

# THE Pulse

Issue Number 19  
June 2005

Norfolk and Norwich University Hospital



NHS Trust



**Nursing pioneers**  
How they're challenging outdated stereotypes



**Viewpoint**  
Are we doing enough to protect against skin cancer?



**After the fall**  
How the Falls team helps patients to cope

## Taking shape

A look Inside the Big C Centre



## Neonatal unit to expand

A **£365,000** project to create room for another six special care baby cots is now under way at NNUH.

The neonatal intensive care unit (NICU) is one of only two centres providing specialist level-three neonatal, medical and surgical intensive care across Norfolk, Suffolk and Cambridgeshire. There are currently 22 cots but these will rise to 28 once the work is completed.

The expansion has been funded by the Strategic Health Authority to help provide a service for the whole region.

Construction work is being phased in order

to minimise disruption for both patients and staff. The project is expected to be completed by October.

Clinical director Dr Mark Dyke, clinical director said: "We are extremely proud of the work done in this unit but we are sometimes frustrated when local mothers and babies have to travel elsewhere for their care because all our cots are full. So we will be delighted to be able to offer care to more babies."

Julie Mullett, neonatal nurse manager, said: "This expansion reflects the hard work and skill of our staff in delivering a very specialist service to babies from a wide geographical area."

## Mark of success

**THE ARTHUR** South Day Procedure Unit has been congratulated by the Prime Minister on being awarded the Charter Mark Standard for excellence in customer service for the fourth year running – making it unique in the UK.

In a letter to clinical director Mr David Ralphs, Tony Blair wrote: "Please pass on my congratulations to everyone involved – this is not a standard that is easily achieved and is a tribute to your organisation."

"Your achievement clearly demonstrates that customers' needs and aspirations genuinely form the basis for the design and delivery of the services you provide."

## Pharmacy takes a step into the future

**HI-TECH** changes are planned for the Pharmacy at NNUH, as a new £750,000 'robotic' dispensing system has now been approved by the Trust Board.

A fully automated system is faster and more accurate than manual dispensing and frees up pharmacists to spend more time with the patients.

The Trust has already adopted a new way of working that enables patients to keep charge of their own prescribed medicines in individual drug lockers on the wards. Called One Stop Dispensing, this does away the traditional drugs round on the wards and means that pharmacists can deal directly

with any medicine-related problems and ensure that patients have all the drugs they need when they leave hospital.

"For our pharmacists, this system has been really satisfying because it allows them to get out to the wards and spend time with patients. We know the patients have really appreciated this help and the fact that they are far more in control of their own medication," says Chief Pharmacist, Carol Farrow.

Teamwork has been the key to One Stop Dispensing, as pharmacists work with pharmacy technicians and nursing staff to deliver an improved service for patients.



## Simon drops in to make Jordan's day

**WATCHING FOOTBALL** highlights on a laptop may not match up to being at the game, but there was an added bonus for NNUH patient Jordan Goffin when Norwich City defender Simon Charlton dropped in to show him the goals. Jordan, 12, suffers from cystic fibrosis and is a regular patient on Buxton ward. He keeps up with his favourite club with the help of hospital volunteer Duncan MacInnes, who has visited over 1,000 patients at NNUH since the scheme was launched two years ago. "People ask if I get tired of watching the same football matches over and over, but I never do," says Duncan.



## We have reasons to feel proud

AS WE take stock after another financial year, it is pleasing to reflect on our progress and to note that the people who are benefiting most from our hard work are the patients.



In April, the inpatient waiting list had dropped to 10,294, compared to 12,879 a year ago, and the number of patients waiting more than six months for treatment had fallen dramatically. Our target is to have no patients waiting longer than six months by October this year.

Our efforts to improve patient flow are beginning to bear fruit, enabling us to achieve our target of seeing 98 per cent of A&E patients within four hours. This is an impressive achievement given that demand for emergency services continues to rise.

It was interesting to note from the Queen's Speech that two issues high on the Government's agenda are hospital hygiene and a proposed ban on smoking in all enclosed public areas – judging by our own *Have Your Say* discussion board, these are indeed 'hot topics'.

Whilst I welcome moves to help control hospital acquired infection, it's important to stress that MRSA is a much more complex issue than politicians and the press are apt to make out. The causes of infection are complex and a one-size-fits all approach simply will not work. Indeed, MRSA is brought into hospital every day by patients from the community, and we need a community approach to deal with the problem.

I hope you are prepared for our own smoking ban which comes into force across all Trust premises from 4 July. Whatever your thoughts on this subject, it is clear that the ban is well timed – by the end of 2006 all NHS premises will be smoke-free.

So if you are a smoker and have not already resolved to give up, now is your chance. Call the Stop Smoking Service on 0800 0845113 for details of support groups at NNUH if you need help to quit.

**Paul Forden**

Chief Executive, Norfolk and Norwich University Hospital NHS Trust



## Award for ENT team

A TEAM from ENT (Ear Nose and Throat) have picked up an award from Health Enterprise East for their innovative work using new 'chip on a stick' technology.

Their pilot project means that patients can have minor procedures carried out under local anaesthetic, using a flexible device developed in the USA.

This is good news for patients as it means they can be diagnosed and possibly treated on the same day, without the need for further investigation.

Problems tackled by the team so far include removing fish bones and plum stones from the throat as well as injecting collagen on the vocal chords to correct voice problems.

"The technology is called 'chip on a stick' because it involves an electronic device that help us to 'see' into the oesophagus and perform minor procedures," says ENT surgeon Paul Montgomery. "We can even do a biopsy – a procedure that would normally involve a more serious operation."

## Big C Centre shapes up

WORK IS under way on the The Big C Family Cancer Information and Support Centre, which is scheduled to open in March 2006. Designed to be homely and welcoming, this unique building is planned around a central hearth (right) and will include rooms for therapy, counselling and exercise sessions as well as a comprehensive library with access to the internet.



As he cut the first turf for the new building, accompanied by friends and supporters of the Big C charity, the Lord Lieutenant of Norfolk, Richard Jewson (pictured below, second from right), said nearly everyone was touched by cancer at some time in their lives. "More than 3,000 cancer patients are seen every year at NNUH and there is no doubt that this centre will be well used," he commented.



So far £775,000 has been raised towards the £1m cost of the project. Recent contributions include more than £1,600 from NNUH staff Dr Martin Auger and Wendy Marchant when they ran the London Marathon.

• If you would like to make a donation call the Big C campaign on 01603 619900.

## Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY  
Tel: 01603 286286 www.nnuh.nhs.uk

### Restaurant

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

### Serco cafe bars

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

**WRVS coffee shop** Plaza (East) open Mon-Fri 7am-7pm, weekends 11-5pm

**WRVS shops** East Atrium, open 8am-8pm Mon-Fri and 10am-6pm weekends  
Plaza (West) open 7am-8pm Mon-Fri 8am-6pm weekends

**The Stock Shop** (ladies' fashions) open 9am-5.30pm Mon-Fri and 12-5pm Saturdays

**Serco helpdesk** (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

**Travel Office** Ext. 3666

For car parking permits, ID badges, keys to the cycle sheds, use of pool cars and the Trust bicycle. Also information about buses and other transport services

### First bus service

Enquiries/ complaints: 01603 620146

contactus.fec@firstgroup.com

### Cycle sheds

Keys available from the Travel Office

### Bank

Cash dispensers in East Atrium Level 2 and in WRVS shop (west)

### Chapel

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

### Sir Thomas Browne Library

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

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

### Holiday Playscheme

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

Contact Heather Clarke on ext. 2883

## Cromer Hospital

Mill Road, Cromer NR27 OBQ

Tel: 01263 513571

### Restaurant

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

Other departments are based at:

- **Norwich Community Hospital,**

Bowthorpe Road, Norwich NR2 3TU,

Tel: 01603 776776: Breast Screening,

Health Records Library, Diabetes Research, Pain Management

- **Aldwych House,** Bethel Street, Norwich,

NR2 1NR: Occupational Health (ext.3035):

Outpatient Appointments, Clinical Governance, Training, Nursing Practice, Choice team

- **The Norwich Central Family Planning**

**Clinic,** Grove Road, Norwich NR1 3RH.

Tel: 01603 287345.

# LETTERS

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

### A public 'malaise'

Having worked in military service for 40 years, I like to see things clean and litter-free just like Anna Dugdale ('Viewpoint', April *Pulse*).

I can well understand the frustration felt by your cleaning staff at the 'devil may care' attitude of people leaving toilets in a messy and untidy state and dropping litter. This is a 'malaise' with the public in general, wherever they are.

Your experience while working as a cleaner for a day – "it was as if I had become invisible" – is not uncommon. All staff have a part to play in keeping an organisation clean, even more so at the NNUH.

A word of encouragement for a job well done would help to raise the morale and esteem of the cleaning staff. This could come from anyone at a senior level within the NNUH Trust.

*Eric Hudson, Fakenham*

### Thank you

May I take this opportunity to say a big thank-you for the many cards and gifts I received on my retirement. I was touched by your kind thoughts and generosity. It has been a great privilege knowing and working with you. I cannot thank you enough for the help and consideration you have shown towards me through some very tough times

*Ros Pettit, Bed manager*

## Teatime treat for the Denton 'blues'

**STAFF ON** Denton Ward were delighted when one of their patients, Joy Thompson, from Norwich, sent them a set of mugs decorated with forget-me-nots and the words: 'Thanks to all on Denton Ward'.

Mrs Thompson spent six days on the ward recovering from a knee replacement and was so impressed that she commissioned the mugs as a way of saying thank you.

"All the staff on the ward were absolutely



amazing, from the doctors to the cleaners, and I just wanted to express my gratitude for all that they did for me," she says.

"I chose the colour blue because I was looked after by the blue team, and forget-me-nots because I will never forget their kindness."



### THE EYE-BELLES

Among staff who took part in the annual Race for Life at Norfolk Showground were these enterprising young ladies from the Ophthalmic Directorate.

Styling themselves 'the eye-belles', they ran the race of their lives to raise an impressive £900 for cancer research.



## Heidi says thank you for research

**THE WORK** of the Orthopaedic team at NNUH will be highlighted on 3 July when patients who have benefited from treatment take part in a fundraising event in the grounds of The Lower School, Bishopgate.

Among those taking part is 25 year old Heidi Wood (pictured), who suffers from spinal muscular atrophy and has just undergone a delicate procedure to correct a curved spine.

Heidi, a trainee case worker with the Crown Prosecution Service, has had three operations in the last 15 years and is delighted that she can now sit up straight.

Orthopaedic surgeon Bob Crawford commented: "Advances in orthopaedics brought about by research have enabled us



PICTURE BY MAURICE GRAY

to use much better techniques, resulting in a much better correction of Heidi's deformity."

The mile-long Orthopaedic Walk is held every two years to raise funds for research through the local charity, Action Arthritis.

Also taking part in the proceedings will be NNUH chief executive Paul Forden and orthopaedic surgeon John Nolan, who will submit to having wet sponges thrown at them while languishing in the stocks!

- For more information call 286706.

## Focus on IWL



**MANY OF** our staff are working more flexibly and most value working for the Trust but feel under pressure at times.

These are some of the findings from our recent IWL (Improving Working Lives) focus groups. A full analysis of the findings will be available on the Trust website from mid-June, and you can also add your own views by accessing the website.

We are currently preparing our Self Assessment Report, which will be forwarded to the Strategic Health Authority at the end of June. Work is continuing on the following key areas:

- Briefing managers and staff on the new Equality and Diversity/Dignity at Work Policies.
  - Flexible Working - a leaflet has been updated and reviewed
  - Training - we are briefing all staff on the Knowledge and Skills Framework
  - Healthy Workplaces - we continue to explore relocation and environmental issues
  - Childcare - a new information leaflet has been issued with new information on childcare vouchers
  - Career Break Scheme - the final draft of this Policy is under discussion and should be published during July.
  - The IWL Champions project group is meeting to explore options for an on-site Fitness Centre.
  - The NHS Discounts team will be in the West Atrium on 23 June from 11.30 am.
- Our IWL Administrator, Heather Morgan, is busy collating information for the Self-Assessment Report and beginning to plan for the validation team visit in September. For further information check out the IWL website or contact Heather by email ([heather.morgan@nnuh.nhs.uk](mailto:heather.morgan@nnuh.nhs.uk)) or on extension 5777.

## Making sense of skin cancer

**MORE THAN** 1,500 new cases of skin cancer are diagnosed at NNUH every year and it is the most common form of cancer. So are we doing enough to warn people of the risks of staying out in the sun?

At a Sun Awareness Day at NNUH recently, Plastic Surgery Research Fellow Hamid Tehrani demonstrated a portable scanning device called a SIAscope that can be used to examine moles and skin growths and detect signs of cancer.

"My research is designed to discover whether the machine is effective as a diagnostic tool, and so far the results are very impressive," he explained. "This method will not replace a biopsy for diagnosing tumours but the success rate so far is around 98 per cent, which is very encouraging. Once my research is published there may be a case for suggesting that the SIAscope could be used in the community, which would save patients from having to come into hospital for a diagnosis."

The awareness day was designed to highlight the dangers of sunburn and the need to cover up with creams and protective clothing.

- You can read more preventing skin cancer in Viewpoint on page 11.



Hamid Tehrani and Trudy Garriock demonstrate the SIAscope during our Sun Awareness Day in May

### ROLL UP FOR OUR FIRST OPEN DAY

Ever wondered what goes on behind closed doors at NNUH? Now you can see for yourself as the hospital invites you to an action-packed Open Day on Saturday 16 July, from 10am to 4pm. Among the events being planned are tours, film showings and a sculpture trail, as well as competitions and hands-on displays for children including a chance to try life-saving techniques and see how our X-ray equipment works. You can look inside an operating theatre and handle surgical equipment, and 'go underground' to see the 'hidden' departments that keep our hospital running efficiently, 24 hours a day. All are welcome and car parking will be free on the day. For more information, go to [www.nnuh.nhs.uk/nevent.asp](http://www.nnuh.nhs.uk/nevent.asp)

# WE'VE COME A LONG WAY IN FOUR YEARS

*Lynne Middlemiss, deputy director of Human Resources, reflects on the achievements of the IWL programme so far*

**WHEN THE IWL** (Improving Working Lives) programme was launched in 2001, we were in the throes of planning the move to our new hospital and the NHS Plan had just been announced.

With so many competing priorities, it would have been easy to let IWL slip quietly off the agenda. Indeed, there were many sceptics within the Trust who believed our working lives would be adversely affected by the move and that IWL was just another bureaucratic target to be met.

In my role as deputy director of HR I have had the privilege of seeing the IWL programme grow and develop in the intervening years. Call me idealistic (I think it would be difficult to work in Human Resources without being so) but I can honestly say that I am proud of what IWL has achieved and look forward to even greater success in the future.

We have been lucky to have the commitment and support of the Trust leadership, project leads and many other staff who have contributed to the programme in a variety of different ways. Collectively, they have made a determined effort to keep the programme alive in the face of many other targets and priorities.

So what have we achieved so far? In 2001 we 'pledged' to do a number of things and we are on the way to achieving most of them. We have new policies on Equality and Diversity and Dignity at Work. We have a clear commitment and statement about our values and expectations in the form of our Staff Charter. We have made significant strides in communications through *The Pulse* and the intranet, via *Have Your Say* and *News for You*. The Agenda for Change project has brought huge benefits in terms of staff involvement and partnership



working. We have reviewed our training development opportunities to ensure they are accessible to all staff. We have made information about flexible working, childcare options, flexible retirement and staff discount schemes accessible to all staff. And perhaps most importantly, we have tried to mainstream our IWL activities so they are part of the way we do business, rather than making IWL a special project.

The IWL logo has become a statement of our commitment to a healthy workplace that takes account of staff needs and has set a standard for the type of organisation we want to be.

This is not to say we are complacent. The latest staff survey not only highlighted the areas where we have done

**"We are not complacent . . . In a recent survey, 21 per cent of staff said they had been harassed or bullied at work, and that is unacceptable"**

well but also showed that 21 per cent of staff in the survey had experienced harassment, bullying or abuse from colleagues. This is unacceptable. We must strive to treat each other well at all times, working together to achieve our targets and respecting the different roles we all play. This is what it means to be an 'employer of choice' and that is our next objective after Practice Plus.

So before you email me to say I am being unrealistic about our achievements, take a moment to compare the culture of this organisation now with, say, five years ago and to consider what you can do to help us move forward even faster.

We *all* have a part to play in IWL!

*Do you have a viewpoint on IWL or any other topic? Send your comments to Sue Jones, Communications team, NNUH.*



*Team effort: discussing patients' needs during a case conference in the Falls Clinic*

# After

**EACH WEEK** around 60 elderly patients are brought to A&E following a trip or fall, and many more are attended by paramedics in their own homes. Even if their injuries are not serious, the effects can be disturbing.

"Some elderly patients become frightened to go out after a fall," says occupational therapist Tessa Fiddes. "If they tripped on the way to the bus stop, for instance, they may associate any journey with bad memories and decide to stay at home. But avoiding activities can lead to increased dependence and more falls."

MFE (Medicine for the Elderly) consultant Peter Woodhouse says research



*Tessa Fiddes gives 83-year old Geraldine Beaumont a helping hand*





**IRENE MOORE, 83**, (pictured right with physiotherapist Tessie Waring) was referred to the Falls Clinic after experiencing several falls at home. She has had a number of medical problems and was worried that another accident could result in serious injury.

At the clinic, she was given some simple exercises to follow and informed about aids such as long shoe horns and devices to help pull on her socks and pick up objects from the floor. "I'm lucky to have a very good neighbour but I do hate losing my independence," she commented.

"The service I received at the falls clinic was very thorough - I will take up their suggestion of joining a local support group for falls patients."



# a FALL

## *Research shows that a dedicated falls clinic can reduce further accidents for many elderly patients*

shows that a dedicated Falls Clinic can reduce further falls and fractures by as much as half: "Our aim is to give patients who are prone to falling a thorough medical and physical assessment and so help to prevent further accidents. But in this clinic we are dealing with only the tip of the iceberg – there are many more patients in the community who could benefit from our multidisciplinary approach.

"In some cases the patient's existing medication could be making them unsteady on their feet. Others may need to be prescribed drugs for osteoporosis, to prevent the risk of bone fractures. So a medical assessment is an important part of their visit."

Patients are referred by a doctor to the Falls Clinic, where they are assessed by a nurse, a physiotherapist and an occupational therapist, as well as a medical specialist – all on the same day.

"We have to be very thorough because no one ever falls just for one reason," says Physiotherapist Tessie Waring. "Our team

approach ensures that we identify all the risk factors and offer advice and help."

One of team's priorities is to prevent the likelihood of further falls and injuries that may require admission to hospital.

Sister May Leong, the Falls Clinic liaison nurse, contacts patients after they have received their appointments to allay their concerns and answer any questions. This also helps to reduce missed appointments.

With the help of booking co-ordinator Jill Martin, medical secretary Linda Davison and administration manager Debbie Brown, May helps to ensure the delivery of a high-quality falls service.

The therapy team address issues with mobility, balance and activities of daily living, along with any hazards at home. They also check if patients have any anxieties following the fall. If necessary, referrals are made to community services.

"Part of our job is to restore patients' confidence. In therapy we try to encourage them to perform activities in a safe environment," says Tessa Fiddes. "It is very satisfying to spend time with patients and feel you are helping them."

Auxiliary Nurse Jane Moore sums up the attitude of the whole team when she says: "I know if it was one of my relatives I would want to do my best for them."

## Facts about falls

- Every year, one-third of the over-65s suffer a fall
- Half those who fall will do so more than once
- The Falls Clinic at NNUH currently sees 200 patients a year for a full physical and medical assessment

## Reducing the risk

The Falls team offers some simple but effective advice for the elderly:

- Keep yourself active to maintain strength and balance
- Keep yourself healthy by eating a varied diet
- Have regular eyesight checks and look after your feet
- Be aware that some medicines may make you feel dizzy or cause you to feel unsteady so contact your doctor if you are concerned
- Watch what you wear, avoiding clothes that trail and ill-fitting shoes or slippers
- Keep your home well lit, free from clutter and in good repair
- Plan who you would call if you were to fall
- Contact Help the Aged on 0808 8006565 or Age Concern on 0800 009966 for more information

• You can find out more about Falls prevention during National Falls Awareness Day on Tuesday 19 July, when staff will be on hand to answer questions in Outpatients East, Level 2, from 10am to 3pm.

# The nursing

*Nursing has come a long way since the days of Florence Nightingale. Teresa Knowles, nursing practice development lead, looks at the rapid advances at NNUH in the last ten years*

**TRADITIONALLY**, the nurse's role was that of handmaiden. Nurses were expected to be the ears and eyes of the doctors – 'subservient but kind and compassionate, whilst being punctual, good tempered and obedient'. Among other things, they were expected to 'dust the sick room, wash and cleanse utensils used by patients and never refuse to do domestic work in exceptional cases of extreme illness, infectious disease or straitened circumstances' (Ashdown 1943).

As medicine has become more technical and scientific, nurses are increasingly taking on skills and procedures that were once the preserve of doctors. The publication of the Scope of Professional Practice (1992) by the UK Central Council for Nursing and Midwifery – now the Nursing and Midwifery Council – set out principles for the expansion of nursing roles and skills and heralded a radical departure from the traditional role of the doctor-nurse relationship.

In 1999 the Secretary of State for Health commented: "We need to modernise

fossilised ways of working which owe more to the NHS of 1948 than the world of the 21st century. That means breaking down barriers between professions so that patients get more holistic, streamlined care, without causing the ornaments to fall off the mantelpiece."

Nurses are continually expanding their scope of practice to meet the changing needs of patients. Many are able to undertake procedures such as cannulation, defibrillation and endoscopies, to act as specialists in diverse areas of care such as diabetes and nutrition, and to run their own clinics in acute and primary care. Enabling nurses to prescribe is another significant development within the profession.

Here at the NNUH we have many examples of nurses who have developed their roles and skills to benefit patients. They work in accordance with evidence-based protocols and have demonstrated competency to practice as independent practitioners, with recourse to medical opinion, if required.

The Trust has developed strong links with both the UEA and City College to enable

**"Nurses are taking on skills and procedures that were once the preserve of doctors"**



health professionals to gain the knowledge they need to enhance their roles. Many academic courses have evolved to provide a multi-professional approach to patient care.

In future there will be opportunities for nurses to progress even further. Already the first 'nurse consultants' have been appointed in some parts of the county and the NNUH will not be far behind.

Surveys so far have shown that our patients are happy to be seen by nurses who have specialist knowledge of their condition as they have more time to discuss their concerns.

The views of patients and clients are likely to play a significant part in the design of nursing roles over the next ten years, as patients and clients become more explicitly involved in designing the health services of the future.

## **"Many fears associated with nurse practitioners have been disproved"**

**WHEN THE** first Emergency Nurse Practitioner team was set up at NNUH in 1995 to help diagnose and treat patients, the immediate effect was to reduce waiting times in A&E.

"I had a few sleepless nights about sending patients home," admitted Guy Fiske, who started the ENP service along with Julie Marshall and Claire Rudd. "There was naturally some concern about the risks to patients, even though we



had all undertaken special training. As a nurse practitioner, you need to be able to recognise the cases you can deal with yourself and those that need specialist help."

Today, up to 25 per cent of all patients in A&E and Cromer's Minor Injuries Unit are seen by nurse practitioners and the role is constantly evolving.

"Many of the fears associated with emergency nurse practitioners have now

been disproved," says Guy. "For instance, it was thought that admissions and referrals would increase significantly, but that has not been the case. Surveys also show that patients prefer to be treated by a nurse practitioner than an inexperienced doctor."

As clinical supervisor, Guy now divides his time between NNUH and the Minor Injuries Unit in Cromer, which last year became the first entirely nurse-led service in the Trust treating patients who walk in with undifferentiated diagnoses.



# PIONEERS

PICTURE BY HELEN RUDD

**KATE MORRIS** (pictured left) began training as a nanny in her native New Zealand before switching to nursing and specialising in theatre work. Last year she became the first nurse practitioner in the Trust to tackle day procedures such as elliptical incisions in plastic surgery.

“A few years ago I was working in London, assisting a consultant plastic surgeon, when he turned to me and said, ‘You could do this. It seemed revolutionary at the time but nurses were already qualifying as practitioners and I decided that was what I wanted to do.

“Skin problems can be very distressing so

I’m passionate about doing my best for the patients. While in London I gained experience in dermatology and beauty therapy – potentially this new post combines all the skills I have learned over the years.

“Eventually I will have my own lists but for the moment I am working under medical supervision. There is naturally some apprehension about nurses taking over from doctors but I will only be doing minor procedures, leaving surgeons to tackle the more complicated cases.”

• *You can read Kate’s Viewpoint on the dangers of skin cancer on page 11*

## Milestones in nursing practice at NNUH

There are now many specialist nurses and practitioners working within the Trust. Here are some notable developments:

- 1981** First specialist nurse is appointed in Diabetes
- 1992** Triage nurses request X-rays in A&E
- 1994** First nurse practitioner is appointed in Rheumatology, leading to community-based clinics and the first helpline for patients and carers
  - Specialist ophthalmic nurses monitor patients with glaucoma
- 1995** Emergency nurse practitioners start to diagnose and treat patients in A&E
  - Specialist nurses deal with emergency calls from GPs
- 1996** Nurse-led DVT (Deep Vein Thrombosis) clinic wins the national Nye Bevan Award
- 1997** Surgical assistants take a more hands-on role in Theatres
- 2001** Specialist nurses perform upper and lower gastro-intestinal endoscopy
  - Senior Coronary Care nurses interpret ECG examinations
- 2003** Nurse practitioner performs areolar micro-pigmentation (medical tattooing) for patients following breast reconstruction
  - Cardiac nurses administer life-saving thrombolysis drugs to heart attack victims
- 2005** Nurse practitioner begins minor procedures in Plastic Surgery
  - Specialist respiratory nurses discharge patients and manage their treatment at home
  - First nurse prescriber is appointed in Dermatology

## “We had a clear vision of how patients could benefit”

**JANICE MOONEY** was the first nurse practitioner to be appointed at NNUH as part of a national pilot run by the DOH. She is now course director of the nurse practitioner programme at the UEA and chair of the RCN’s Rheumatology Forum.

“I had strong support from the medical team at NNUH, in particular Professor David Scott,” says Janice. “We shared a vision of how Rheumatology patients could benefit from a nurse-led service.

“At the time it certainly felt as though we were blazing a trail for the NHS as my role

was somewhere between a nurse and a doctor – it took a while for people to get used to that idea.

“In Rheumatology we went on to set up clinics in the community and to start a helpline for patients and their carers.

“Research shows that patients appreciate seeing a nurse because we have more time to talk to them. I also think people will say more to a nurse than they would to a doctor.”



**JEN MYNETT** stepped into new territory nine years ago when she qualified as the first neonatal nurse practitioner in East Anglia. She now spends half her time managing the Neonatal Intensive Care Unit (NICU) and the rest using her skills as a practitioner.

“It was certainly challenging in the early days but I’ve always been interested in new technology and procedures so it seemed like a natural progression for me,” says Jen. “To start with, I learned my skills from doctors - now I am able to pass that knowledge on to my colleagues. Sometimes it’s necessary to put long lines



into babies’ veins and nurse practitioners do this so often that they become very good at it.

“Our nurse training has changed over the years to become much more knowledge-based. All our neonatal nurses are highly trained and, from September, we will be providing enhanced

practice training here at NNUH in conjunction with the UEA.

“I really enjoy my job and find it very satisfying. We are lucky to have support from our consultant colleagues who have helped and encouraged the nursing team to develop their skills.”

# Acne clinic goes from strength

**TWO NEW** 'minor ops' rooms are now open for business in Dermatology after the department was expanded to make way for more patients. Demand for Dermatology services has more than trebled in the last ten years as patients seek help for skin cancer and other chronic skin conditions.

Among those who are benefiting from new nurse-led services are patients receiving treatment for acne using a drug based on vitamin A, called isotretinoin.

Consultant dermatologist Nick Levell says: "Acne can be a very disabling disease which, if not properly treated, has been shown to affect work performance and confidence later in life.

"Our nurse-led acne clinics enable us to deal with increasing demands for treatment and the need for more hospital visits to monitor patients. They also allow for longer consultations to discuss the emotional and psychological effects of the condition."

*"It's wonderful to see patients blossom as their skin begins to clear and they start to regain their confidence"*

"Isotretinoin has been available since the 1980s but it is a powerful drug and there are new guidelines in place to ensure that patients are taking it safely," explains senior staff nurse Catherine Drummee.

"For instance, it can adversely affect unborn babies so women of child-bearing age must agree to use effective contraception and attend a clinic for urine pregnancy tests every month for the entire 16-week programme.

"Patients also need to be aware that their condition could get worse before it gets



*Changing faces: acne nurses Catherine Drummee and Annie Stanley and (right) patient Matthew Forder*



better. However, the good news is that the drug can cure acne and it's wonderful to see our patients blossom as their skin begins to clear and they start to regain their self-confidence.

"Acne usually starts in adolescence but we are seeing patients as young as ten as many are starting to mature at an earlier age."

Last year 500 patients were prescribed

## Connecting for health

**THE NATIONAL** Programme for IT (NPfIT) is already under way in the NHS and we will be one of the first Trusts to adopt the new programme.

Under this ambitious project – the largest of its kind in the world – clinicians will eventually have computer access to patient information anywhere in the country, which will help to speed diagnosis and treatment.

"This is a very exciting time for those of us who are involved in IT training," says project training lead Angie Fish



(pictured right). "This project will transform patient care over the next ten years - the journey is unlikely to be pain-free but the results will be well worth the wait for both patients and staff."

The first step in the 'Connecting for Health' programme is the launch of a new web-based Patient Administration System (PAS) which is currently being deployed in the eastern region.

"We do not yet have a date for rolling out

our new PAS but we're determined to make the transition as smooth as possible," says Angie. "This time around it is likely to be much easier as our admin staff are already familiar with PAS and the new system is not entirely a new way of working."

Barbara Sparks (right), a waiting list co-ordinator in Urology, has been involved with the new PAS project right from the beginning. "We started by going right back to basics and analysing how we go about dealing with referrals. It seems simple enough but there are many factors that we automatically take into consideration when we are booking patients for an operation.

"For instance, we need to know if a patient is a Jehovah witness and would refuse a blood transfusion as that would have an impact on their treatment."

Barbara has been doing her job for 22 years and once worked for the central admissions system at the old hospital, known as the bed bureau. "Nowadays each directorate has its own way of doing things and it would be difficult to go back to a central booking system," she says. "We



provide continuity for the patients and we treat each one as an individual. You learn to handle difficult patients and to break bad news in a tactful way. Emotions can be very raw – patients may cry, scream or threaten – but we're a strong team here and the consultants are very supportive."

The new web-based PAS will be shared by other Trusts in the region and has to conform to national requirements. "From what I've seen, some features of the new system are definitely better but some may not be so good," says Barbara. "It's good that our comments are being taken on board - for instance about the volume of data we are allowed to transfer to the new system."



# to strength



Isotretinoin at NNUH. The drug may not be suitable for all acne sufferers and is only available on prescription from a specialist dermatologist.

Among those who are benefiting is 18-year-old Matthew Forder, who has just completed the 16-week course of treatment. "My acne didn't stop me doing things but it was horrible while it lasted," he said. "The treatment has made a huge difference."

Another patient, 15-year-old Leanne Clayton, is halfway through her treatment and already seeing results. "Before I started I was very self-conscious and one boy at school made some really hurtful comments about my skin. I tried lots of different remedies but none of them worked.

"It was helpful to see the nurse as she took time to explain the risks and side effects of the treatment, such as dry skin. For me it's worth it because I feel so much better."

## WELCOME

...to the following consultants who have joined the Trust since 1 April 2005:

**Dr Stef Oosthuysen**, anaesthetist, **Dr Caristine Grahame-Clarke**, cardiologist and **Dr Jo Ponnampalam**, paediatrician.

## FAREWELL

...to the following staff who have left the Trust since 1 April 2005:

**Jean Calvert**, senior physiotherapist, after 33 years; **Peter Shannon**, office administrator in Sterile Services, after 28 years; **Winifred Wade**, auxiliary nurse in Main Theatres, after 23 years, and **Mary Barrows**, nurse practitioner in the Early Pregnancy Assessment Unit, after 22 years.

# HIDDEN DANGER UNDER THE SUN

*Awareness and prevention can reduce the number of deaths from skin cancer, says nurse practitioner Kate Morris*

**AS AN** often-homesick antipodean, I love the feeling that summer is on its way. There is nothing like sitting round the barbie with friends enjoying a cold drink and a burnt sausage.

But the thing I find the most fascinating is that, regardless of the warnings about skin cancer, people are still barbecuing themselves! As with smoking, I guess it's difficult to understand the benefits of cutting down or giving up until it's too late.

In Australia, national campaigns have made people very aware of the risks of skin cancer and in some areas the government has even funded local authorities to make bottles



of sunscreen available in playgrounds and on beaches. How's that for primary care? I will be interested to see the impact of this strategy on health budgets in the longer term.

Cancer Research UK shows that there are more diagnosed cases of skin cancer per year in Australia but there are more deaths from the disease in the UK. This suggests that awareness and prevention play a huge role in the management of skin cancer.

You may be thinking, 'It's not as sunny over here so why do we need to worry?' In fact, the sun doesn't need to 'feel' hot to damage our skin. Also, research suggests that the chances of developing malignant melanoma are increased with short, intense bursts of UV radiation or 'binge tanning'.

Unfortunately, even one episode of sunburn before the age of 20 can significantly increase the risk of melanoma, but this does not mean we

should stop protecting ourselves after that - far from it. The most important thing is that our main target group for prevention should be children.

It is interesting that if you were to burn a child's finger on a hot element you would probably be charged with abuse, but failing to protect a child from burning in the sun is not classed as neglect.

New technology is emerging to aid diagnosis, government strategies are in place to speed up referral and different

**"If you were to burn a child's finger you could be charged with abuse, but failing to protect a child from burning in the sun is not classed as neglect"**

treatments are readily available, but probably one of the best diagnostic tools is increasing our awareness.

Regularly checking moles, noticing any changes and knowing what to look out for is beneficial in early detection, and one of the best strategies in decreasing the risk of skin cancer is prevention.

By following the SMART guidelines at [www.cancerresearchuk.org/sunsmart](http://www.cancerresearchuk.org/sunsmart) you can still enjoy the sun without barbecuing yourself this summer.

• *If you have any questions about sun awareness or skin cancer, please contact the plastic surgery or dermatology departments at NNUH*

*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.*

## NEW KIDNEY DIALYSIS CENTRE COULD BE READY NEXT FEBRUARY

**WORK IS** due to start in August on the renal dialysis unit planned for Cromer Hospital.

With facilities for eight kidney patients to receive lifesaving dialysis at any one time, the new unit is being built with the help of £500,000 from the Sagle Bernstein legacy. The modular buildings are being

created off-site and will initially be located at the back of the old hospital. However, they are designed to be moved to the new hospital as and when it is built.

It's expected that patients will be able to use the new centre from next February.

Trust chairman David Prior said: "The addition of an eight-station dialysis unit

for North Norfolk patients is a major step forward and will save patients having to make repeat trips to Norwich.

"I am especially glad that we have been able to put to good use some of the late Sagle Bernstein's very generous legacy for the benefit of patients across north Norfolk."

# 'WE'RE JUST LIKE A FAMILY'

*Meet the theatre team at Cromer Hospital, who pride themselves on their teamwork and close attention to patient care*

**AS PLANS FOR** a new hospital continue to progress, it's business as usual in Cromer's Main Theatre after a recent shut-down for routine maintenance.

"I've worked in theatres at Cromer since 1990 and most of the team have similarly long service," says clinical team leader Christopher Denson-Smith. "We have our ups and downs like any family, but the great thing is that we pull together to help each other out whenever we need to."

Kate Cressey is a relative newcomer to the team, having opted to train as an ODP



(operating department practitioner) three years ago. She is now skilled in all aspects of theatre work, from anaesthetics to recovery.

"Many people are surprised by the variety of theatre work we do here at Cromer – some local residents seem to think we gave up doing operations years ago and are amazed to find we do so much," she says.

"Because we are such a small team, we can follow the patient right through from the pre-operative stage to recovery. If a patient is feeling anxious before their operation we will even go and see them on the ward to introduce ourselves and explain what's going to happen. The patients really appreciate that kind of personal service."

Although Cromer only caters for adults over 16 and no longer handles trauma or major orthopaedic work, the Main Theatre is still very busy with a wide range of day surgery, including minor orthopaedics.

New monitors and a flexible laryngoscope for anaesthesia have been purchased recently to make having an operation safer than ever before.

Anaesthetist David Wilson-Nunn spends one day a week in Cromer and enjoys working with the team. "It's a very cohesive team, very efficient and focused on patient care," he commented. "On the whole, patients have to be relatively fit and well to come here and their surgery should not require an overnight stay. Our patients are



happy to travel from all parts of the county if it means they don't have to wait so long for their operation."

On the day of our visit the team was joined by student nurse Paula Little, who opted for a placement at Cromer. "It's good experience here because you see so many different aspects of patient care," she said.

The 16-strong clinical team is extremely flexible and staff rotate either to Norwich or to other departments whenever necessary.

### Cromer theatre facts

Last year more than 2,000 operations were carried out in the Main Theatre at Cromer, in addition to the ophthalmic work undertaken in the Allies Day Procedure Unit.

The operations included keyhole surgery for gallbladder removal, bowel surgery, hernias, varicose veins, gastro-urinary procedures, minor plastic surgery, sterilisation and minor orthopaedic work.

A number of diagnostic procedures are also undertaken at Cromer.

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Please send your contributions for the August issue by 9 July 2005.