

# DELEGATE HANDBOOK

**NEICS RECONNECT SPRING 2022 MEETING**  
Wednesday 30<sup>th</sup> March 2022, Civic Centre, Newcastle





## Welcome to the North of England Intensive Care Society Spring 2022 Meeting

Dear colleagues,

A very warm welcome to all colleagues attending our NEICS RECONNECT Spring 2022 meeting. It has been a long two years since we had to cancel our last NEICS meeting in Spring 2020 in the eye of what seemed to be then an overwhelming pandemic catastrophe. Uncertainty, restrictions, exhaustion and further pandemic waves have kept us from meeting regularly ever since, during a time when we probably needed each other's support the most. We had considered online meetings but it was very clear that this would fail to meet the main objective of the North of England Intensive Care Society: to bring everyone working in Critical Care together as a profession; to exchange thought, share experience, find support and to work together to promote our specialty.

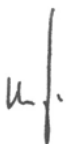
We are pleased to have such an impressive list of local, national and international speakers to talk to us today. The topics of these talks attest to the resilience and forward looking optimism of critical care, covering a broad range of topics such as the urgent need to be more sustainable (with global resource as well as with professional workforce and gender equality), difficult to wean patients, significant publications of scientific advances and future challenges of changing patient demographics.

I am proud to see that so many colleagues have booked a place to be here at this meeting, to prove that NEICS meetings, which are so important to us as a profession, can be attended safely even in times of continued pandemic risk. Thank you for showing your considerate support by being vaccinated, by having done a LFD test and by wearing a medical face mask.

Thank you to everyone who has supported the preparations of this meeting, it is a great privilege to work with a group of people who help the society to fulfil its role in bringing together all critical care medical, nursing and AHP colleagues from across the region.

I hope you enjoy this very special NEICS RECONNECT Spring 2022 meeting.

On behalf of the NEICS meeting committee.



Uwe Franke  
NEICS President



Ian Nesbitt  
Past NEICS President



Diane Monkhouse  
NEICS Treasurer





## Programme of the Meeting

**08.15 – 09.00**

**REGISTRATION**  
**Tea, Coffee and Trade Stands**

**09.00 – 09.10**

**WELCOME AND INTRODUCTION**

**09.10 – 11.00**

### **Session 1**

**Women in ICM**

Liz Thomas

**Sustainability in Critical Care**

Eleanor Damm &  
Cathy Lawson

**Questions & Discussion**

**11.00 – 11.30**

**REFRESHMENTS & TRADE STANDS**

### **Session 2**

**11.30 – 12.30**

**Complex Weaning: A practical approach including the  
benefits of a regional weaning centre**

Georgios Kaltsakas

**Questions & Discussion**

**12.30 – 13.40**

**LUNCH & TRADE STANDS**

### **Session 3**

**13.40 – 14.40**

**Five Significant (Non-Covid-19) Papers in Critical Care**

Joe Nevin

**Questions & Discussion**

**14.40 – 15.20**

**REFRESHMENTS & TRADE STANDS**

### **Session 4**

**15.20 – 16.15**

**Critical Care in an Ageing World**

Naz Lone

**Questions & Discussion**

**16.15 – 16.30**

**MEETING CLOSE**  
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## Speaker Biographies & Abstracts

### Liz Thomas – Women in ICM



I graduated from Manchester Medical School in 2003 and completed my training in Anaesthesia and Intensive Care Medicine in the North West. I was appointed as a consultant at Stockport NHS Foundation Trust in 2003, and I was Clinical Director of my unit for 4 years (December 2017-2021).

Having been Clinical Director during the pandemic means I have strategically planned and increased ICU capacity by 300%, adapted to the needs of the pandemic, ensured the welfare of all critical care staff, submitted data to national stock-takes and presented at peer reviews.

My role as Chair of Women in ICM allows me to promote ICM as a career for all and work on a national committee for the benefit of both ICM doctors and the specialty as a whole. I am also the Co-Lead for FICM I passionately believe in compassionate leadership, clear communication and workforce well-being as positive actions in these areas increases patient safety.

I am delighted to attend and talk about why we have the need for a Women in ICM committee, how this relates to everyone and some of the projects we are undertaking to help promote ICM as a career for all, celebrate what we achieve and enhance sustainability of our entire workforce.



## Eleanor Damm and Cathy Lawson – Sustainability in Critical Care



Eleanor Damm is a Dual Trainee in ICM and Anaesthesia in the West Midlands. She is the co-chair of the Environmental Sustainability workgroup at the Intensive Care Society and an elected member to its trainee advisory group. She is an active member of the GREEN-ICU research collaboration based at the University of Brighton.

Twitter handle: @EleanorDamm



Cathy Lawson is a consultant in critical care and anaesthesia in the North East. She was the first National fellow in sustainable anaesthesia in the UK. During and since that appointment she has contributed to a variety of regional, national and international workstreams pertaining to sustainable healthcare and sustainable anaesthesia. Earlier this year she proudly received the Anniversary Medal from the Association of Anaesthetists for recognition of her work in this field. Her current sustainability roles include being a member of HEENE's Faculty of Sustainable Healthcare and sitting on the Intensive Care Society's sustainability working group.

‘Climate change is the greatest global health threat facing the world in the 21st century, but it is also the greatest opportunity to redefine the social and environmental determinants of health’ (The Lancet Countdown Report 2021). With the healthcare sector being responsible for 4-5% of global greenhouse gas emissions, we, as healthcare professionals, have been given a huge opportunity and obligation to initiate and facilitate change towards a planetary sustainable practice.

The NHS has committed itself to achieve net zero emissions by 2045 – so how do we get there? What is the role of Critical Care? What can we do on an individual, departmental, and national level to achieve change at the required speed and scale?

## Georgios Kaltsakas – Complex Weaning: A practical approach including the benefits of a regional weaning centre



Georgios Kaltsakas graduated from the Medical School of the University of Patras in 2006 and continued his medical training in the 1st Respiratory Department of the National and Kapodistrian University of Athens, Greece.

He has conducted his PhD on respiratory mechanics and respiratory muscle function in end stage liver disease. He has been awarded an ERS fellowship, which enabled him to continue his research work on the area of non-invasive ventilation and neuromuscular disease, working with the London respiratory muscle group. He presented his research work at several international meetings and has been awarded travel grants from the ERS. He has published primary research data on respiratory physiology, exercise physiology, and pulmonary rehabilitation in leading

respiratory journals. From 2016 he is working in Lane Fox Unit, St Thomas' Hospital providing complex home ventilation, specialist weaning, and domiciliary NIV service.

The longer a patient spends on mechanical ventilation, the more likely they are to suffer adverse outcomes. Worldwide observational studies indicate that of patients who experience weaning failure, approximately 50% remain dependent on invasive ventilation at 1-year and that they have a 40-75% 1-year mortality. It is therefore imperative that difficult-to-wean patients are given the best chance to wean from ventilation, to improve their survival and morbidity. These difficult-to-wean patients comprise approximately 20% of all patients weaning from mechanical ventilation, and therefore a sizeable and important subgroup of patients whose management is far more complex, challenging and expensive than their small proportion would suggest. Predicting weaning success in prolonged weaning patients is even more difficult than in simple weaning patients.

## Joe Nevin – Five Significant (Non-Covid-19) Papers in Critical Care



Joe Nevin is a Consultant in Anaesthesia and Intensive Care Medicine at the Freeman Hospital, Newcastle upon Tyne. After qualifying from Newcastle University in 2010, Joe then went on to complete dual training in Anaesthesia and ICM in the Northern Deanery. His specific interests include medical education and the use of simulation.

I will be presenting 5 (non-COVID) papers you might have missed from 2021 with relevance to Intensive Care Medicine and discussing the potential implications for our everyday practice.

**1) HOT-ICU: Lower or higher oxygenation targets for acute hypoxaemic respiratory failure**

Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa2032510>

**2) TTM2: Hypothermia v normothermia following out of hospital cardiac arrest**

Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa2100591>

**3) PRISM: Post-operative CPAP to prevent pneumonia, reintubation and death after major abdominal surgery**

Available at: [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(21\)00089-8/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00089-8/fulltext)

**4) TOMAHAWK: Angiography after out of hospital cardiac arrest without ST- segment elevation**

Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa2101909>

**5) BASICS: Balanced solution v saline solution and 90 day mortality in critically ill patients**

Available at: <https://jamanetwork.com/journals/jama/fullarticle/2783039>

## Naz Lone – Critical Care in an Ageing World



Nazir Lone is Senior Clinical Lecturer in Critical Care at the University of Edinburgh and a Consultant in Critical Care at the Royal Infirmary of Edinburgh. He trained in Respiratory Medicine and Critical Care in the North East of England and Edinburgh.

He combines a clinical, teaching research programme focusing on critical and acute care and data driven innovation. He has a particular research interest in epidemiological methods and the realising the full potential of routinely collected healthcare data.

His major teaching roles include Clinical Lead for Talent in Data Driven Innovation in Health and Social Care, Deputy Programme Director for the Masters in Data Science in Health and Social Care (University of

Edinburgh) and Director of the Edinburgh Critical Care Research Methods Course.

He is currently Director of Research for the Intensive Care Society, UK and promotes benchmarking and quality across Scottish Critical Care as Chair of the Scottish Intensive Care Society Audit Group Steering Group, Public Health Scotland.

Humanity is undergoing an unprecedented demographic transition, with significant implications for the future delivery of high-acuity care. Since 2018, there have been more adults aged over 65 years than children younger than 5 years in the world, due to increasing longevity and a declining birth rate. The implications for health and social care may be profound. This presentation will illuminate these demographic changes and their interaction with frailty and multi-morbidity, evaluate the impact on critical care through a summary of the evidence base, and raise discussion points grounded in clinically relevant case studies.





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