that there are times when babies are given antibiotics when they are not needed. This standard sets out how healthcare professionals should responsibly prescribe antibiotics in newborn babies to make sure they are not exposed to

unnecessary treatments. This will prevent many babies developing a resistance to antibiotics when they grow up and may also reduce the risk of having further problems, such as eczema and asthma."

To ensure appropriate prescribing the standard also states that any newborn baby who starts antibiotic treatment should be reassessed at 36 hours to check whether or not they still need them. The reassessment should include any test results that weren't previously considered. Antibiotic treatment may be stopped if the initial suspicion of infection was not strong, test results are negative and the baby's clinical condition is reassuring.

The full standard is available at www.nice.org.uk/guidance/qs75

NHS increases budget for cancer drugs

The NHS Cancer Drugs Fund (CDF) has published the outcome of its review of drugs included in the Fund. The budget for the CDF will grow from £200 million in 2013/14, to £280 million in 2014/15, and an estimated £340 million from April 2015. This represents a total increase of 70% since August 2014.

The CDF review announced will also create projected savings of approximately £80 million through a combination of negotiated price reductions and improved clinical effectiveness. If action had not been taken to review the CDF drugs list, the Fund was projected to grow to

around £420 million next year, necessitating offsetting cuts in other aspects of cancer treatment such as radiotherapy, cancer diagnoses, cancer surgery, and other important NHS services for other patient groups.

A national panel – comprising oncologists, pharmacists and patient representatives – independently reviewed the drug indications currently available through the CDF, plus new applications. They carried out a detailed assessment of the evidence, looking at clinical benefit, survival and quality of life, the toxicity and safety of the treatment, the level of unmet

need and the median cost per patient. In cases where the high cost of a drug would lead to its exclusion from CDF, manufacturers were given an opportunity to reduce prices.

The result of the review is that 59 of the 84 most effective currently approved indications (clinical 'uses') of drugs will rollover into the CDF next year, creating 'headroom' for new drug indications that will be funded for the first time. These are Panitumumab, a treatment for bowel cancer; Ibrutinib, a treatment for Mantle cell lymphoma, a type of non-Hodgkin lymphoma; and Ibrutinib for use in chronic lymphocytic leukaemia (CLL).

Plans for state-of-the-art cancer centre

Spire Healthcare, the private hospital group, has taken a significant step towards the development of a major new cancer centre in Chelmsford, Essex. After the successful build, opening and popularity of its Specialist Care Centre in Bristol, Spire submitted a request on December 12 for planning permission next to Baddow Hospital at the Essex Healthcare Park in Chelmsford, with the view to build a similar facility to serve the city and wider Essex and adjoining counties areas.

Subject to a successful planning application, work is expected to be completed by autumn 2015. Initial architect drawings have been prepared and provide for a two-storey centre with a two-bunker radiotherapy facility. The facility will house two state-of-the-art linear accelerators (LinAcs), a wide-bore CT scanner, consultant offices and consulting rooms and an eight bay chemotherapy suite.

Radiotherapy is a highly effective way of treating cancer yet remains undersupplied in the NHS with just 4.1 LinAcs per 100,000 of population – a figure some way below the rest of the major European countries. This development will bring a welcome increase to the country's private provision of LinAcs – especially outside of London – currently only standing at 20 private machines nationwide.

The centre will utilise state-of-the-art planning and treatment techniques to provide patients with the most technically advanced treatment, partnered with high standards of patient care and support. It will treat a broad range of cancers, including breast, prostate and lung cancers, and will enable Spire to offer integrated end-to-end care for patients from diagnosis, right through to recovery.

Neil McCullough, Spire's group development director, said: "Building and opening a new cancer facility on this scale is an exciting challenge and fits well with Spire's aim to provide high quality cancer services to a wider market."

NICE issue guidance blood clot treatment

Patients at risk of recurrent blood clots can now be offered an alternative to warfarin, which some patients find inconvenient due to the need for careful monitoring and regular visits to clinics for blood tests. According to the latest guidance from NICE, patients can now be offered dabigatran etexilate to prevent recurring DVT and pulmonary embolism in adults.

BMI hospital unveils new ICU

BMI The London Independent Hospital has unveiled its newly enhanced intensive therapy unit (ITU). The new department, which has undergone a £40,000 investment, will allow the hospital to expand the level of critical care it is able to provide in London and the international healthcare market.

The investment into the Level III ITU will provide the hospital with the highest level of dedicated, continuous and specialised care. Equipped with the latest technology, the ITU team, led by consultant intensive care anaesthetists, are able to treat patients suffering from a wide variety of medical and surgical conditions that require complex multi-organ support. The new ITU has a total of six Level III beds with five isolation rooms and capacity for three patients requiring high dependency Level II care. The unit also provides a renal dialysis outpatient service for patients with chronic renal failure who require treatment for other conditions.

"The growth of the hospital's international reputation in the past twelve months has had a dramatic impact on the ITU at BMI the London Independent Hospital," Sharon Ash, critical care manager commented. "My team and I now routinely deal with patients who have undergone highly complex cardiac, neuro, colorectal and orthopaedic procedures and in the past year we have treated patients who have survived road traffic accidents, gunshot wounds and undergone severe trauma. We have also successfully completed our first live donor kidney transplant. This investment into the ITU will allow us to continue to expand the critical care services we are able to provide to the UK and internationally. Crucially the investment will also allow us to improve and enhance the level of one-to-one care we currently provide to our patients."

BMI The London Independent Hospital is among a handful of private hospitals who are



able to offer level III critical care. The ITU at BMI The London Independent Hospital is staffed by a highly skilled and experienced multi-disciplinary team providing 24-hour care for patients. The newly refurbished unit will enhance the existing critical care services offered at the hospital including non-invasive and invasive mechanical ventilation, continuous haemodynamic and intra-cranial pressure monitoring, inotropic support, intra-aortic balloon pump therapy, as well as various modalities of renal replacement therapy. The isolation rooms, while in keeping with the hospital's strict infection prevention and control policies will also enhance the patient and family members experience by enhancing privacy and dignity during their stay in the ITU.

Speaking on the investment Kirsty Baker, executive director at BMI The London Independent Hospital, added "BMI The London Independent Hospital is proud to stand apart from the crowd when it comes to the provision of highly specialised care. "This investment will allow us to expand our reach on an international business while also increasing complexity and the growing range of tertiary medicine we are able to provide to UK patients."

Thousands of dementia cases could be prevented

A recent report suggests that encouraging people to adopt a healthy lifestyle may prevent around 80,000 cases of dementia in the UK each year. The report is being presented at the World Innovation Summit for Health, chaired by former health minister, Lord Darzi. Writing in the *Daily Telegraph*, Lord Darzi argues that while 'the most urgent task remains finding a cure', lifestyle changes play an important part in reducing the risk of dementia.

Dr Matthew Norton, head of policy at Alzheimer's Research UK, said: "While there's currently no sure-fire way to prevent dementia, a growing body of evidence suggests lifestyle changes can help reduce the risk of the condition,

and we know that what is good for the heart is also good for the brain. It is imperative for these messages to reach the public if we are to enable people to take action in midlife to help lower their risk of dementia in later life.

"Lord Darzi rightly talks of the immense scale of the challenge: dementia shatters lives and currently costs the UK economy £24bn a year. Research is making progress, but to capitalise on its promise and find ways to treat and prevent dementia continued investment is vital. In the meantime, the risk of dementia can be reduced with a healthy diet, regular exercise, not smoking, and keeping blood pressure and weight in check."

HPV called upon for latest Ebola decontamination

Following a recent Ebola virus disease (EVD) patient being discharged from a Glasgow hospital and transferred by military plane to a specialist north London centre, Bioquell technology was called into action. The company was commissioned to deploy its hydrogen peroxide vapour (HPV) technology – the gold standard in bio-decontamination. The firm's HPV process kills 99.9999% of pathogens, eliminating doubt by destroying biological threats in healthcare and life science environments.

The patient, a nurse who contracted the Ebola virus while working in Sierra Leone, returned back to the UK before being diagnosed with EVD in Glasgow. Their immediate isolation and subsequent emergency airlift to London was swiftly undertaken. This left both an isolation suite requiring urgent decontamination and the air transport isolator (ATI) used in travel.

Bioquell provided a fully-managed response to this situation and a dedicated team was sent first to London, to target both ATI and the room it was housed in, before onward travel to Scotland. This second deployment encompassed a two-stage approach in the interests of maximum safety – for the decontamination specialists, the healthcare staff and the public alike. An initial decontamination treatment cycle brought potentially high levels of EVD to a negligible level. Complete treatment of the room was undertaken once more, in conjunction with its surrounding



environment and other isolation rooms.

Throughout both visits, robust Personal Protective Equipment (PPE) was worn by the Bioquell specialists. The clear pre-planning had paid off, with Bioquell staff having previously undergone extensive gowning training, to prepare them sufficiently for working in environments of heightened biological threats. To determine that the HPV cycles in London and Glasgow had been a success, Bioquell utilised

industry standard *Geobacillus stearothermophilus* biological indicators (BIs) to back up the visual chemical indicator (CI) results. Use of CIs provided the Bioquell specialists with immediate visual confidence all HPV cycles were effective and the BIs (spore-formers that are usually hard to kill) backing-up the outcome by showing a 6-log microbiological reduction was reached. Mobile BI incubation processes allowed peace-of-mind. All decontamination work was fully successful, ahead of Bioquell specialists leaving each site.

Commenting on the latest outbreak, Martyn Broadbent, healthcare specialist, commented, "When it comes to diseases such as the Ebola virus, no-one can afford to take risks. It is important to eliminate doubt plus stop any onward hospital transmissions, such as those observed in Spain and Texas. Bioquell technology assures the eradication of a wide spectrum of bacteria and viruses from all surfaces in environments where they could be present."

Variations in lung cancer care

Results from the National Lung Cancer Audit (NLCA) show that a substantial number of patients are needlessly dying of lung cancer as a result of local variation in care. While some patients may not be eligible or able to have surgery but can receive radiotherapy, surgical treatment represents the best chance of cure of the disease. However, the proportion of patients with early stage lung cancer who receive surgery varies from 33% to 63% when measured at network level (with even greater variation at Trust level).

The audit collected data on 39,203 patients in Great Britain for this audit period, representing all patients attending or admitted to hospital with lung cancer. Overall measures of the standards of care have been sustained and in some areas have marginally improved compared to previous years, with very small rises in the proportion of patients having their cancer subtyped, the proportion of patients with small cell lung cancer receiving chemotherapy

(67.9% to 69.7%), and in the proportion having access to a lung cancer nurse specialist (LCNS) (82.3% to 83.9%).

Despite these improvements, there remains marked variation across Trusts and networks and differences in case-mix do not appear to explain the whole of this variation. In addition to the variation in the provision of surgery, a similar picture emerges for fitter patients who have advanced and incurable disease – in this group chemotherapy is known to extend life expectancy and improve quality of life, yet treatment rates vary 48% to 69% across the networks.

Dr Ian Woolhouse, co-clinical lead NLCA, said: "While there have been important improvements in a number of areas of lung cancer care, this annual report demonstrates that there is still some way to go to reduce variation in key treatments such as lung cancer surgery which is likely to have the biggest impact on survival."

NEWS IN BRIEF

Gout patients miss out on treatment

Only a minority of gout sufferers in England receive the recommended treatment to cure their condition, according to a new study. In a study published in JAMA, academics from The University of Nottingham have found that only one-third of eligible patients with gout receive the recommended treatment. Gout is the most common inflammatory arthritis and its incidence and prevalence have increased in recent years. Current guidelines recommend a urate-lowering treatment for patients with more severe gout and those with accompanying conditions.

High uptake of shingles vaccine

Uptake for the first year of the new shingles vaccination programme shows that almost 62% of 70 year olds and almost 60% of 79 year olds received the shingles vaccine. Most of those received the vaccine during the first few months of the programme, during the seasonal influenza vaccination campaign.

Healthcare innovation programme

The Health Foundation is launching its Innovating for Improvement programme. As part of the new programme, the charity is looking for projects that aim to improve healthcare delivery and the way people manage their own healthcare.

Some £1.5m will be made available for up to 20 teams to test and develop innovative ideas to improve healthcare delivery. Each team will receive up to £75,000 of funding, over 15 months, to support the implementation and evaluation of their project. The deadline for applications is February 2015. Visit www.health.org.uk.

A&E: missed targets

Statistics from NHS England, on 6 January, revealed that in the three months to the end of 2014, 92.6% of patients were seen within four hours, just short of the 95% target. The performance is the worst quarterly result since the target was introduced at the end of 2004.

"There is no doubt urgent and emergency care is under significant pressure, but we cannot look at A&E in isolation," the NHS Confederation's chief executive, Rob Webster, commented. "Pressures on A&E are symptomatic of pressures across the whole healthcare system, including pressures in the community, general practice and underfunded social care."

Action on sepsis could save thousands of lives

The Health Secretary, Jeremy Hunt has announced measures to tackle sepsis, involving the NHS, Government and national health bodies. Plans include an audit of practice in every GP surgery in England by March 2015, and a new tool for GPs to diagnose sepsis among children under five. New diagnosis and incentivised treatment goals for hospitals are also designed to help raise standards.

Public Health England will be looking at the benefits of a new public awareness campaign on the signs and symptoms of sepsis, aimed at those most at risk, while Health Education England will ensure healthcare workers and trainees receive training and education on sepsis.

The plans are in part a response to the death of three-year-old Sam Morrish, who died in December 2010 following delays in the diagnosis and treatment of sepsis. His parents, Scott and Susannah, now work closely with the UK Sepsis Trust to improve awareness and care relating to the condition.

Health Secretary, Jeremy Hunt, said: "I want the NHS to rival the safety record of the airline industry and become the safest healthcare system in the world. There has already been good progress. We have virtually halved C. diff and MRSA infection rates in the last four years, saving money, but more importantly improving patient care.

"Sepsis is a devastating condition that kills more than 80 people in England every day. It is time to apply the lessons we've already learnt on patient safety and reduce the number of lives that

are needlessly lost to this silent killer.

Isansys Lifecare is currently working on new technology solutions to improve sepsis detection and provide early warning notifications of sepsis. Keith Errey, CEO of Isansys, said:

"We warmly welcome these actions across the health system on recognising and treating sepsis, which taken together could save thousands of lives each year and cut costs for the National Health Service.

"Often sepsis is not recognised quickly enough and patients are not given antibiotics and other treatment in time to save lives. These new plans to tackle sepsis will help improve patient safety, save money and save lives.

"From our work at Isansys, we have learnt that the key to success in improving patient outcomes is by using simple systems to engage frontline clinicians. We are pleased to see others actively working to improve awareness and diagnosis of the condition."

Dr Ron Daniels, intensive care consultant and chief executive of the charity UK Sepsis Trust, said:

"We welcome the announcement by the Secretary of State as a major step toward saving lives and reducing the cost of caring for these critically ill patients.

"Sepsis is the hidden killer which claims 31,000 lives in England every year: more than bowel cancer, breast cancer and prostate cancer combined. Rapid access to healthcare, and reliable delivery of the most basic aspects of care, can save an extra 11,000 lives every year."

Endoscopy conference

On March 12 and 13 2015, Endolive UK will be taking place at the International Conference Centre in Birmingham. This meeting, organised by BSG, will showcase the best of UK endoscopy. It will bring together the UK's leading endoscopists and will deliver a mixture of live case demonstrations and state of the art talks. Live endoscopy will come from four sites around the UK – University College London, Queens Medical Centre Nottingham, University Hospital Llandough, Cardiff and Glasgow Royal Infirmary. Each of these sites will deliver UK experts demonstrating high quality endoscopic procedures.

The meeting will focus on commonly found conditions and relatively routine endoscopic procedures. It will be of relevance to endoscopists at all levels of practice and focus on improving endoscopy technique, quality and practice. All panels will have nurse involvement to ensure that the role of endoscopist and the supporting team are covered for all live cases.

The UK faculty will be supported by some of the world's leading endoscopists including Doug Rex, Paul Fockens and Peter Siersema. State of the art talks will cover areas such as optical diagnosis, polypectomy technique, Barrett's oesophagus, Stenting in the GI tract, management of biliary stones and GI bleeding. Meet the expert sessions will include topics such as improving adenoma detection, improving biliary cannulation, capsule endoscopy and managing endoscopic complications. www.endolive-uk.org.uk