

THE Pulse

Issue Number 13
May 2004

dnorwich University Hospital
NHS Trust



Work-life balance

Childcare schemes that Improve Working Lives

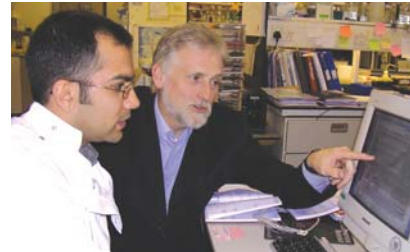


Race for life

The lifesaving injections that can save patients' lives

Paul Jenkins

Why we're flying the flag for acute and general medicine



The male disease

Developments in the fight against prostate cancer



Viewpoint

Why the NHS is not free for all



Students on the move

Unveiled: plans for a new school of nursing at NNUH

Putting a value on diversity

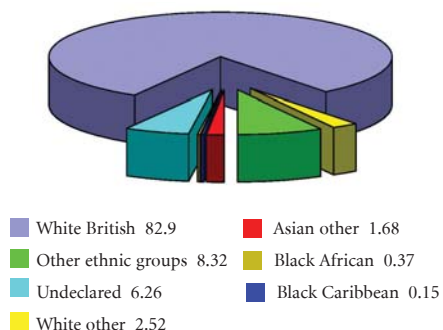


AS A TRUST, we are committed to building a valued workforce whose diversity reflects that of the local community. It is also an IWL standard that every health service employee should be able to challenge discriminatory behaviour based on differences in language, ethnic origin, culture, religion, gender, sexual orientation, age and disability.

The Disability Advisory Group was established in 2000 to work towards ensuring equality for disabled people.

Race Equality Following an audit in March 2004 the Norfolk Race Equality Council reported that we had made good progress towards fulfilling the requirements of the Race Relations Amendment Act 2000. However, there is still much to be done to promote good race relations, tackle discrimination and promote equality of

Staff numbers by ethnic group (%)



opportunity. Our Race Equality Scheme and Action Plan is available on the Trust intranet.

Staff numbers by gender (%)

Female: 80.41 Male: 19.51

Staff numbers by age (%)

Under 30: 18.69

Under 50: 76.04 Over 50: 23.96

The Race & Cultural Awareness Group provides a forum to discuss and promote diversity issues, as well as an opportunity to socialise with colleagues. A cultural awareness day is planned for NNUH and other projects include a calendar of cultural events and a welcome pack for overseas staff.

Career Enhancement training is available for black and minority ethnic (BME) staff at NNUH and at other sites across Norfolk, Suffolk and Cambridgeshire, to increase confidence, overcome limitations to career progress and improve job satisfaction.

• We are looking for individuals to become **IWL Equality & Diversity Champions**.

If you would like to get involved or to nominate a colleague, or if you would like to know more about any of the issues mentioned here, contact Hasan Cagirtgan in HR, either on ext. 5049 or by email.

LETTERS WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Enjoyable visit

The Queen has asked me to pass on her thanks and best wishes to all those – including management, staff, volunteers and patients – who took so much trouble to make her recent visit such a happy and memorable occasion.

Her Majesty was pleased to see some of the impressive facilities at the hospital. She particularly enjoyed being able to meet so many of those involved in the project and to see something of the running of the hospital.

Christopher Geidt, Assistant Private Secretary to The Queen

Night-time symphony

*Heartbeat tick of the ward wall clock
2am and time has stopped
Trying to sleep, groggy and sore
But there's so much noise, and it's not just snores*

*Hissing airlines, tinitus white noise
Gaseous explosions erupt from 'the boys'
Bleeps and rings from the nurses station
A concerned relation, or some aggravation?
A rattling cough, a sound of spew
A 'varicose' man needs a ride to the loo
The special night wheelchair is brought from its store
The one with square tyres that clatter the floor
Heartbeat tick of the ward wall clock
2.10am and time has stopped
Only another four hours to go
The lights will come on and its all systems go
Another long day of drugs and 'obs'
From people who care, and are good at their jobs
But a plea from the patients as night time draws near
Give us some ear plugs! We don't want to hear!*

Richard Batson, EDP Cromer

Grateful to be healthy

I have just undergone my 19th minor surgery treatment – the second by laser – for transitional cell carcinoma.

At the age of 79, I am grateful to be fit and active and I take every opportunity to speak up for the NHS. More personally, I am deeply grateful to the overworked and (almost) unanimously efficient, cheerful and friendly staff at NNUH.

Incidentally, the new system of telephoning to confirm appointments is far more efficient than sending letters. I heartily approve of this change

William Etherington, Norwich

Excellent care

As a patient at both the old N&N and the new hospital, my husband received the best of care over many years until he sadly died in December 2003.

In particular I would like to thank the staff on Coltishall, Brundall and Gunthorpe Wards, in Plastics Outpatients, the Arthur South Day Procedure Unit and the Colney Centre.

I don't think anyone should have any complaints about this wonderful hospital.

Mrs S. Francis, Whissonsett, Dereham

Training programme targets general skills

THE NNUH has introduced a specialist four-year training programme for registrars in acute and general medicine.

The four-year programme has the backing of the Royal College of Physicians and aims to give qualified doctors the specialist skills they need to diagnose acutely ill patients when they enter the hospital as an emergency.

The trainees join a rotational programme which takes in the James Paget Hospital, the Queen Elizabeth Hospital in King's Lynn and Peterborough General Hospital as well as NNUH.

• *Has generalism taken a back seat in hospital medicine? Read Paul Jenkins' Viewpoint, P11*



Theatres in action

Ever wondered what goes on behind the scenes in an operating theatre? The National Association of Theatre Nurses is celebrating its 40th anniversary on Wednesday 2 June with a theatre awareness day in the East Atrium. There will be hands-on activities and fun for all ages, including a chance to take a close look at equipment and surgical instruments. For more information visit www.natn.org.uk or contact Adrian Jones on bleep 1004



Keeping up with the Canaries

LIFELONG Norwich City fan George Townshend, from Blofield, is the 500th patient to take part in the 'Canaries in the Community' project to bring football action to patients in hospital.

George needs regular kidney dialysis but keeps up with the club with the help of volunteer Duncan MacInnes, who shows him the goals on a laptop computer. "I listen to the match commentaries on the radio but it's not the same as being there," says George. "Watching the goals on screen is the next best thing."

A former merchant banker, Duncan is delighted with the success of the scheme: "It started with children on Buxton Ward but now I spend five hours a week visiting patients all over the hospital. As a fan myself, I can appreciate how much they miss seeing their team in action."

George is pictured with Duncan (left) and former Norwich City goalkeeper Bryan Gunn, who presented him with a book about the club.

We need to work smarter, not harder

THE LAST year has been tough. Through your hard work and dedication, we achieved the key targets for inpatient, day case and



outpatient waiting times, apart from a small number of patients awaiting bone or tissue. Remarkably we did so while managing a sustained and exceptional 10 per cent increase in emergency admissions.

Thank you for all you did and continue to do, in whatever capacity, be it directly with patients or, like me, supporting those on the frontline.

But the pressures on you and on the hospital are not sustainable. We cannot keep on increasing the occupancy. We must find ways of working smarter, not harder.

I know that under the pressure we are experiencing this phrase has a hollow ring. That is why we have just launched the Transformation Strategy for Central Norfolk, 'Better Care for Central Norfolk', in partnership with all the other local health and social care organisations.

The central objective of the strategy is to enable patients to take greater responsibility for their own health and decisions about their care, and to shift care closer to patients' homes. This is particularly relevant to those with long-term chronic illnesses and is intended to reduce the need for so many emergency admissions.

Other initiatives include improving the flow of elective work, maximising opportunities for day surgery, reducing infections and complications and making the best use of the many health facilities across Central Norfolk.

The outcomes we need to deliver are a sustainable way forward and improved services for patients. Please look out for ways to get involved.

Stephen Day

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

THE DUKE OF KENT took time out to talk to patients when he visited the NNUH stroke unit in March. The unit has been praised by the Stroke Association for providing prompt treatment and excellent care. Among those who met the Duke was Phyllis Starland, who is pictured with sister Julia Chapman-Wright on Dunston Ward



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

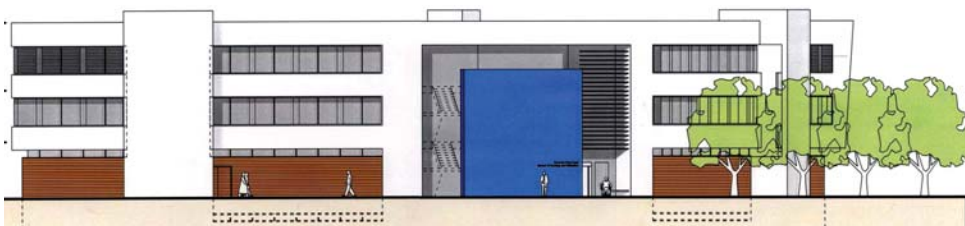
7.30am-1.30pm, 2-3.45pm, 5.30-7pm

• 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.

School of nursing plans unveiled



THE UEA'S School of Nursing and Midwifery is to move from Hellesdon Hospital to a brand new building close to the roundabout at NNUH. Work on the £6m complex is set to start in September, aiming for completion in December 2005.

Among the state-of-the-art facilities will be a skills laboratory that replicates health care facilities on the hospital wards, a 200-seat lecture theatre, seminar rooms and teaching spaces that benefit from

smart-board technology. The building will also incorporate energy-efficient design principles developed on the main UEA campus.

Margaret Coomber, Director of Nursing and Education, commented: "We're delighted that the school of Nursing and Midwifery will soon be on our doorstep. It will save a great deal of travelling between the two sites for both students and staff."



WELCOME

...to the following consultants who have joined the Trust since 1 March:

Dr Vipin Datta paediatrician,

Dr Crawford Jamieson

gastroenterologist,

Mr Richard Wharton, colorectal

surgeon

FAREWELL

...to the following staff who have left the Trust since 1 March 2004:

Caroline Blowers, auxiliary nurse on Kilverstone Ward, after 30 years' service,

Angela Lockwood, staff

nurse in neonatal intensive care, after 29 years,

Audrey Carr, staff nurse on Easton Ward, after 25 years.

RACE FOR LIFE

Latest figures from the DOH show that NNUH is one of the country's top performers for giving lifesaving injections to heart attack victims within a crucial half-hour period.

Correct diagnosis is important as patients who have not suffered a heart attack could be harmed by these powerful thrombolysis drugs. So to save vital seconds, paramedics are now able to beam electrocardiographs (ECGs) from the ambulance to our coronary specialists at NNUH, and nurses are trained to deal quickly with patients needing thrombolysis.

"Our door-to-needle times have improved dramatically, thanks to the co-operation and enthusiasm of all the teams involved," says Dr Tony Page, clinical director for Cardiology.



Happy to be home: Virginia Geere with daughter Helena and surgeon Simon Wemyss-Holden

Keyhole surgery brings fast results

SPECIALIST LIVER surgeon Simon Wemyss-Holden has performed a new type of laparoscopic (keyhole) surgery at NNUH to remove tumours of the liver and pancreas. One of the first patients to benefit from the technique is Virginia Geere, from Wymondham, who was able to return home two days after having a benign tumour removed from her liver in March. "I'd been suffering pain and discomfort from the tumour for some time but I knew a conventional operation would involve at

least a week in hospital and even more time recovering at home," says Virginia. "With this technique, I was up and about very quickly even went house-hunting the following day!"

Mr Wemyss-Holden, who recently joined the Trust from Leicester, says the procedure would not have been possible without the ability to 'map' blood vessels using sophisticated radiology equipment.

Only certain types of tumour are suitable for this type of surgery.

Protecting adults

ABUSE CAN take many forms, from physical and sexual to psychological, financial, neglect and discrimination.

New guidelines on protecting vulnerable adults have now been prepared and are available on the Trust intranet (under Guidelines with General Applicability).

For information, advice and support on this issue, contact Specialist Health Visitor Gill Lee on ext. 5786.

EPILEPSY AWARENESS WEEK

From May 16th-23rd there will be a stand in the West Atrium with details of local and national support organisations, plus a chance to talk to our epilepsy specialist nurses about this little understood condition.

Friendly face of security

The security team at NNUH has been named 'Best Team' in the Midlands round of the Annual Security Officer Awards, organised by the British Security Industry Association. The 21-strong Chubb team won the award for their willingness to 'go the extra mile' in providing assistance and a caring approach to patients, visitors and staff. Last year they dealt with 1,397 security issues at NNUH, including 153 incidents involving aggression.



Teamwork in a class of its own

SINCE 2002, the UEA's Centre for Inter-Professional Practice has been working with staff at the NNUH to develop team-working skills. Five teams have successfully completed the eight-month programme, tackling issues such as communication, information-sharing, decision-making and managing conflict.

The NNUH Child Protection Team is currently working alongside Police, social services and education in Norfolk to co-ordinate efforts to safeguard children, while another team is addressing issues of patient safety in an increasingly complex healthcare environment.

The teams include physiotherapists, pharmacy staff, nurses, admin staff, occupational therapists, doctors, catering staff and dieticians. Each is encouraged to set goals that would lead to positive or innovative changes in the way they work.

The sessions are facilitated by the centre's director, Professor Shirley Pearce, along with Margaret Coomber, the Trust's director of nursing and education, centre co-ordinator Fiona Watts and research associate Alison Watkin.

An important aspect of the Centre's work is to foster team-working among healthcare students, who meet in 'buddy-groups' to resolve problems in a variety of healthcare scenarios.

There are now plans to expand the work into primary care and across secondary and primary care.

If you would like to take part in the Patient Safety programme, contact Fiona or Alison on 591237 or 591273, or visit www.med.uea.ac.uk/research/cipp_home.htm.



AIMING HIGH

Childcare co-ordinator Margaret Dewsbury (pictured left) says enquiries from staff show a need for more childcare provision for older children. To this end, she has negotiated discounts for NHS staff at Camp Beaumont, a multi-activity centre for children up to 16, with a coach to take them from NNUH to the day camp in North Norfolk. Staff are also offered discounts at the multi-sports courses run by Norwich City Football Club during school holidays.



A NEW PARENT and toddler group for NHS staff now meets on the second Thursday of every month at the Earham Excellence Centre, Clarkson Road, between 10am and 12. The aim is to share information on issues such as flexible working, childcare options, speech development and sleep problems, while making new friends and having fun.

• For more information on childcare issues contact the childcare team on 01603 622292



As work starts on a new on-site nursery at NNUH, The Pulse looks at childcare arrangements available for staff who work at the hospital



CHILD'S

PLANS HAVE now been unveiled for a new on-site nursery which is due to open later this year. Situated next to the doctors' residences at NNUH, the nursery will have places for 100 children aged from three months to five years.

It will be run by Busy Bees, a private childcare company with 54 nurseries throughout the UK, including three at NHS hospitals in Plymouth, Preston and Chorley.

Hospital staff will be given priority and there will be limited number of places for those who need to drop children off at 6.30am. Normal opening hours will be from 7.30am to 6.30pm, Monday to Friday.

Busy Bees was started 20 years ago by three couples – all teachers – who pooled their resources to buy a large property in Lichfield and open their first nursery.

David Thackray, one of the six founding directors, recalls: "Two of the families sold their homes to live 'above the shop'.

"It was a gamble, but we felt there was a need for a professionally run nursery that we would want our children to go to. Now we employ

1600 staff in 54 nurseries all over the country, and all our children have been through the system."

• A RECIPROCAL

arrangement with Busy Bees means that Trust staff can make financial savings by swapping part of their salary for childcare vouchers. For information on the scheme and to register an interest in the nursery, contact Busy Bees on Freephone 08000 430860.



THE TRUST'S OWN PLAYScheme meets during school holidays at Blackdale Middle School. Play leader Sue Guy (pictured right with admin assistant Christine McKenzie) was delighted when Ofsted praised the scheme's high quality of care. For details, contact HR on ext. 2202.

THE JIC AFTER-SCHOOL CLUB provides transport from a number of local schools to the John Innes Centre in Colney Lane. The excellent facilities include a sports hall and swimming pool. For details contact Sarah Webb on 01603 450345.





PLAY



CONSULTANT NEUROLOGIST Jeff Cochius and his wife Ann (above), a staff nurse in A&E, have been juggling work and family life ever since Ann embarked on a

"The holiday playscheme is a lifesaver"

return to practice course four years ago. Their four children, Tim, Sarah, Rebecca and Nick, all attend the Trust holiday playscheme at Blackdale Middle School, which Ann describes as 'a lifesaver'.

"Both our families are in Australia so we can't rely on them to help out in the holidays," says Ann. "I have to be very organised but it's worth it because I love my job and miss it when I'm not there!"

"I'm lucky because Jeff is a big help and the shift patterns in A&E are very flexible.

"The Trust has always been supportive – even the return to practice course was organised around school hours and colleagues never seemed to resent my flexible working arrangements."



WHY THE NHS IS NOT FREE FOR ALL

As the Government promises to crack down on 'health tourism', our Overseas Visitors Manager Veronica Pryke explains why this is such a contentious issue

LAST YEAR we reclaimed more than £300,000 from patients, PCTs and the Department of Health towards the cost of treating visitors from overseas. But in my experience this is only the tip of the iceberg – the true cost to this Trust is probably nearer £1m.

As Overseas Visitors Manager, my job is to interview these patients and find out whether they are eligible for free treatment. If not, we are obliged to claim back our medical costs.

This is an extremely contentious issue, but concerns about 'health



tourism' are nothing new – there have been guidelines in place since 1988 to help tackle the problem. The only difference is that the Government has now updated its guidance, pledging to make the NHS available "to those who live here, not to those who don't".

So how do we decide who is eligible? All patients who are treated by this Trust should be asked: 'Have you lived in the UK for the last 12 months?' If the answer is no, they could be liable for medical expenses.

There are some exceptions. For instance, patients who are here to work or study may be covered, as are those whose countries have reciprocal healthcare agreements with the UK (provided the need for treatment arises while they are visiting the UK). And asylum seekers who have applied to the Home Office for refuge are entitled to full residency rights, including free treatment, while their application is being processed.

At the same time, British citizens who live abroad for some of the year may not

qualify for free treatment – even if they are pensioners who have paid UK taxes all their working lives.

Each case is considered on its own merits and often involves careful detective work, with the help of organisations such as the immigration service, the NHS Fraud Squad and international embassies. We all have the same interest at heart – we are accountable to the public purse.

I am sometimes accused of being

"Questions about residency can stir up strong emotions. However, if staff have any issues they should leave them at home"

racist but the Trust has a clear policy against racial discrimination and I always respect other customs and cultures.

Feelings can run high so I always ask a senior member of staff to witness my interviews, and I involve our translation service, INTRAN, to avoid misunderstandings. I also get a lot of support from Overseas Visitors Support Action Groups in the Eastern region and in London, and from colleagues at the UEA.

I'm aware that questions about residency can stir up strong emotions in staff as well as patients. However, if staff have any issues they should leave them at home – to do otherwise is to face possible dismissal for racial discrimination.

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.

The MALE

*As the first support group for prostate cancer patients meets at NNUH, consultant urologist **Krishna Sethia** explains how local research is contributing to the global fight against the disease*

PROSTATE CANCER is more common than breast cancer, affecting around 35 per cent of men over the age of 70. But fewer patients will die from it - around 9,000 a year in the UK compared to 30,000 women with breast cancer.

"The disease is on the increase and we are now seeing more men in their 40s and 50s who are affected," says consultant urologist Krishna Sethia. "But this could be because men are more aware about health issues and are less embarrassed about discussing their symptoms with a doctor.

"We know there is a genetic link and that men who have a member of the family with prostate cancer are more likely to get it. However at the moment we have no way of knowing which tumours are likely to grow slowly and which may need clinical intervention at an early stage.

"We need better tests to determine which

tumours are the most likely to kill patients and we also need to find out what 'turns on' the cancer cells to make them able to spread."

In a collaborative research project with the UEA, urologists, pathologists and research scientists are pooling their resources to look more closely at cancerous cells and identify the triggers that cause the disease to progress.

In time it is hoped this work will lead to new tests and perhaps even drugs that will target these tumours more effectively. In the mean time, patients have a number of treatment options, including radiotherapy, surgery or drug therapy to reduce the male hormone testosterone, which is known to make prostate cells grow.

"A lot depends on whether the disease is early or advanced, the man's general health and age, and his personal preference," says



Urology specialist nurse Sallie Jermy,

"All treatments have side effects, sometimes causing incontinence and impotence, which can be very distressing. We try to patients all the information they require in order to make a decision they are comfortable with."



Chief biomedical scientist Iain Sheriffs prepares a sample for the tissue bank

Banking on a future cure

PATIENTS IN NORFOLK are helping to create a tissue bank of samples to be used for vital research into prostate and other cancers.

So far more than 300 men have agreed to donate prostate tissue samples after a biopsy or more radical surgery. The samples are carefully dissected, labelled and stored at NNUH in temperatures below minus 80 degrees.

"We are extremely grateful to the patients who give their consent," says consultant pathologist Professor Richard Ball (pictured right), who set up the tissue bank at NNUH in 1999. "It really is a teamwork approach as

we are collaborating with the UEA and the James Paget Hospital, drawing on the experience of histopathologists, urologists and research scientists in this country and beyond.

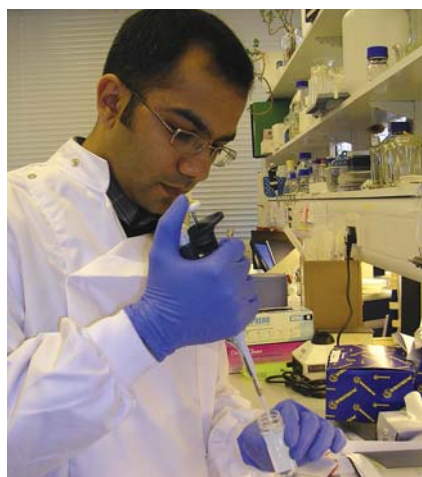
"The research is refining our knowledge of individual tumours and may eventually lead to new drug treatments that will target the tumours more accurately."

The 'Partners in Cancer Research Human Tissue Bank' already contains 2,500 samples from both benign and malignant tumours, including breast tissue and head and neck cancers and lymphomas, as well as prostate samples.

disease



DAVE COLE, 62, from Dunwich, (pictured left with specialist nurse Sallie Jermy) was one of more than 50 patients who attended the first prostate cancer support group at NNUH in April. He opted to have his prostate removed two years ago after a biopsy revealed a malignant tumour. "I'd asked my GP for for a blood test, even though I had no symptoms, after reading an article about the disease," he recalled. "I could have had radiotherapy instead but I have no regrets about the operation - I'm just glad the cancer was caught at an early stage."



Prostate cancer: the facts

- At NNUH there are 400 new cases each year. Nationally, the figure is 21,000 and expected to rise to 30,000 by the end of the decade.
- Around 15 per cent of patients have an aggressive form of the disease,
- The first signs are usually problems with urinating but often there are no symptoms and the disease can only be detected by a blood test
- The average age of patients is 72 but more younger men in their 40s and 50s are now coming forward, perhaps because of greater awareness.
- 15 years ago, only 20 per cent of people knew where the prostate gland was – the figure is now thought to be close to 70 per cent.



Research at the cutting edge

A NEW laser microscope which can literally 'lift' cancer cells from a tissue sample is attracting scientists from all over the world to take part in collaborative projects with the UEA's School of Biological Sciences.

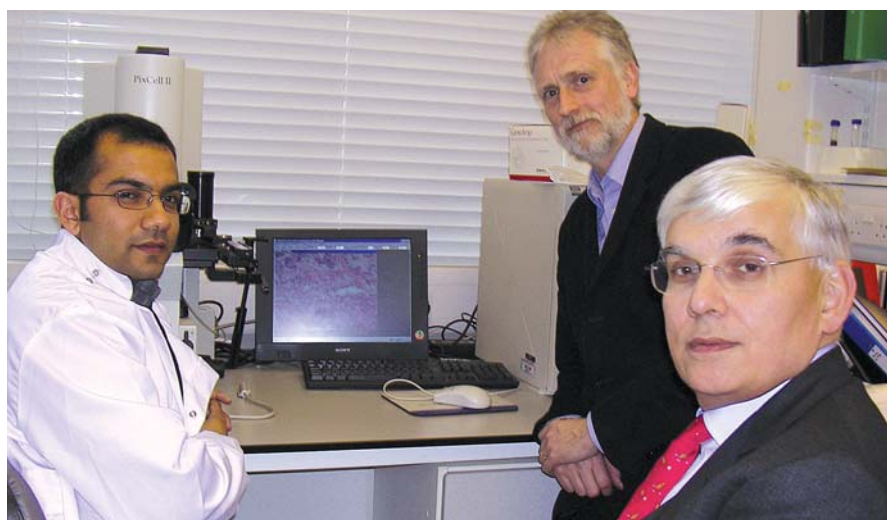
The £80,000 microscope was bought last October with the help of charitable donations, research grants, the Royal College of Surgeons and Trust funds.

Using samples from the NNUH tissue bank, the UEA scientists are at the

forefront of research to study the function of genes in relation to cancer.

"In particular we are looking at the role of protein-digesting enzymes in the progression of the disease," says Professor Dylan Edwards (the school's chair of cancer studies, pictured below with CJ Shukla and Krishna Sethia, right).

"The new laser equipment means we can study individual cancer cells to learn more about what makes some tumours more malignant than others."



A test for the **TESTERS**

Barbara Marriage started testing for cervical cancer long before the national screening programme was introduced. Here she tells Sue Jones why she decided to put her scientific skills to the test

BARBARA MARRIAGE will be celebrating her 60th birthday in June. But she has no intention of taking life easy. On the contrary, she is preparing to blaze a trail as one of the first advanced practitioners in cervical cytology in the country.

Her achievement is not to be underestimated – only a quarter of the biomedical scientists who entered for this new qualification were successful first time around. It means she is now able to examine and report on abnormal cervical smears, a role previously reserved for medical staff.

Pathologist Ray Lonsdale is delighted with Barbara's success, which he says is "a credit to her hard work, enthusiasm and ability. We now hope the Trust will fund an

Advanced Practitioner post in the department so she can further develop her career and release consultant time."

Barbara insists this latest qualification is just a continuation of her professional development. "Most of what I do is down to common sense, mixed with a natural curiosity and lots of experience," she says. "You can't rest on your laurels because things are changing all the time and you need to keep up with new scientific developments."

Indeed, Barbara has been 'keeping up with scientific developments' and taking formal examinations ever since she joined the health service as a junior lab technician in London 1961. "At that time there was no national screening programme so the service was pretty patchy," she recalls. "Most smear tests were carried out in family planning clinics and there was no formal system in place for following up patients.

"In those early days I would ring colleagues in other departments to check on the condition of patients whose smears seemed 'abnormal'. Then I would make a note of the results in a book so I could see how successful our screening had been.

"Of course, some women would slip through the net because they were not screened at all, but at least I would have the satisfaction of knowing we were helping to save some people's lives."

After national screening was introduced in 1988, Barbara was asked to take the lead in quality assurance for the Trust's Cytology team – a ground-breaking appointment designed to help patients receive the best-possible service.

PICTURE BY LIN WYMER

Cervical cancer: the facts

- Cervical cancer is the most common form of cancer in women under 35. If caught at an early stage, it is nearly always curable by surgery or radiotherapy
- A cervical smear test is offered to all women over 25 every three years and every five years for those aged 49 to 64. This involves removing a small sample of cells from the neck of the womb for investigation in the lab.
- Some 34,000 samples are examined at NNUH each year. Approximately eight per cent of these show abnormalities and the women are asked to repeat the test or referred for further investigation.
- Death rates from cervical cancer have fallen by around 42 per cent in the last ten years. The national screening programme is thought to prevent up to 3,900 cases each year.
- More than 90 per cent of new cases are due to the sexually transmitted human papilloma virus (HPV). However, there are many different strains of the virus and more research is needed to discover how it develops.

TURNED ON BY TEAMWORK

Paul Jenkins explains why he is still excited by hands-on medicine after 22 years as a consultant in acute and general medicine

Three years ago, the Trust took the lead once again when it was chosen by the DOH to pilot LBC (liquid-based cytology), whereby smear test samples are preserved in pots of liquid and the slides prepared in a special machine.

"LBC screening has been a great success because it gives a more representative sample," Barbara explains. "It also means the sample can be used for further testing, so we can go on to find out more about cancer of the cervix.

"Of course, when screening involves the human eye it is bound to be subjective. In

"We can't afford to be complacent – we are always aware that the samples come from real women with busy lives and families"

this Trust we're extremely lucky to have an experienced team of screeners. However, we can't afford to be complacent - we are always aware that the samples come from real women with busy lives and families to look after.

"Not so long ago a woman would routinely be advised to have immediate surgery if her cervix showed early signs of disease. Now we consider the impact this would have on fertility and pregnancy, and we involve the whole multidisciplinary team to help her decide on the best course of action."

As a mother herself, Barbara welcomes this 'common sense' approach. Married to a graphic designer, she has two sons who have both pursued scientific careers.

Her enthusiasm for life extends beyond work - she is a lively contributor to the East Anglian Cellular Pathology Discussion Group and she loves exploring archaeology, having recently studied for a GCSE in pre-history.

"There's always something new to learn" she says, "which is why, for me, life is never ever dull."

WHEN I did my medical training 30 years ago, it was usual for doctors to work long hours tending to patients with a diverse range of clinical problems. This was 'general medicine'. Learning from senior role models, we were able to hone our skills in a very supportive and practical environment.

Since then, the hours junior doctors are expected to work have, quite rightly, been reduced to more sensible levels, while the growth of technology has meant that doctors are learning to become specialists as soon as their basic medical training is complete. As a result, generalism has tended to take a back seat.

Here in the Emergency Assessment Unit, we are trying to redress that balance by creating a new specialty in acute and general medicine. With the backing of the Royal College of Physicians and the Royal College of Anaesthetists, we are providing a four-year training programme to help doctors gain the specialist skills needed to diagnose and treat acutely ill patients when they come through the front doors of this hospital.

The training scheme recognises the importance of good teamwork and the need to treat patients holistically, rather than concentrating on a specific range of problems or symptoms.

For instance, a patient may be admitted with heart failure but may also be suffering from pneumonia and diabetes too. With more than 2200 admissions to the Emergency Assessment Unit (surgical and medical) every month, our medical teams need access to senior opinion around the clock.

So why are doctors so keen to specialise and leave general medicine behind them?

To me this is a mystery. There's great variety and excitement every day and the job satisfaction is instant.

If you are 'turned on' by medicine, turned on by being part of a team, turned on by seeing patients benefit from your intervention, it's the perfect job.

As the son of a South Wales steelworker, I come from a community where parents were desperate for their

"There is no greater privilege than to be able to help patients at a time when they need us most"

children to gain higher education and leave the working class environment. My mother wanted me to be a preacher, teacher or doctor – in that order of preference! Now I get a great deal of satisfaction from passing on skills to enthusiastic young doctors. The joy is being able to show them the clues that help them to arrive at a diagnosis – and to explain how they can learn from mistakes I have made in the past.

It is pleasing that we've had a steady stream of visitors from other Trusts wishing to learn about our training scheme. But the key to it all is teamwork. At times, it may seem as though we are wading through treacle, but we're doing it together as a team – and there is no greater privilege than being able to help patients at a time when they need us most.

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.



A sound investment

You can hear a pin drop in Cromer's new Audiology rooms. The Pulse explains how the improved facilities for hearing tests are creating a 'quiet' revolution in patient care

CROMER'S NEW state-of the art Audiology facilities are proving very popular with both patients and staff.

The three new state-of-the-art audiology rooms include a new super-silent testing room which is, in fact, a room-within-a-room, mounted on top of anti-vibration support structures and made from material that absorbs sound. Even the air conditioning is designed to be soundless.

It's all a far cry from the old department in the pathology lab, where up to three patients would be seen simultaneously – and hearing testing was sometimes accompanied by the sound of oxygen tanks being delivered outside.

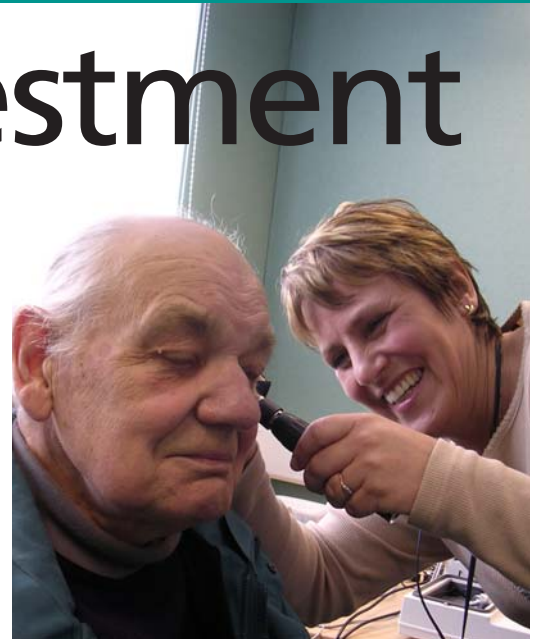
Assistant technical officer Jackie Garner checks a hearing aid for sound quality and (above right) Maureen Chapman tests a patient's hearing



"It's a huge improvement – we now have facilities and equipment that meets the latest international standards," says Dr John FitzGerald, the Trusts head of Audiology. "We are extremely grateful for Sagle Bernstein's legacy for making this possible."

Months of preparation went into the refurbishment, including digging deep underground to make room for the support structures. Staff also had to be trained to operate the new testing equipment, which has been installed as a result of the national modernisation project. (see box, below)

The new £83,000 facilities mean that many more patients who would once have



travelled to Norwich for appointments can now be seen in Cromer. Clinics are now held four days a week at Cromer compared to only two days before the new facilities were in place, and the number of patients using the Audiology services at the hospital is expected to rise significantly from the 3,500 who were seen at the hospital last year.

Making room for baby screening

ALL NEWBORN babies in Norfolk will soon be routinely screened for hearing problems. At the moment, tests are only carried out on those who are thought to be at risk, either because of a family history, low birth weight or some other medical

reason. But from early 2005, the Trust will join a national programme to screen all newborn babies.

Research shows that babies with hearing loss who are fitted with hearing aids during their first year are much more likely to follow normal speech and social development.

The new facilities at Cromer will enable babies from North Norfolk to be seen as outpatients nearer their own homes. This will also take some of the pressure off our services in Norwich when routine screening is introduced next year.

Digital revolution triggers new demand

IMPROVEMENTS in Audiology services have led to a surge in enquiries from patients, both at Cromer and NNUH. In March a total of 200 patients attended the weekly drop-in repair clinics at Cromer, compared 120 in February, while at NNUH the figures rose from 550 to 720.

Much of this increase is due to a national programme to replace old-style analogue hearing aids with digital alternatives. However, patients who have received hearing aids within the last three years are often disappointed to learn that they not yet eligible for digital aids as the newer type of analogue aid should, in most cases, meet their hearing needs.

"If patients are really struggling with their existing hearing aid, we ask them to attend the drop-in clinic for an informal assessment," says Dr John FitzGerald, the Trust's head of Audiology. "Many people imagine that the new aids are smaller and will fit inside the ear, but that is not the case at all. The new digital hearing aids look very similar but the sound processing is much better."

"It is natural that patients want to make the most of the new facilities at Cromer and we are doing our best to cope with the increased demand. However, we are asking people to be patient while this new service is being introduced."

THE PULSE

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