

THE Pulse

Issue Number 11
January 2004

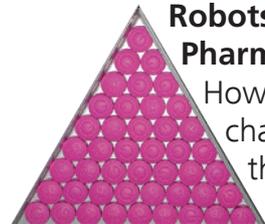
Norfolk and Norwich University Hospital
NHS Trust



Behind the mask
The NNUH answer to Calendar Girls



Queen to open NNUH
Hospital prepares for royal visit



Robots in Pharmacy?
How IT is changing the way we work



Knees in focus
Patients put a new perspective on surgery

Viewpoint
John Paul Garside on the dangers of too much litigation



Home from home
Big C plans a new centre for cancer patients at NNUH

PICTURE: JOHN MUDD

More support for neurology patients

THE NUMBER of patients diagnosed with neurological disorders such as MS (multiple sclerosis), Parkinson's disease and motor neurone disease has been rising steadily in recent years. Sadly, two patients died last year at NNUH from new variant CJD, the human form of mad cow disease.

Now our team of Neurology nurse specialists has been strengthened by the appointment of Mandy Pape, formerly a sister on Gunthorpe ward, as neurological care adviser. Sponsored for a year by a drug manufacturing company, Mandy's role is to help and advise patients, their families and carers. "There's a lot we can do to reassure patients and help to make their lives more comfortable," she says.

The team also has the benefit of a support worker, Anne Ross, who herself has MS. "I'm living proof that you can work and lead a full life with MS," says Anne. "When the disease was first diagnosed I felt as though my whole world had fallen apart. The great

thing about the NNUH team is that there's a lot of support for patients and their carers at this difficult time."

The very latest research into degenerative conditions, such as motor neurone disease and Parkinson's, involve controversial therapies such as stem cell injections and implants that deliver electrical impulses to the brain. There are also moves to approve cannabis as a therapy for MS patients. However, all these advances are subject to ethical scrutiny and research and none are yet offered at NNUH.

"A couple of our Parkinson's patients are considering having implants to stimulate brain activity and reduce tremor but the



Anne Ross (left) with Mandy Pape

nearest centre for this kind of treatment is the National Hospital for Neurology and Neurosciences in London," says Mandy.

One drug that has been shown to help MS sufferers is Interferon. Thanks to a risk-sharing scheme with the drug companies and Government funding, the number of NNUH patients prescribed Interferon has increased from 30 to 130 in the last year.

Other nurse specialists in Neurology are Rachael Rendell, Terri Johns, Bonnie Roper and Lynda Hind, who between them cover the whole of Norfolk and parts of Suffolk.

• **A SIX-WEEK group support programme is available for patients with Parkinson's Disease who live in the Broadland area. Contact physiotherapist Anne Rowe at St Michael's Hospital, Aylsham, on 01263 732341, ext. 230, for details.**

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Retro look

Are we going back to the golden years of the 50s with the Trust's latest cost-cutting initiative? Yes it's the return of the manilla envelope with hopeless seals, nasty taste and contents that regularly fall out. Next we'll be wearing tweeds, pearls and hats for work. Much less practical but at least the envelopes will look less out of place.

Jill Miller, Medical Secretary

Record £3,750 for raffle

What a wonderful response to Cringleford Ward's annual raffle for 'Children in Need', which raised a record £3,750! Thanks to all those who supported this event and gave so generously.

Shirley Graves (Pudsey) and Lesley Smith (1940s nurse), Cringleford Ward

Hospitality leftovers

There have been a number of comments about staff in NANIME continuing to enjoy lunch in the East Atrium while the rest of the organisation is being urged to cut back on hospitality. The fact is that our

delegates pay good money for these meals and they are entitled to good-quality food. We order as economically as possible but inevitably there are leftovers which would be thrown away if staff in NANIME did not eat them up!

Madeleine Kent, NANIME manager

Cuts in a good cause

I was offered £30 for *not* taking part when my family first heard of our hair-razing idea. But on a frosty Monday morning, I was escorted to the West Atrium, along with another willing victim, David Chapman, to have my head shaved in aid of Children in Need.

The Trust's Director of Resources enthusiastically agreed to make the cuts herself. And despite receiving her first hair-trimming lesson just minutes beforehand, she did a brilliant job.

Thankfully, my hair is now growing back and the Children in Need appeal is £600 richer. So thanks to all who supported our hair-razing antics.

Heiko Kausch, IT project manager (pictured above with David Chapman)



'Hidden' kindness

A simple evening walk with my dog led to a fall in to a ditch and a fractured leg. In A&E, the fracture clinic and later the plaster room, I found compassion and understanding and watched staff dealing with young and old alike in a calm and very caring way.

I am sure this concern and kindness is shown in all our 'hidden' departments, working against the clock but retaining that sense of individual understanding and care for patients. Thanks to all of you, I'm proud to work with such great people!

Pat Atkinson, Chaplaincy

A fond farewell

I was completely overwhelmed by the send-off I received from colleagues and friends after 23 years in Orthopaedics.

I would like to thank the team on Alington and Earsham Wards, not only for their very hard work but also for their generosity, loyalty and support. Keep in touch and keep smiling. I'll miss you.

Elsbeth Bond, Retired Sister, Earsham Ward

Queen to open NNUH



PREPARATIONS ARE under way for the Queen to visit NNUH on 5 February for the official opening ceremony. The hospital first opened its doors to patients in November 2001 after the largest move every undertaken by the NHS. It was built to replace two hospitals - the old Norfolk and Norwich Hospital, in the city centre, and the West Norwich Hospital.

Chief executive Stephen Day commented: "Our hospitals have a long and happy association with the Royal Family and we're delighted that this will continue with the Queen's visit."

The NNUH Trust treats more than 500,000 patients a year and employs more than 5,200 staff.

Getting tough on the causes of infection

THE KEY message from the Institute for Healthcare Improvement's Annual Forum was a simple one: that in the pursuit of quality we should aim for absolute standards and not be distracted by benchmarking our performance in relation to others.



This is very pertinent for us. We regularly perform well against other Trusts, but this masks the opportunities we still have to further improve the quality of our care.

The Forum highlighted the need to tackle the rising trend in hospital-acquired infections. This coincided with the publication of the Chief Medical Officer's report 'winning ways', which sets out a programme of tougher action to reduce healthcare-associated infection.

The latest figures on MRSA show an improving position for the Trust. However, in the context of some 2000 deaths resulting from MRSA in England every year and the annual cost of infections to the NHS estimated at £1 billion, there must be a powerful case for applying an absolute standard and aiming for eradication.

A few healthcare providers are leading the way in this area, using techniques developed in Japan to reduce defects in manufacturing. Every case of infection is rigorously investigated, the root cause determined and information is rapidly disseminated to try to prevent it from happening again.

Success in tackling infection can make a radical difference for many of our patients. Our infection-control team should be congratulated on their award-winning efforts to raise awareness on this issue. Over the coming weeks, we will be developing an action plan to build on their success and to raise the profile of infection control throughout the Trust. So watch this space... and don't forget to wash your hands!

Stephen Day

STEPHEN DAY
Chief Executive, Norfolk and Norwich University Hospital NHS Trust

SUPERHEROES BEHIND THE MASKS

ANAESTHETISTS Morne Wolmarans, Kathy Wilkinson, Phil Hodgson and Bruce Fleming are revealed as February's superheroes in a fund-raising calendar designed to honour the memory of theatre nurse Wendy Mora. The idea for the calendar came when colleagues raised money to send Wendy and her daughter on holiday before she died from throat cancer last year. Theatre staff have now set up a charitable fund for staff who find themselves in similarly difficult circumstances.

Wendy's sister Janet Norton commented: "We are so proud that Wendy has been the inspiration for this fund. She was a person who acted for others without expecting anything in return."



OBITUARY Elsie Bertram

ELSIE BERTRAM, who has died aged 91, was instrumental in raising more than £1.5m to fund a diabetes centre at the West Norwich Hospital, which was named after her. Having two sons with diabetes, she was determined to improve services for what she called the 'Cinderella disease'.

In her mid-fifties she founded Bertrams, the wholesale book business, from a chicken shed in her back garden and, with the help of her son Kip, built it into a multi-million pound enterprise. She was later awarded the MBE for services to the book industry.

Dr Richard Greenwood, consultant physician at NNUH, who, together with Mrs Bertram, set up the Norfolk Diabetes Appeal in 1987 and then the Norwich and Norfolk Diabetes Trust, commented: "Elsie has left a lasting legacy in the form of the Elsie



PICTURE: EDP

Bertram Diabetes Centre and its associated facilities. For this we, and our patients, will be eternally grateful.

"The fundraising continues. We are currently setting up an eye and foot screening service for North Norfolk and we are expanding our research

programme with the UEA to find better ways of treating the condition.

"Diabetes, especially in older people, is increasingly rapidly and will be an even greater challenge to the Health Service in the future than it has been in the past."

• **THE FIRST** Elsie Bertram Memorial Lecture will take place on 1 April at the John Innes Institute, when Dr James Shapiro from Edmonton in Canada will talk about pancreatic islet transplantation as a potential cure for Type 1 diabetes.

Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY
Tel: 01603 286286

Website: www.nnuh.nhs.uk

Restaurant

West Atrium Level 1, open daily 7am-2.30am

Coffee bars

Outpatients West and Outpatients East, open Mon-Fri, 9am-5pm

Plaza (East) open Mon-Fri, 8am-6pm

Saturday 10-4pm

WRVS shops

East Atrium, open 8am-8pm Mon-Fri, 10am-6pm weekends

Plaza (West) open 7am-8pm Mon-Fri 8am-6pm Saturday and Sunday

Serco (for housekeeping, porters, catering and maintenance). Call ext. 3333

IT helpdesk (for tel./ computer faults): Refer to Intranet homepage or call ext. 5555

Security Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458,

West Atrium Level 1: ext. 5462 or 5463

Outpatients East Level 2: ext. 5474 or 5475,

Outpatients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

Car parking

For information about permits, call

Site Services on ext. 5789

Bus services

Enquiries/ complaints: 01603 620146

fec.norwich@firstgroup.com

Cycle sheds

West (near staff entrance) and East (near A&E). Keys available from Patient Services

Bank

Cash dispenser in East Atrium Level 1

Chapel

Open to all. For details of services and to contact the Chaplains, call ext. 3470

Sir Thomas Browne Library

Mon, Wed, Thurs: 9am - 5.30pm,

Tues: 9am - 8pm, Fri: 9am - 5pm

Playscheme

At Blackdale Middle School during school holidays for the children of Trust staff.

Contact Debbie Sutherland on ext. 2202

Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

Restaurant

7.30am-1.30pm, 2-3.45pm, 5.30-7pm

- The following departments are based at **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 776776: Breast screening, Health records library, Diabetes Research, Pain Management

- The following departments are based at **Aldwych House**, Bethel Street, Norwich, NR2 1NR. Occupational Health (ext.3035), Outpatient Appointments, Clinical Governance, Training and some of Nursing Practice

- **The Norwich Central Family Planning Clinic** is based at Grove Road, Norwich NR1 3RH. Tel: 01603 287345.

Sweet success

IF EACH OF THE Smarties in this decanter represents just one of the chemicals used at NNUH, how many are there altogether?

This was the question posed to staff when they visited a Health & Safety awareness exhibition in the East Atrium in September.

The correct answer – 708 – was guessed by



infection control nurse Sarah Morter (pictured) who was rewarded with the decanter, complete with Smarties.

“We wanted to spread the

health & safety message in a fun way with quizzes and competitions designed to test visitors’ knowledge of health and safety issues,” says H&S adviser Lynne Ainge.

First prize of a mountain bike was donated by Pepsi Cola and won by physiotherapist Vicky Stone, one of 15 to answer all 10 questions correctly.

WELCOME

...to **Mr Simon Pain**, general surgeon with a special interest in breast surgery, Miss **Felicity Meyer**, general surgeon with a special interest in vascular surgery, **Mr Simon Wemys-Holsey**, general surgeon with a special interest in gastrointestinal surgery and **Mr Adrian Chojnolwski**, orthopaedic surgeon with a special interest in upper limb surgery.

FAREWELL

...to the following staff who have left the Trust since 1 November 2003:

Audrey Fletcher auxiliary nurse on Cley Ward, after 32 years’ service, **Pauline Strivens** auxiliary nurse on Gateley Ward, after 32 years, **Pauline Davies** auxiliary nurse in Plastics outpatients, after 31 years, **Jean Humphrey**, auxiliary nurse on Coltishall Ward, after 30 years, **Judith Fairclough**, community dietitian, after 26 years, **Elizabeth Ford**, auxiliary nurse, after 24 years, **Elsbeth Bond**, Sister on Earsham Ward, after 22 years, **Joyce Farrell**, medical secretary in Oncology, after 21 years.



Cellular Pathology is on the move

Cellular Pathology is relocating to a building at the Institute of Food Research in Colney Lane this summer. The Trust has agreed to sign a 20-year lease on the 2,865 sq. m. building to provide much-needed space for the Pathology department.

Known as IFR3, the building will also be home to the new Radiology Academy which is due to open in September 2005. The Trust is one of only four in the country to be chosen for the new academy.

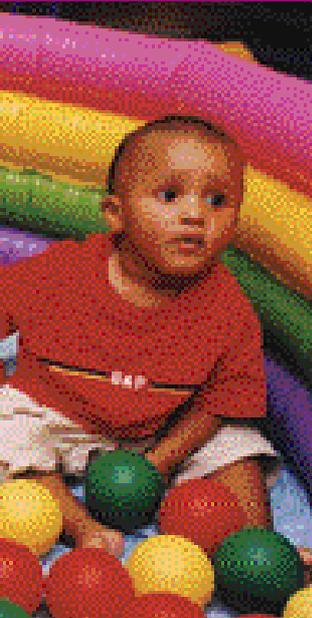


GOODIES GALORE

A very special Christmas party took place at NNUH last December for a group of local children affected by PKU.

Dietitians at the hospital prepared all the party fare themselves because the children could suffer brain damage if they do not keep to a special low-protein diet. Foods to be avoided include all meat, fish, cheese, nuts, dairy products and even normal bread, biscuits, pasta and chocolate.

PKU is a hereditary disorder which is diagnosed at birth through the Guthrie heel prick test. Nationally, one in 10,000 children is affected and last year, four babies were born with the condition at NNUH.



A 100-SPACE nursery is to be built at NNUH, on waste ground next to the Colney Lane roundabout. Construction is due to begin this month (January) and the nursery will open around September 2004. It will be run by Busy Bees (www.busybees.com) who operate a national network of nurseries.

Meanwhile, for older children, Football in the

Community has agreed to reserve 30 places in its Multi Sports Camps at Costessey and Pinebanks, and Camp Beaumont in North Norfolk is offering special discounts on activity holidays. Details and booking forms for these and other childcare schemes – including the playscheme at Blackdale Middle School – will be posted on 'News For You' on the Trust intranet site.

• Childcare co-ordinator Margaret Dewsbury will be in the West Atrium at NNUH on 13 and 15 January to answer questions about your childcare needs.

1,000 YEARS OF SERVICE

Trust staff who between them have clocked up nearly 1,000 years with the NHS received awards for 25 years' service in November. Each of the 39 staff were presented with £200 worth of gift vouchers.

Pharmacy welcomes flexi-days

A SCHEME to introduce flexible working in Pharmacy has been so successful that it has now been implemented throughout the department. Pharmacy staff can choose to work a nine-day fortnight, spread over longer working days with a shorter lunch break. Besides providing better cover at the start and end of the working day, this means days off can be scheduled to provide a four-day weekend every 20 weeks.

A total of 42 out of 103 staff have opted for flexible working and the benefits so far include a 50 per cent reduction in sickness absence. Overall, staff in the department say they are in favour of the scheme – even

those who are not participating.

Progress on Other IWL (Improving Working Lives) initiatives include a commitment to improve staff rest rooms, with comfortable seating and computer screens giving access to the intranet.

From 9 January, free advice sessions are taking place each Friday in Occupational Health, East Block Level 3. Call the CAB on 01603 660857 for an appointment.

• For an update on IWL matters, including the accommodation review, visit the IWL page on the Trust intranet. If you would like to get involved in IWL, contact HR on ext 3881. We particularly representatives from Divisions 1-4.

Science under the spotlight

IDENTICAL TWINS Rachel and Rebecca Cozens, who are both biomedical scientists at NNUH, were given star treatment in November when they took part in a campaign to promote the role of scientists in the health service.

The girls were besieged by local reporters and photographers intrigued by their near-identical lives. "We were amazed by all the media attention," said Rebecca. "But healthcare science is the backbone of the NHS so we were glad to be able tell people more about our profession. It was good to spread the message that science can be fun."

The twins attended the same schools and universities and have only ever spent one month apart in 29 years. They even share the



PICTURE BY SIMON FINLAY, EDP

same hobbies: karate and Latin American dancing. They are not the only siblings to work together in Biomedical Science – at least nine staff in the laboratory work with other members of their family – "which just goes to show how much we all enjoy the work," says Rachel.

Opportunity knocks for laboratory 'guinea pigs'

RACHEL WALES, 24, and James Stanlick, 22, (pictured) are blazing a trail for the Trust by becoming the first laboratory assistants to jump on the 'skills escalator' recommended in the NHS Agenda for Change. Both are studying part-time to become biomedical scientists.

Traditionally, scientists working in the biomedical laboratory need a relevant degree before they can take a hands-on role. This new initiative means that young people can enter the profession with A-levels and continue their studies part-time.

"We're facing a demographic time bomb



as many of our experienced scientists are due to retire in the next ten years," explains Pathology Quality Manager Alan Dean. "This new initiative means we can 'grow our own' skilled people while ensuring that they

get the academic qualifications they need.

"The advantage for the young people is that they can be paid while studying instead of running up debts at University. Even if they move on to another hospital, the NHS as a whole will gain from their skills."

Rachel has been working as a medical laboratory assistant for five years and James for two. Both now attend Anglia Polytechnic University in Cambridge one day a week and hope to gain their BSc in four years' time

"It's a big commitment to study for four years but this is a great opportunity for me to gain more qualifications and climb the career ladder," says Rachel.



As the largest IT project ever undertaken by the NHS gets under way, **Bill Fisher**, head of IT at NNUH, explains how technical developments are already leading to improvements in patient care



LIFE LI

IN RECENT YEARS our telephone and computer systems have been developed and maintained by McKesson, the US-based IT specialists, working closely with project teams in the IT department. Under a new agreement, however, the McKesson staff who are currently based at NNUH are transferring to the Trust. Together with the rest of the in-house team, they will help to develop services in line with the Government's vision for a National Programme for IT.

"The National Programme will bring major benefits for both patients and users and there is great potential for new ideas and innovation," says Bill Fisher. "I look forward to working with our new combined IT teams to bring these ideas to fruition."

A FEW YEARS ago it would have been unthinkable to issue reminders to patients through their mobile phones. But this is just one way in which technology is changing our working practices for the better.

Since the text messaging service was introduced in the NNUH Children's department last June, the number of DNAs (appointments that patients Did Not Attend) has been significantly reduced and the service is now being extended to other departments.

Other new and innovative ideas are on the IT drawing board for future consideration. For example, doctors may one day be able to order medicine at the patient's bedside through a 'wireless' electronic keypad, with the prescription

serviced automatically by pharmacy robots.

New technology can be welcome even when it seems impossibly complicated. Take cash machines... when these first appeared in the High Street, they were far from user-friendly. But people persevered in using them so the benefit – getting their cash out – was achieved. Thankfully, the technology is now considerably more user-friendly.

Another example is digital X-rays. Just a few years ago it was hard to imagine X-ray film being replaced by computer images. But in spite of some initial resistance, the benefits were quickly recognised by NNUH staff and the rest, as they say, is history.

At NNUH we are lucky to have a brand new hospital designed to accommodate the

DISCHARGE SUMMARIES

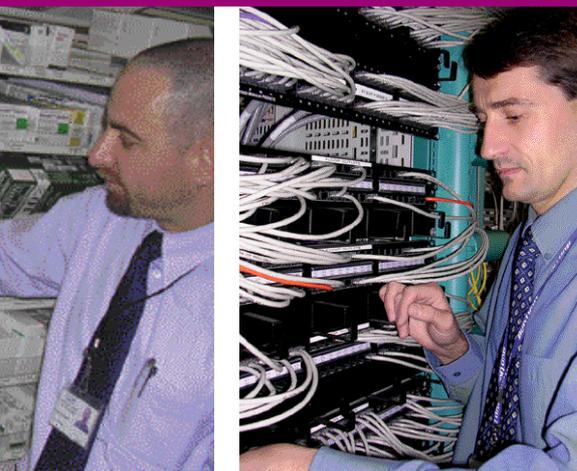
From this month (January), patient discharge summaries are being sent electronically to GPs instead of by letter in the post. The new system will automatically produce the summaries and send them direct to GPs. They include information about the patients' stay in hospital, treatment received and any drugs or follow-up treatment.



TEXT MESSAGING

NNUH was the first hospital in the UK to trial text messages to remind patients about their appointments. Now the trial is being extended from the Children's department to Obstetrics, Rheumatology and Orthoptics and IT staff are currently working on a reply facility. Text alerts will also be used to warn key staff at NNUH of any building maintenance issues.





NES

latest advances in technology. The challenge is sympathetically to manage the changes in working practices that new technology supports. This is an area where close co-operation between the technology providers, Trust IT staff and users is essential.

The Government takes investment in IT so seriously that a ministerial task force has been appointed to introduce a 'National Programme for Information Technology' in the NHS (see box, right).

The IT team at NNUH is already hard at work on a number of projects designed to make use of the emerging technologies and electronic links available to us.

Below are some of the exciting NNUH projects in the pipeline:

Superhighway to progress

The 'National Programme for Information Technology' in the NHS is a new initiative, costing £2.3 billion, that will revolutionise communications in health care and put the patient at the heart of all our administrative processes. As far back as 1998, the Government promised:

- Round the clock access to patient records and information for all NHS clinicians
- Genuinely seamless care for patients through GPs, hospitals and community services sharing information across the NHS information highway

- Fast and convenient public access to information and care through online services and telemedicine
- This vision has since been developed to offer patients more choice about where and when they get treatment. One of the planned national applications is the 'spine' which, when fully implemented, will allow basic patient data, including demographics and treatment records, to be accessed from any NHS location.

Local service providers will be appointed to work with strategic health authorities to co-ordinate the national programme.

ROBOTS IN PHARMACY

A new project is being considered to automate the Pharmacy, installing a robot to sort, pack and dispense drugs. The Trust is also working with a local service provider to streamline the existing ordering system. These projects are in addition to the Government's ambitious plans for electronic prescribing under its National Programme for IT.



NEW HOSPITAL WEBSITE

The hospital website has been redesigned and will be available in the new year. All departments will be encouraged to update their web pages on a regular basis so that patients have instant access to up-to-date information about our services. In future the website may even be used by patients to access their own health records.



BAR CODED WRISTBANDS

All patient wristbands are now barcoded and printed out on the wards from computer records. Not only does this allow for greater accuracy but the barcodes are now being developed to convey a variety of clinical information as the patient is tracked through the hospital.



A new knee in

Artificial knee joints have come a long way in recent years. Now patients who undergo replacement knee surgery at NNUH are taking part in a study to track their progress in the long term. The aim is to record outcomes and find out what can be done to speed their recovery

KNEES TAKE a lot of hammering over the course of a lifetime so it is not surprising that they are susceptible to wear and tear. The population is also living longer, with the result that up to 40,000 patients per year now undergo total knee replacement.

Artificial knee replacements have been carried out at NNUH since the 70s, but now a partial replacement is available, performed through a smaller incision, which allows for earlier discharge from hospital and a quicker recovery.

In recent years NNUH has become one of the UK's leading centres for this procedure and surgical teams from

Denmark and Italy have come to see how our patients are benefiting. Interest in this work has been shown by surgeons from all over the world.

"Artificial knee joints fail in significant numbers after ten to fifteen years and each subsequent revision carries a greater risk of complications," says orthopaedic surgeon Simon Donell. "That is why we would be cautious in recommending a total knee replacement for patients under 60. With a partial replacement, we can operate on younger patients with an option of converting to a full knee replacement later on."



We learned a lot from our patient groups

TWO YEARS ago a pilot project was carried out at NNUH to see whether partial knee replacement was suitable for day

surgery. Research co-ordinator Clare Darrah (pictured above) explains: "The 'Oxford knee' is widely used in a private hospital in Australia where patients are discharged on the day of surgery. We wanted to see if that was feasible at NNUH.

"The pilot showed that although our patients recovered very quickly after surgery, the ideal length of stay seemed to be around 24 hours. Even so, this is a big improvement on the week-long hospital stay required for those who have a total knee replacement.

"To implement this accelerated discharge, we needed to consider what this would mean for patients and their carers in the community. So, last year, patients who had

undergone partial knee replacement were asked to attend a series of focus groups. The aim was to follow their progress after surgery and find out what their experiences had been and how their care might be improved.

"We learned a lot from our patient groups. For instance, we anticipated that pain would be a major concern but in fact this was quite low on the agenda. Provided there was enough support and information available, pain did not seem to be an issue at all."

"In talking to these patients, we found that information available in the community was very patchy and often patients were misinformed. For instance, some believed they should rest the knee when the best advice is to keep exercising.

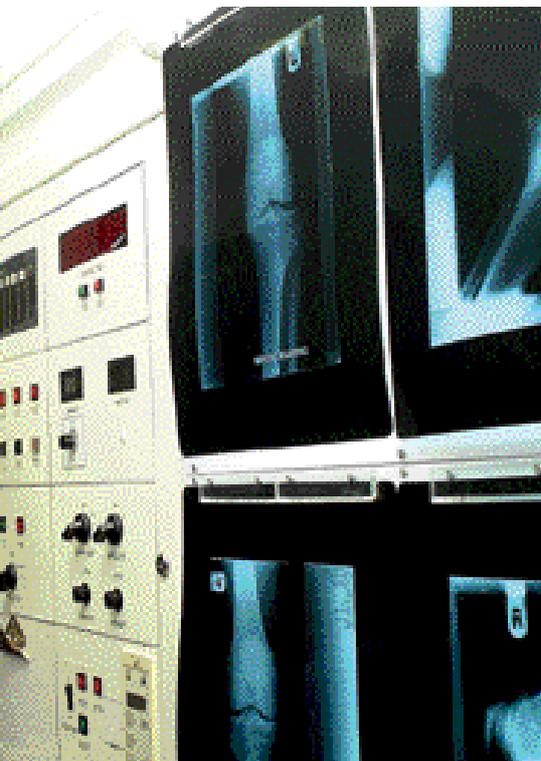
"We decided to produce an information video and leaflet that we could give to

patients at the time they are put on the waiting list for a partial knee replacement. We are holding dedicated clinics, run by a nurse and physiotherapist, to follow their progress from pre-assessment through to five years after surgery and beyond.

"New clinical guidelines have been produced and these, along with a new video for staff, GPs and other health professionals in the community, will provide a valuable resource for those involved in the care of these patients.

"The manufacturers of the 'Oxford' knee joint are helping to fund our long-term study. However, we hope to extend the programme to other orthopaedic procedures, such as hip and shoulder surgery. Through continuous evaluation of the data and feedback from our patients, we aim to improve the process of care in the future."

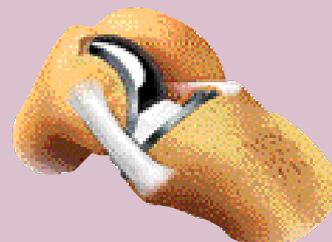
24 HOURS



PICTURE: LIN WYMER

Partial knee replacement – the facts

- The NNUH currently carries out more partial replacement (known as uni-compartmental knee replacement) than any other single hospital in the UK.
- The procedure was developed in Oxford and was originally performed through a standard total knee replacement incision. In the mid-90s, a new technique was developed allowing surgeons to perform the procedure through a 6cm incision without compromising the accuracy of the operation. This technique has been standard at the NNUH since 1998.
- Last year 130 such operations were carried out at NNUH compared with 680 total knee replacements, but the number of partial replacements is rising all the time.
- The procedure is not suitable for everyone – many patients still



- require a total knee replacement. However, with such a small incision it is much less invasive than a total replacement, with preservation of soft tissues and knee ligaments. Recovery is therefore quicker and most uni-compartmental knees are more flexible.
- Patients are encouraged to stand and walk within two hours of surgery. Most return home from hospital the following day and the majority are able to walk almost normally within six weeks.

“Provided there was enough support and information available, pain did not seem to be an issue at all”

Gordon Wilkins (**right**) is one of the first patients to take part in the long-term study on knee replacement. Here, physiotherapist Marianne Varnier and assistant orthopaedic research co-ordinator Adele Cooper talk to him about his forthcoming surgery **Above:** Consultant orthopaedic surgeon Malcolm Glasgow in Theatre. A video and new information leaflets have been produced after a series of patient focus groups, led by orthopaedic research co-ordinator Clare Darrah (**far left**), showed that patients wanted more information about their operation.



A series of high-profile medical cases in the European Court of Justice could have major implications for the future of the NHS, says John Paul Garside, head of complaints and legal services for the Trust

All for ONE

IN MANY respects, the case of Mrs Yvonne Watts sounds all too familiar – a 72-year-old patient in need of hip replacement who was advised that the anticipated waiting time for surgery under the NHS was 12 months. Where Mrs Watt's case stands out from the rest is that it ended up in Court [*R (Watts) v Bedford Primary Care Trust and Another, Family Division - judgment 1.10.2003*].

Mrs Watts had been told that she was unlikely to have to wait more than four months for her surgery. However, she was unwilling to wait that long and decided to go ahead and have the operation in France.

The issue before the Court was a request for a judicial review of the Primary Care Trust's decision that Mrs Watts was not eligible for costs incurred in purchasing her hip surgery privately. The PCT's argument was that the patient would have been treated within NHS waiting time targets.

The courts have always been very wary of being drawn into disputes relating to the funding of healthcare, because "...difficult and agonising decisions have to be made as to how a limited budget is best allocated to the maximum advantage of the maximum number of patients. That is not a judgment which the Court can make" [*R v Cambridge DHA ex parte B; 1995*]

Predictably, perhaps, Mrs Watts was unsuccessful in her request for a judicial review. Where the matter gets interesting, however, is that her claim was amended to bring a case against the Secretary of State for Health. Her legal team successfully used European Law and the decisions of the European Court of Justice to confirm the conditional right of EU citizens to receive medical treatment in another member state at public expense.

The question for Justice Munby in the

High Court was how that conditional right applied to Mrs Watts' case. In short, his assessment was that authorisation for treatment of an NHS patient in another member state at the expense of the NHS could only reasonably be refused if the same or equally effective treatment could be obtained without undue delay at an NHS establishment.



"What makes sense in one isolated, individual case may cause great harm when set against collective needs"

'Undue delay' was not specifically defined, but it was suggested that it was probably "very much less" than a year and "significantly, though probably not substantially more" than three months. In the circumstances, since Mrs Watts had not suffered undue delay, her claim failed. The judgment did, however, suggest that the way was open for other patients to make similar claims.

There has been a series of cases in which decisions relating to health and social services have been made by a Court and then subsequently overturned by a higher court.

The problem is that what makes sense in one isolated, individual case may cause great harm when set against collective needs. For instance, it may be necessary to decide where services should be cut in order to prioritise NHS resources for whatever class of patients has most recently pressed its case through legal action.

While the judgment in Mrs Watts' case

may accord with a prevailing ethos of a culture based around individual rights, it may not easily fit with an aspiration to provide the greatest good to the greatest number'.

Furthermore, what amounts to 'undue delay' in relation to elective orthopaedic surgery will presumably be different in the case of, say an MRI scan, arteriogram or

surgery for cancer. The implication is that a judicial determination in each case would be required, bearing in mind that every case will be different depending on the patient's clinical condition.

Mrs Watts' case is to be taken to the Court of Appeal, which will be mindful of the need to protect the court system from being overwhelmed by similar applications.

In the meantime, the Lord Chancellor, Lord Falconer has announced a new Constitutional Bill which will protect the judiciary from political interference. As matters stand, however, in light of Mrs Watts' case and the impact of European case law, the courts are at risk of finding themselves at the very centre of a most politically contentious issue – the prioritisation of patients and the funding of healthcare.

• *This article is an edited version of a talk given at the UEA in November 2003 – one of a series of lectures on 'Non-medical Perspectives on Medicine'.*

The Viewpoint column is written from a personal perspective and does not necessarily reflect the views of the Trust.

If there is a subject you feel strongly about, please send your contribution to Sue Jones, Editor, Communications dept, NNUH.

REACHING OUT TO CANCER PATIENTS

Cancer Information co-ordinator Wendy Marchant steers a course through the maze of publications available to cancer patients

A DIAGNOSIS of cancer can have far-reaching effects on patients, their families and carers. It raises all sorts of questions, from the nature of the illness itself to how to claim benefits and research the latest treatments. Even planning a holiday becomes more complicated as travel and holiday insurance are often affected.

Our aim in the Cancer Information Centre is to see that people have access to as much up-to-date and relevant information as they want. We have internet access for researching special requests, and we can provide an increasing range of videos and audio tapes. Translations are also available for non-English speakers.

We want to reach out to patients who are in the early stages of diagnosis and treatment, so we are developing 'satellite clinics' rather than relying on patients to seek us out.

We are lucky to have the support of three volunteers: Pam Miller in Gynaecology, and Brian Breeze and Pat Mullins in the Colney Centre, who have the time to sit and talk to patients and listen to their concerns. Their role is invaluable as many people feel able to speak more freely to volunteers

"Some patients are keen to find out as much as they can, while others are wary of knowing too much"

than to health professionals. So if you can spare a little time each week to become a volunteer, we would love to hear from you.

Of course, some patients are keen to find out as much as they can about their illness,



Wendy Marchant with former cancer patient Brian Breeze, who is now a volunteer

while others are wary of knowing too much. But research shows that giving patients the information they need can significantly reduce anxiety levels and help the treatment and recovery process.

When the Cancer Information Centre opened at the N&N in 1998, it was funded by the Big C Appeal and through endowment funds. Now it is part of the Trust's Oncology Directorate.

We are constantly developing our service in response to the comments and suggestions of patients. An increasing number of people ask about complementary therapies and support groups, so we are delighted that the the Big C Appeal is to build a dedicated centre where patients and their families can meet and browse in a relaxed, non-clinical setting (see box, left).

Since I became involved as a volunteer in 1998, I've had some weird and wonderful requests, such as finding a charity to fund a flight for one seriously ill patient. It's extremely rewarding to be able to help these patients and to know that we are making a difference – however small – to their lives.

- Wendy Marchant can be contacted on ext. 3048 (bleep no. 0062)
- The Cancer Information Centre is on Level 3, East Block (take the lift from East Outpatients and turn left).

New centre planned for NNUH



THE BIG C charity has launched an appeal to build a £700,000 cancer information and support centre in the grounds of NNUH. The curved building is designed around a central hearth to give cancer patients and their families a place to meet and relax in homely surroundings. In addition to an information library, there will be a sitting room, kitchen and space for private counselling and alternative therapies. Situated close to the Colney Centre, the complex will overlook sunny gardens and is expected to open in spring 2005.

A total of £182,000 has already been raised towards the project. Big C Director Brian Butcher commented: "3,000 new cancer patients are seen at NNUH each year. This new centre is dedicated to supporting the many local people who are affected by cancer."

- If you would like to contribute to the Appeal, contact the Big C on 01603 619800.

Our friends in the North

Cromer's patient services manager Carrie Moore pays tribute to the 'invisible army' of admin staff who keep the hospital wheels turning

WHEN PATIENTS and visitors come to Cromer Hospital, it's usually the doctors and nurses they are here to see. Most are unaware of the work that goes on behind the scenes to make their appointment or surgery possible. But without the organisational skills of the medical secretaries, receptionists and clerical assistants, our hospitals would soon grind to a halt.

Cromer is often seen as a satellite of the much bigger NNUH – and that presents an extra challenge as we need to be 'Jacks of all trades' to cope with the range of tasks involved.

For example, one of our admin assistants, Liz Hunniball, may be arranging transport one moment and fitting breast prostheses for mastectomy patients the next. Typically, her role has evolved to adapt to the changing needs of our patients.

Perhaps it's because the job offers such a challenge that our medical secretaries have stayed so long. Our combined length of service within the Trust is 180 years – and we are all still learning!



Charles Sammells receives a friendly welcome from reception office manager Sally Tipple

CROMER FACTS AND FIGURES

- Total number of admin staff - 25
- Receptionists - 12
- Medical secretaries - 13
- Outpatients - 26,000 a year
- Clinics - at least 35 per week
- Day cases and investigative procedures - 150 per week
- Visiting clinicians - 62



Carrie Moore and Carole Bumphrey (pictured left) who was the first medical secretary in the Trust to work on a PC

Really, the term 'secretary' is inadequate to explain what we do. We are not just writing letters and filing, as many people imagine, but organising waiting lists and rotas on behalf of a wide variety of specialities.

We're accustomed to sharing the workload so we need to be adaptable and resourceful. We are also pioneers... we were first in the Trust to operate the Booked Admissions system, giving patients more choice about when they are admitted to hospital.

My colleague Carole Bumphrey, who joined the N&N in 1982, was the first medical secretary in the Trust to use a computer at work – it was bought by Dr Richard Greenwood when she worked for him in the Diabetes directorate. I also have the dubious distinction of being the first person to use a PC at Cromer.

With more than 60 clinicians visiting the hospital on a regular basis, we need to make sure their time is used effectively and patients are not kept waiting too long. That means working as a team to ensure our clinics and theatres have the staff and instruments they need for each day's list.

Thanks to the Bernstein legacy, we have some wonderful new facilities here in Cromer, with the result that our outpatient and day procedure numbers have increased dramatically. Ophthalmology outpatients alone have doubled in the last couple of years and this trend is set to continue as the hospital grows and develops.



Medical secretaries Louise Osborne (above) and Sally Seaman (right) deal with patient notes from the burgeoning outpatient clinics



• **PATIENTS WILL** see a number of improvements at Cromer Hospital over the coming weeks. The old pathology laboratory is being adapted to provide better facilities for audiology outpatients and the phlebotomy (blood tests) service. A mobile screening van will be available to check for eye problems at Cromer and neighbouring GP practices. You can read more about these improvements - funded by the Bernstein legacy - in the next issue of *The Pulse*.

THE PULSE

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