



## Putting patients at heart of improving NHS services: The DEPEND project

Developing the use of patient feedback: Dr Caroline Sanders (right) with patients Neal Sinclair and Annmarie Lewis

**New research will look at future ways to collect and analyse patient feedback to make it more useful for improving NHS services.**

Patients have helped to plan the research, which aims to build on the way the health service already uses surveys and other feedback, such as the Friends and Family Test (which asks whether people would recommend using the service to friends and family). It will explore how best to capture feedback at the time services are delivered. The research will make more use of written comments and will explore the value and use of patients' stories about their experiences.

Two of the patients involved in shaping the research are Neal Sinclair and Annmarie Lewis. Annmarie, who has arthritis and lives in West Didsbury, said: *"It's really important that people who run NHS services listen to those who use them regularly – our experience could make all the difference. Things like continuity of service really matter to patients like me, so doctors and nurses understand how my condition affects me. I'm pleased this study will look at making better use of what we say and also at making it easier to give our views in a timely way. I think it's going to be very helpful for patients and staff."*

Neal, who has experience of using mental health services, added: *"If people have a bad experience in an area of service, it can put them off getting help when they need it, and this feedback could help change services to make them better. It's also important to be able to give feedback about good experiences so that good services continue."*

The work is a joint project between The University of Manchester, Salford Royal NHS Foundation Trust and Manchester Mental Health and Social Care Trust and is funded by the National Institute for Health Research's Health Service and Delivery Research programme.

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Dr Caroline Sanders, who is leading the research, explained that the two-year £500k project will focus on two patient groups and their carers – people with serious mental illness, such as schizophrenia, and people with musculoskeletal conditions, such as arthritis. Both groups tend to use lots of different NHS services, face difficulties in seeing the same staff at appointments and can be at risk of harm when services don't work well.

Dr Sanders and the research team will work with 80 patients and carers to find out what sort of feedback they would like to give and how (for instance, using mobile phones, digital or written surveys, audio, video) and will discuss with healthcare staff what information would be helpful when they're making decisions on improving services.

They will also work with computer scientists to see how patient comments and stories can be analysed quickly and effectively through techniques such as text mining, and look at how patients' views can best be presented to staff alongside other information the NHS collects on quality, safety and symptoms of patients.

The researchers will use what they find to design – again alongside patients and staff – a set of materials to help staff improve the way they collect, analyse and use feedback. These materials will then be tested in different NHS settings: primary care, hospital outpatients, and community mental health services.

Dr Sanders said: *"We know that patients and carers give really valuable insight into the NHS services they use and want their knowledge and experience to be taken into account. This research is trying to find the most helpful ways of collecting their views so we have accurate, up-to-date information that we can then analyse and use to improve care."*

The two-year DEPEND (Developing and Enhancing the Usefulness of Patient Experience and Narrative Data) project will start in April 2016.



**I'm a person - not a patient or study number**

Keen to take part in research: Cathie Larder

**Research couldn't happen without volunteers – we depend on patients and healthy volunteers not just to take part in studies but also to help shape the research we do. Here Cathie Larder, who is being treated for multiple sclerosis at Salford Royal, explains a little about why she decided to take part in a recent multiple sclerosis study:**

I was diagnosed with relapsing remitting multiple sclerosis over 10 years ago – about 85 per cent of people with multiple sclerosis have this form, where you have attacks of symptoms that come and go.

My disability has progressed during that time and I can no longer work, have an adapted car and mobility scooter.

I have, like most chronically ill people, made life changes to combat my declining health. Changes in work, diet, exercise and stress management have always existed alongside medication and therapies.

When a new disease modifying drug was announced as pending approval I was delighted.

I discussed with my multiple sclerosis team when I could have access to the new drug. The opportunity to get it straight away by taking part in a study made me ecstatic and I begged to be let on to the study. Then success.

The study was really easy to be a part of; easy to follow procedures, great tracking gadgets and a lovely team to support me at all points.

The regular check-ins with nurses and neurologists were fantastic, giving me the opportunity to ask any questions about my general health and the study.

I was always treated as a person rather than patient or study number – I never felt like I was just a list of symptoms.

I would recommend taking part in research to everyone. I have had health benefits, helped other multiple sclerosis sufferers and have felt much more in control of my health. I have already signed up for another study which I feel I will definitely benefit from again – keep bringing them on!



## Pioneering work offers fresh hope in stroke

Work on intracerebral haemorrhage: Dr Adrian Parry-Jones

**Strokes are common - every year about 125,000 people in England alone suffer a stroke.**

About one in eight of these will have an intracerebral haemorrhage, a devastating bleed into the brain which kills about 40 per cent of those affected within a month and leaves most survivors with long-term disabilities.

While treatment for other types of stroke has made huge progress in the last 20 years, outcomes for patients with intracerebral haemorrhage has lagged badly behind.

Treatment is limited and nearly 20 per cent begin on palliative care within three days of admission.

Research is helping to change that though – and Salford Royal is among the organisations at the forefront of pioneering work to offer fresh hope to the people affected.

Salford Royal's status as a Comprehensive Stroke Centre, the strong relationships between its stroke and neurosurgery teams and its close work with scientists at The University of Manchester mean that some of the most exciting research in intracerebral haemorrhage – and other types of stroke – can be offered to patients.

Dr Adrian Parry-Jones is a National Institute of Health

Research (NIHR) Clinician Scientist and Honorary Consultant Neurologist with a special interest in intracerebral haemorrhage.

He explained: *"We already know that care on an acute stroke unit – like we have here in Salford – improves outcomes for patients and that lowering blood pressure within six hours of the onset of an intracerebral haemorrhage also improves recovery. I am leading a quality improvement project to develop an acute care bundle for stroke patients, which we hope will ensure every patient gets proven treatments as quickly as possible."*

Dr Parry-Jones is also undertaking research to develop new treatments for the future. He added: *"My research is particularly concerned with the role of inflammation after bleeding into the brain and whether blocking this inflammation might be beneficial. Over the next five years I will be leading three studies as part of my NIHR award: INFLAME-ICH looking at markers of inflammation in brain fluid after haemorrhage, another using PET and MR imaging to measure blood-brain barrier permeability and brain inflammation, and a third, proof-of-concept study into an anti-inflammatory drug called interleukin-1 receptor antagonist."*

INFLAME-ICH has been incorporated as a sub-study in the groundbreaking worldwide study MISTIE III, for which Salford Royal was the leading recruiter in 2015.

The MISTIE researchers, led by Professor Dan Hanley of Johns Hopkins University in the US, have developed an innovative approach to remove blood from the brain after intracerebral haemorrhage. Using computer guidance, the neurosurgeon places a catheter directly into the blood clot through a small hole in the skull. Small doses of a clot-busting drug are injected every eight hours directly into the clot through the catheter, allowing any remaining blood to be slowly removed.

Dr Parry-Jones has also used existing local, national and international stroke data to answer important questions about intracerebral haemorrhage, including how best to reverse blood thinning drugs and describing current practice around starting palliative care. He and his colleague Dr Craig Smith are furthering this work by taking part in the MNEMONICH (Multi-National survey on Epidemiology, Morbidity and Outcomes iN Intracerebral Haemorrhage) initiative, a global collaboration to set up a comprehensive registry of data for future research.



# Exercise 'prescription' is helping cancer patients

Getting back to fitness: A Salford Community Leisure class

## Cancer patients are being helped to get back to full fitness with an innovative exercise referral programme.

Research suggests that physical activity after cancer treatment is associated with a better quality of life, reduced risk of side effects and a lower risk of the cancer returning.

That prompted NHS Salford CCG to join with Salford Community Leisure (SCL) to set up a pilot programme where local patients who had been treated for breast, bowel or prostate cancer at Salford Royal could be referred by clinical nurse specialists for a tailored 12-week exercise rehabilitation programme, delivered by specially trained instructors from SCL.

The pilot, supported by the CCG's Innovation Fund, began in January 2014. A recent evaluation has shown huge benefits for patients involved, with 88 per cent of patients reporting higher activity levels, 97 per cent reporting an increased well-being score and 83 per cent reporting better self-management of their condition. The programme also had high levels of take-up, more than double the number of referrals that had been expected.

Gemma Kenney is one of the patients who has benefitted. She said: *"I am currently receiving treatment for breast cancer and fibromyalgia and as a result of the treatment I struggled with both fatigue and a loss of upper body strength."*

*"The gym scheme has helped me cope with my flare ups due to my recovery much better."*

*"The programme improved my outlook on life and strengthened my positivity. Even on days when I am feeling particularly low, going to the gym really helps work through it, thanks to what I have learnt and what I've been shown."*

Annette Donegani, the CCG's Service Improvement Manager for Long-Term Conditions, said: *"Increasing physical activity had positive well-being, self-confidence and self-management benefits for patients – there have been*

*some really inspirational stories from those who have taken the course.*

*"They have told us they like going along to the leisure centres for the tailored exercise sessions and feel like they're getting back to normal life, rather than having treatment."*

*"After the 12 weeks of the programme, the patients also get a one-month free gym pass and we have telephone consultations at six and 12 months – these are showing that those involved are maintaining their fitness activities after the initial programme."*

The CCG has now agreed to extend the programme – known as CAN-Move Salford – from April 2016. It will mean patients who are registered with a Salford GP and have had treatment for any type of cancer at any local hospital can be referred to the project. It's thought that around half of the 1,000 adults newly diagnosed with cancer in the city each year are likely to get involved.

More data about the programme will be collected and evaluated as CAN-Move continues.

For more information, contact Kirsty Rowlinson on 0161 778 0540 or [Kirsty.rowlinson@scll.co.uk](mailto:Kirsty.rowlinson@scll.co.uk)

## Developing our workforce

R+D Director: Prof Bill Ollier



**Being a research active Trust enhances the reputation of the organisation and is a key component in attracting and retaining staff.**

This is a key message in Salford R+D's new five year strategy 'Enabling Research: Improving Care.'

But it's also important to continue to develop staff once they've started out on their careers in research and over the next four pages we give a snapshot of some of the projects that are helping to build on our people's knowledge and expertise.

R+D Director Professor Bill Ollier said: *"Developing our workforce is crucial for our future success. Having a vibrant research portfolio has been important in attracting staff to the organisation. We have heard from consultants that they wanted to work at Salford Royal because of its academic standing and the opportunities for developing better care that this presents. Opportunities to enhance your skills are not just for higher level staff though and it's good to see a focus on our Research Assistants and Research Nurses in some of our recent training and development."*



## Leading the way for quality care

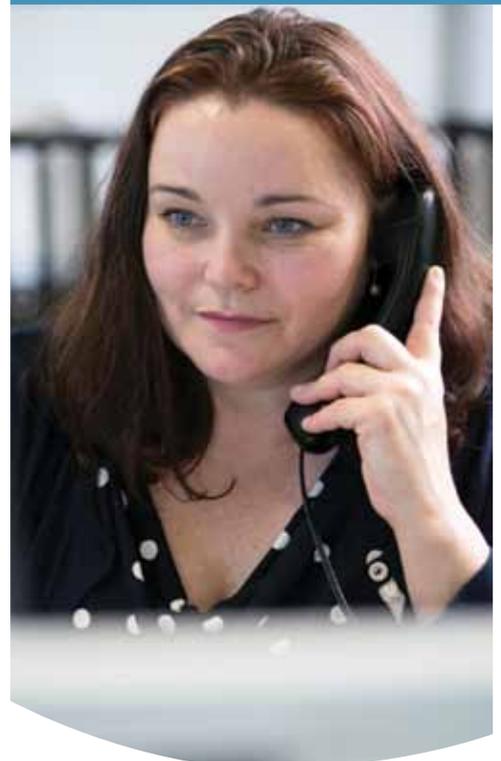
**Rachel Georgiou, Associate Director of R+D, has successfully completed the Elizabeth Garrett Anderson Programme with the NHS Leadership Course. Rachel has been awarded a Post Graduate Diploma in clinical leadership from the University of Birmingham and will graduate (again!) later this year.**

She said: *"The course has been challenging and I have learnt a great deal about leadership in the NHS which has had a direct impact on my role. I would encourage others to seek out opportunities with the Academy as the resources they offer are relevant to everyone working in the NHS."*

The two-year programme has been designed to help NHS leaders make sure patients have good quality and safe experiences – those who follow it are expected to foster a culture of compassion and inspire person-centred coordinated care, as well as make decisions based on the best available evidence. It aims to develop the knowledge, skills, expertise, attitudes and behaviours of participants so they can lead teams to bring about improvements at the front line.

The course is named after Elizabeth Garrett Anderson, the first woman to qualify as a physician and surgeon in Britain in 1865 and the co-founder of the first hospital staffed by women.

Post Graduate Diploma in clinical leadership: Rachel Georgiou





# Sharing our challenges and successes

Ready to learn and share: The staff at Salford Royal's first Research Professionals Day

**Salford Royal's first Research Professionals Day brought colleagues together to share best practice, discuss topical issues and look at successes and challenges within the research arena.**

A packed agenda included junior members of the Core Research Team speaking about the challenges of moving to a research career, staff from the Acute Research Delivery Team discussing a complex study patient journey, and a focus on challenges in consent in adults lacking capacity.

There were also sessions on costing of studies, engaging students/clinical staff and revalidation, and Mary Speake from the NIHR Clinical Research Network: Greater Manchester spoke about assessing research nurse competency.

The Rheumatology Research Team broke the ice with some light entertainment and the day was rounded off with a Good Clinical Practice quiz hosted by George Georgiou, of Salford Research Training Academy.

Feedback from the event was positive and staff enjoyed the opportunity to look outside their area and learn from others' experience. It is now the intention to make this an annual event.

If you are interested to know if there is research activity in your area, please contact the Barnes Clinical Research facility at Salford Royal on **0161 206 0534** or email Salford Royal's Research Nurse Manager **wendy.osborne@srft.nhs.uk**.



Vikki O'Loughlin talks about stroke research



Francine Jury from Salford's Citizen Scientist Project

Dr Anthony Hodgson talks about dementia research



A group discussion



R+D Lead Natalie Garratt looks at HRA Approval



Katherine Grady outlines the Research for the Future project



# Assistant role provides chance to shine

Developing careers: Nicola Seferta and Sarah Rushton



**Salford Royal's Neurology Research Assistants Nicola Seferta and Sarah Rushton showed there's much more to this role than just the day to day logistics of running a research project.**

Nicola and Sarah lead on a range of trials including observational studies, registries, non-medical interventions and quality of life studies. They have been key to recruiting more than 2,000 people to a quality of life study.

Nicola, who joined Salford Royal in February 2014, recently gave a presentation on recruiting to pregnancy registries for patients with multiple sclerosis to a packed room at the MS Trust Conference in Windsor, which has already directly resulted in the first UK patient on the Tecfidera Pregnancy Exposure Registry.

Sarah, who has been with the team since July 2014, was shortlisted as clinical studies/research practitioner of the year at the Greater Manchester Clinical Research Awards 2015.

Diane Daniel, who leads the Neurology Research Nursing team, said: *"Nicola and Sarah have really made the most of the opportunities they've had since joining the team. It's good to see all their hard work and dedication recognised and to know that careers in research are both challenging and exciting."*

## Return to university will boost clinical research team

Masters in clinical research methods: Wendy Osborne

**Salford Royal's Senior Clinical Research Nurse Manager Wendy Osborne has taken on a major new challenge by returning to university to complete an MSc in clinical research methods.**

Wendy's part-time two-year course is being fully funded by the National Institute of Health Research (NIHR) – an achievement in itself as competition for the 100 funded places a year is fierce.

She will continue to support, develop and oversee research delivery teams at Salford two and a half days a week during her Masters programme. There are more than 50 research staff across a range of disciplines under her wing.

Core modules of her course include capturing and handling data, research management and qualitative research and Wendy is looking forward to translating her academic work into practice.

She said: *"I've previously completed a mentorship course and that was really helpful in my day to day work supporting and developing staff but it's 15 years since I completed my BSc so returning to academia is a challenge in itself."*

*"At the end of my Masters, I want staff to be able to come to me as a source of in-depth information about running all sorts of research studies and to be able to offer better support for the trials we undertake."*

*"As well as working on nine different modules over the two years, I'm planning my dissertation around putting research onto clinicians' agendas and again, that should be useful in my work here at Salford. Although it is a very research-active Trust, there is still room for more staff to become engaged in research that will improve treatments and benefit patients."*

Wendy qualified as a nurse in 1997 and her clinical background has centred on cardiology, coronary care, intensive care and high dependency. She took up her first research role in 2006 and came to Salford in January 2013 to manage the neurology research team, before taking up her post as Senior Clinical Research Nurse Manager in July 2014.

She added: *"My course has been really interesting so far and I'd very much encourage others to look into ways of developing their careers through further training. It's important we have a well-informed and skilled research community and there are plenty of opportunities to enhance your knowledge."*



## Living well is next step as we live longer

Dedicated to dementia: Prof Alistair Burns

### Living longer is one of the great successes of public health – the challenge now is for us to live well for longer.

Professor Alistair Burns CBE, the National Clinical Director for dementia at NHS England, spoke of the need to make more progress with how we prevent, diagnose and treat dementia as well as supporting those affected to live well when he gave Salford R+D's seventh Professorial Lecture.

Prof Burns, who is also Vice Dean for Clinical Affairs in the Faculty of Medical and Human Sciences at The University of Manchester, has dedicated his career to dementia and was hailed as a 'star of dementia' by Salford Royal's Medical Director Dr Chris Brookes as he introduced him to a lecture theatre packed with colleagues, clinicians, researchers and members of the public.

In his wide-ranging talk, he highlighted growing awareness of the condition as the biggest change he has seen in the past 35 years but particularly focused on the progress that's been made since the first national dementia strategy in 2009.

That progress doesn't yet involve a cure for Alzheimer's disease, vascular dementia or the other conditions that come under the dementia umbrella.

But he predicted: *"We will probably not have a single cure for dementia, just as we don't have a single cure for cancer – but we can improve symptoms and we are working hard to find ways to stop the progression of the disease."*

Research into dementia is getting more funding, he said, comparing the amount spent a few years ago on cancer research - £1.30 for every £1m spent on health and care, with just 5p going to research for every £1m spent on dementia care. This is now changing.

He highlighted some of the key cultural changes that have happened in recent years – such as the 50 per cent reduction in prescriptions of anti-psychotic medicine since 2012. This type of medication has been prescribed

to control agitation in people with dementia but has also been linked to a number of premature deaths.

Prof Burns hailed the significant increase in the number of people with dementia receiving a diagnosis and a treatment and care plan, ensuring they get support and helping to slow decline and prevent crises.

He concluded with a five-point way forward for the condition:

- Keep dementia as a national priority.
- Make dementia relevant to everyone.
- Do things differently - such as the new Dementia United project as part of Greater Manchester's devolution plan.
- Continue to innovate.
- Make support for people with dementia, their carers and families paramount.

**Salford R+D's next Professorial Lecture will be given on 20 June by Professor Neil Pendleton, who will give an overview of his research career and talk about current topics in human ageing, from cells to communities. He will also look at opportunities and challenges in the changing geography of the world.**

**More details on [www.salfordresearch.org.uk](http://www.salfordresearch.org.uk)**

**Salford R+D**



## Education, kindness and love - key tools for dementia

Making human connections: Prof John Keady

**Just 30 years ago, people with dementia all too often ended their days in an asylum, where a day out was a once-a-year treat and care was deeply institutionalised.**

Now, the voices of people with dementia are being increasingly heard – as in Salford R+D’s latest seminar where campaigner Joy Watson, who was diagnosed with Alzheimer’s disease on her 55th birthday, started off an inspiring session led by Professor John Keady.

Joy, from Eccles, is an ambassador for the Alzheimer’s Society, a campaigner for dementia friendly communities and works with the University of Salford’s pioneering Institute for Dementia.

She said: *“Living with dementia is difficult but you can live well with dementia and I want to raise awareness of that.”*

Prof Keady, who began his career as a mental health nurse in the early 1980s working with people with dementia in an asylum, spoke of the importance of making human connections in dementia care and research.

*“The most powerful tools to help with this disease are education, kindness and love,” he said. “It has always been a privilege for me to work with people with dementia, to make an emotional connection from one human being to another.”*

Prof Keady leads the Dementia and Ageing Research Team at The University of Manchester, which puts people with dementia and their families at the heart of research and particularly looks at their everyday experiences. Its clusters of research are around:

- Biography and narrative work.
- Neighbourhood and social interventions.
- Lifestyle and creative arts.
- Education and practice.

He explained some of the methods the team uses to conduct its social research and gave examples of three projects being developed to help improve the lives of people with dementia.

The Getting to Know Me study brought together academics, healthcare workers, people with dementia and their carers to devise a training programme for general hospital staff so they would be more knowledgeable, skilled and confident in caring for patients with dementia. More than 500 staff in the North West have now completed the training and it is also being used in Germany and Australia. The project was funded by Greater Manchester Health, Innovation and Education Cluster and the training pack can be downloaded free of charge from its website [www.gmhiec.org.uk](http://www.gmhiec.org.uk).

The Neighbourhoods and Dementia project is a five-year programme of research funded under the Prime Minister’s Challenge on Dementia and is looking at how outdoor spaces, the built environment and everyday technologies affect the lives of people with dementia and their families. The project runs from 2014-19 and has eight research programmes, including partnership with the Center for Dementia Research in Linköping University, Sweden.

A link-up with Manchester Camerata and its Music in Mind programme has resulted in several projects, including the recent start of a PhD studentship which is looking to develop a new ‘in-the-moment’ measure of multi-sensory experience. Robyn Dowlen has registered for this full-time PhD at the School of Nursing, Midwifery and Social Work at The University of Manchester.

It’s a far cry from the asylum days and we should celebrate that journey to a place where people with dementia are encouraged to be creative and to be involved in care and research, said Prof Keady.

# Patients can take lead on therapy in hospital

## Patients can take charge of more of their own therapy to help them recover after stroke, according to new research.

It's well known that the more stroke patients exercise and practise tasks, the better for them - national clinical guidelines for stroke say that patients should be offered specialist rehabilitation from when they are admitted to hospital.

Despite this, most stroke patients in hospital spend a large part of their day inactive and alone, with not enough staff available for intensive therapy.

That led researchers from The University of Manchester and Salford Royal NHS Foundation Trust – working with colleagues in Bristol, Bath and the Netherlands – to see if patient-led therapies would work in a hospital setting.

This idea, where patients do exercises independently after being shown how by a health care professional, is widely used after they have left hospital but rarely for inpatients.

The MAESTRO study, funded by the National Institute for Health Research, examined whether patient-led therapy could be carried out by hospital patients independently and whether it helps with different problems after stroke such as weakness, numbness, awareness of the affected side, grip and use of arms and legs.

One group of patients exercised their arms, and another group exercised their legs. For arms, patients used mirror therapy which involves placing a mirror alongside the 'healthy' arm so the reflection looks as if the arm on the damaged side is moving. The patient moves both arms, as much as they can, while looking in the mirror. It's thought the appearance of both arms moving normally can strengthen the brain's attempts to 'rewire' the connections to produce movements.

For legs, patients did traditional exercises without a mirror. For both groups, the exercises were graded to suit each individual's level of disability. Altogether 94 patients took part in the study.

Patients were assessed before and after the trial and again four weeks later. The researchers found the exercises were feasible, acceptable for patients and therapists and safe, although changes in strength, sensation, awareness and function were only minor.

Few patients achieved the 30 minutes of daily practice for 28 days that had been recommended – most practised for five to 15 minutes a day for seven days.



## Mirror therapy: Practising tasks is important for stroke patients

Principal Investigator Professor Sarah Tyson, Professor of Rehabilitation at The University of Manchester, said: *"The amount of therapy stroke patients receive during in-patient rehabilitation is always a concern. We know the amount of therapy is important – the more the better, but it is difficult to provide. The results of the MAESTRO trial show that by organising patients to exercise outside formal therapy sessions, therapists can increase the amount of therapy patients receive, which has the potential to increase recovery and outcomes for stroke survivors."*

Dr Jane Molloy, Clinical Lead for stroke services at Salford Royal, said: *"Stroke is one of the leading causes of long-term disability in adults but early and intensive therapy has been shown to translate into better outcomes for stroke survivors. It's important to tailor the right rehabilitation programme for each person. We know that patients are the cornerstone of the stroke multidisciplinary team – if we can engage them in patient-led therapy then that can only lead to benefit. We at Salford Royal will continue to offer support to vital research like this as we strive to help stroke survivors regain their independence and quality of life."*

- MAESTRO - Mirror Arm Exercises for Stroke – was funded by the National Institute for Health Research (NIHR) Research for Patient Benefit (RfPB) Programme.
- Sarah Tyson, Jack Wilkinson, Nessa Thomas, Ruud Selles, Candy McCabe, Pippa Tyrrell, Andy Vail: Phase II pragmatic randomised controlled trial of patient-led therapies (mirror therapy and lower limb exercises) during inpatient stroke rehabilitation (Neurorehabilitation & Neural Repair)

# History of health : Ronald Lane (1897-1995) First Professor of Occupational Medicine

## World authority on lead poisoning: Ronald Lane



**Ronald Lane was appointed as resident physician at Salford Royal Infirmary in 1936 and he eventually went on to become the first Professor of Occupational Medicine in the UK in 1945.**

His interest in occupationally-related conditions began originally in the industrial heart-land of Salford which provided an ideal location to foster his clinical and research passion for this subject. He was appointed in 1927 at the age of only 30 to the position of Medical Officer to the Chloride Electrical Storage Company (later known as the Chloride Battery Company) which was based in Clifton, Salford, and retained this position until 1945.

At this time lead and heavy metal poisoning was a serious but poorly understood condition affecting many workers. Lane conducted painstaking research into this and other conditions, including cadmium poisoning, cotton dust-related illnesses, industrial deafness and electrocution. He was a recognised world authority on lead poisoning and his work led to its virtual elimination as a work-related illness.

He became a member of the Industrial Health Research Board in 1937 for the Medical Research Council and following the outbreak of World War Two was recruited by Minister for Labour Ernest Bevan to set up and oversee rehabilitation programmes and courses for the disabled and unemployed.

Lane was a founding member of the Association of Industrial Medical Officers in 1935 and served as their president from 1939 until 1941. He relinquished his chair at Manchester University in 1964 and his contribution and legacy to the national and international development of Occupational Medicine as a field of medicine was immense. Lane was born in Kent in 1897. After serving (and surviving) as a pilot in the Royal Flying Corps (1915-1919) in World War One he studied medicine at Guy's Hospital. After qualifying he went into general practice in Nottingham but decided that this was not the area of medicine he wanted to pursue. He was recommended for the post of medical officer at the Chloride Electrical Storage Company by one of his former lecturers and this set in train a perfect opportunity to develop a highly distinguished academic and clinical career. Following his appointment as Professor of Occupational Medicine at Manchester he moved his clinical attachment to Manchester Royal Infirmary.

Ronald Lane was well respected and appreciated by those who worked for and with him and he was a human, helpful and empathetic individual. He had an excellent sense of humour and enjoyed the company of others. He had a long life and was still playing golf at the age of 96.

Bill Ollier