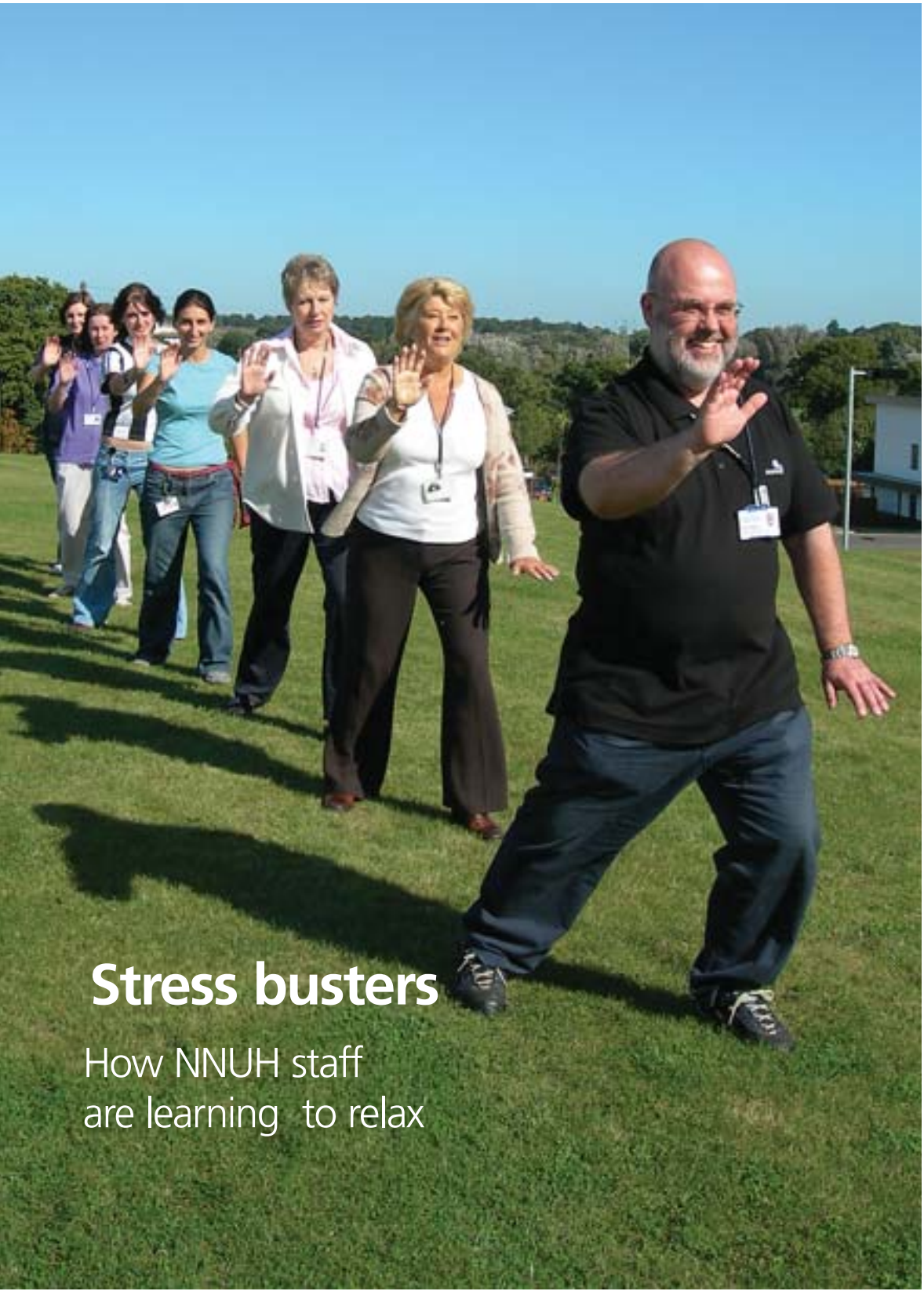
THE Pulse

Issue Number 21
October 2005

d Norwich University Hospital NHS
NHS Trust



Stress busters

How NNUH staff are learning to relax

Cracking the codes
How Clinical Coding keeps the cash coming in

The cost of alcohol
Julia France on why attitudes need to change in the NHS

Viewpoint
Helen Aitken on the 'invisible' teams in Pathology

Target Osteoporosis
Putting the spotlight on brittle bone disease

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.

A rare treat for kidney patients

ONCE A YEAR, a coachload of kidney patients and their carers wave goodbye to NNUH to enjoy a holiday in Holland – a rare treat for those whose lives are ruled by the need for lifesaving dialysis three times a week.

Funded by the United Norwich Kidney Patients' Association (UNKPA), the week-long holiday in a health centre in Port Zelande has become a popular fixture in the hospital calendar.

"We would love to take more people with us but sadly our numbers are limited to 40," says dialysis support worker and chair of UNKPA Sandy Lines. "In Holland the patients can enjoy all the benefits of being on holiday, while having access to dialysis machines and full medical support.

"Of course, this can be risky but in nine years we have had only four people who were taken ill and the patients are happy to take that risk. One year, a patient managed to go swimming for the first time in his life."

This year the patients enjoyed a coach trip to a Safari Park and the famous flower markets, as well as making the most of the health centre facilities.

"It's hard work and takes a lot of organising but it's wonderful to see the patients blossom and enjoy themselves in such lovely surroundings. I just hope the money keeps coming in so we can continue in future years," said Sandy.

TV presenter Helen McDermott paid a visit to some of the patients before they set off for the Netherlands. Among them was 75-year-old Kathleen Williamson (seen above, centre, with Helen and Sandy Lines) who commented: "The best thing for me is the delicious pancakes they serve in Holland."

Helen, who is appearing in Cinderella at Gorleston Pavilion Theatre this Christmas, said: "This holiday is a godsend for the patients and clearly the UNKPA charity is well worth our support."

• The annual trip costs a total of £18,000. If you would like to make a donation, please contact Sandy Lines on ext. 4251 or 782282.

OBITUARY

Ian (JG) Taylor, a pioneer of knee joint replacement surgery and a former surgeon at the N&N, has died at the age of 87.

Orthopaedic surgeon Keith Tucker paid tribute to his former colleague, commenting: "Mr Taylor was a perfectionist and he imbued that in his trainees. He left a style and a standard which is now recognised throughout the world."

Mr Taylor trained at St Mary's Hospital Medical School and served as a surgeon in the Navy during the war, joining the staff of the N&N in 1954. He married an anaesthetist, Dr Fodhla Burnell, who shared his passion for sailing.

Ann throws in the mop

OUR LONGEST *serving cleaner, Ann Stimpson, bowed out in August after 36 years. Ann says she was happy to do the job for so long because the hours fitted in with her family life and she enjoyed meeting people. "I'll miss my colleagues and the exercise – luckily I enjoy walking so keeping fit shouldn't be too much of a problem," she said.*

Sarah's success at World Games

FORMER KIDNEY kidney patient Sarah Smith was overjoyed to win three medals at the World Transplant Games in Ontario this summer – for the badminton, 800 metres and long jump events. She is seen here being congratulated by our renal transplant co-ordinator, Mandy Wilkinson, on a return visit to the Jack Pryor unit.

Sarah, from Stalham, was born with only one kidney and had her first successful transplant when her mother donated one of her own kidneys in 1995. Six years later she suffered renal failure a second time and went on regular dialysis at NNUH until a suitable kidney became available two years ago.

"I've always been keen on sport and tried to keep fit throughout my treatment," says Sarah, an accounts clerk with Norfolk Environmental Waste. "I know I'm incredibly lucky to have received two successful transplants and I'm really determined to make the most of my life."

Mandy Wilkinson is delighted with Sarah's progress and hopes the publicity will prompt others to register as potential donors.

"More living donors are now coming forward, although in this country we can only accept kidneys from patients' relatives or their partners," she says. "Even then, the process of tissue matching is not straightforward and the patients themselves may not be fit enough for a transplant.

"It can be a real emotional rollercoaster, but it's marvellous to see the lucky ones, like Sarah, whose lives are transformed by a successful transplant."

• *To join the national transplant register, call 0845 6060400 or register online: www.uktransplant.org.uk. Please inform your family of your wishes.*

Home is where the art is

BUXTON WARD *has undergone a transformation recently with a selection of artwork designed by and for the children. The walls have been decorated with colourful beach scenes by the award winning artist Hannah Giffard, while the children themselves contributed to this montage prepared by community artist Jessica Perry. Play specialist Kathleen Doolan (pictured here with four-year-old Emily Wiles, from Harleston) says the artwork goes a long way to help children feel better about staying in hospital.*

WELCOME

...to the following consultants who have joined the Trust: **Dr James Sington** and **Dr Ahsan Ali**, histopathologists, **Dr Catherine Tremlett**, microbiologist, **Mr Richard Haywood**, plastic surgeon and **Mr Ashish Minochia**, paediatric surgeon.

FAREWELL

...to the following staff who have left the Trust since 1 August 2005:; **Linda Greenacre**, community midwife, after 34 years; **Jennifer Dunne**, library team leader, after 28 years, **Maureen MacDonald**, fracture clinic receptionist, after 28 years, **Christine Adcock,** staff nurse in EAU, after 28 years, **Dr Brian Harrison**, respiratory consultant, after 27 years, **Linda Tester**, auxiliary nurse at Cromer Hospital, after 27 years, **Bob Atkinson** HR project manager, after 22 years, **Ann Williams**, library clerk, after 20 years.

• **Dr Robin Farman**, *retired Occupational Health consultant, has returned part-time*

Growing to be the best

ONE OF the spin-offs of our success over the past year is that we are now being seen as an organisation that delivers. . . at a time when the pressure on our National Health Service has never been greater.

As a Trust, we succeeded in reducing our waiting lists by 3,000 and treating 15,000 more patients than in the previous year, while at the same time hitting all our key financial and performance targets. These are remarkable achievements by any standards and I am grateful to all those who helped to make them possible. Our aim now must be to build on our reputation to secure a better future for both patients and staff.

Already some of the benefits are coming our way in the form of more investment – in coronary angioplasty; PET scanning (Positron Emission Tomography, for more detailed diagnosis and analysis of cancerous tumours); sleep apnoea clinics; and, of course, the new hospital planned for Cromer.

These new developments mean that many more patients will be treated closer to their own homes, instead of having to travel to specialist centres elsewhere.

But more patients equals more pressure, right? Wrong! With the advent of payment by results, the more patients we treat, the more funding will come our way. And that means more resources, more staff and, ultimately, a better service for our patients.

Of course, we can't develop all of our services at the same time. We need to manage this growth carefully and prove that any changes are affordable and will benefit patients both here and in the community.

It is absolutely crucial that we do not lose our grip on the basics, but continue to maintain high standards of care for *all* our patients during this testing time.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Bus strike blues

Why wasn't it possible to lay on more minibuses for staff during the First bus strike? Negotiations with the Thickthorn Park and Ride could have been started well before the strike, to arrange detours to and from the hospital and to pick up foot passengers. Using the Costessey Park and Ride and then the shuttle is simply not a suitable option for many.

It is very frustrating to see half-empty Park and Ride vehicles going past where I live, knowing that I cannot use them as I do not drive a car!

Why can't the Trust instigate door to door services and community buses that would bring in an income for the Trust?

Christine Kett, Neonatal Intensive Care

• *We have negotiated long and hard for the Thickthorn Park and Ride bus to be diverted to the hospital but Norfolk County Council, has always refused on the grounds that this is designed to be an express service to the city.*

During the strike, we laid on a minibus service with the help of volunteers from both the Trust and Serco. To extend this service would not have been either practical or economic.

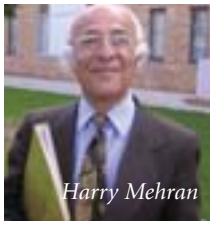
Our role in the Travel Office is constantly to review travel for staff and to inform people of the options available, which include car sharing. We also negotiate the best possible discounts for staff travelling to work.

Simon Wardale, Travel Officer

Local heroes

As a retired lecturer, I would like to share my experience of being a patient on Hethel Ward.

The staff were well organised, well trained and they treated everyone as an individual. I was especially impressed by the leadership skills of Dr Philippe Grunstein, and staff nurse Rose Atmore was so cheerful and hardworking I would say she is a heroine.



Harry Mehran

The food was freshly prepared, there was plenty of choice and the service was friendly. In fact, there was no chance to feel lonely as there was so much activity on the ward. Families and friends can visit from two o-clock and stay as long as they like.

I was so impressed that I would now like to become a volunteer. It would be my pleasure to contribute something worthwhile to your hospital.

Harry Mehran, Old Catton

Bob's goodbye

I would like to thank all my friends and colleagues who contributed to my retirement gift and sent their good wishes.

I was only sorry that I was able to say goodbye to everyone in person – but after 22 years that would have been very difficult! I will miss you all.

Bob Atkinson, project leader

Angioplasty comes to NNUH

PATIENTS WHO need coronary angioplasty will soon be able to have the procedure at NNUH, after the Trust Board agreed to develop this service at a cost of £500,000 over the next five years.

We already carry out 2,000 diagnostic angiograms a year at NNUH and around 40 per cent of those patients will require intervention to unblock the arteries.

The technique, known as angioplasty, is currently carried out at Papworth Hospital and involves a catheter being passed into a blood vessel in the groin or arm. A tiny balloon is then passed through the centre and gently inflated to widen the artery.

The plan to develop this service has the support of the hospital's cardiology team, Papworth Hospital, and Norfolk's Primary Care Trusts.

Medical Director Dr Iain Brooksby commented: "As a consultant cardiologist I know how much this service will benefit our patients locally. It will also allow staff to make full use of their skills, and give medical students a chance to learn more about the technique."

The proposal includes the building of a temporary mobile catheter lab in the grounds of NNUH.

Lord Mayor lends a hand

THE LORD *Mayor Norwich, Michael Banham, lent a hand to the infection control team at the NNUH annual meeting in September, when he took time out to learn about hand hygiene techniques from specialist nurse Helga Scotton. Our hospitals have the lowest MRSA rates in Norfolk and Suffolk and recorded a fall in MRSA cases this year.*

REMEMBERING SIR THOMAS

The 400th anniversary of the birth of physician and philosopher Sir Thomas Browne is celebrated in Norwich on 19 and 20 October with a two-day programme organised by the Norwich Medico Chirurgical Society and the UEA School of History.

A statue of Sir Thomas stands in Orford Place, Norwich and the library at NNUH is named after him. The celebrations will include an academic symposium, exhibition, concert and a service of thanksgiving in St. Peter Mancroft Church.

MEET HOSPITAL VOLUNTEER *Bob Waterson and friends... the tiny hedgehogs, bees and mice he makes from X-ray film. Bob started fundraising for charity in 1959 when ill health forced him to give up work as a technician in the X-ray department. He received the MBE in 2000 and has donated more than £150,000 to the hospital over the years. He also delivers a rose to every ward each Friday.*

New initiatives cut cancer waits

WITH CASES of skin cancer increasing year on year, staff in dermatology have more referrals to deal with than ever before. However, they are determined to cut waiting times for treating malignant melanomas and squamous cell carcinomas. In June they achieved a maximum 52-day turnaround, having reduced waiting times for some cancer patients by as much as 13 weeks over a two-year period.

"Only 15 per cent of suspicious moles referred to us turn out to be melanomas but patients are naturally keen to have suspicious moles dealt with as soon as possible," explained consultant dermatologist Jennifer Garioch. "We have pulled out all the stops to create extra clinic slots for these patients, although sadly some slower growing cancer cases are having to take a step back in the queue.

"There has been a real team approach to this project, with everyone focused on our targets - from the receptionists to the doctors and nurses. The only problem now will be keeping up with the constant increase in referrals."

Initiatives that have helped to improve service delivery include the setting up of nurse led clinics within the department and a collaborative approach with plastic surgery.

Wendy Dwornik, project manager for the Norfolk and Waveney Cancer Network, commented: "It's fantastic to work with teams who are so focused on improving patient care. Both the skin team and the lung cancer team have achieved a great deal through their own hard work and dedication."

Focused: the dermatology team

Step-by-step approach helps lung cancer patients to cope

HOW WOULD *you* handle a diagnosis of lung cancer? How much information would want to receive and when? These are some of the questions our patients have been asked in a bid to improve services for *all* cancer patients. The answers vary widely as individuals have very different needs.

One solution is a step-by-step approach, with information provided at different stages on the patient 'journey'. A pilot project involving the lung cancer team at NNUH and the James Paget Hospital, funded by the Cancer Services Collaborative Improvement Partnership (CSC-IP), has shown that patients welcome this approach.

"The idea is to give each patient a special folder where they can keep as much or as little information as they need," explains specialist nurse Chris Waller. "There's a section where they can record their questions and answers – some patients put in their appointment times or use it to keep a diary where they can jot down their thoughts."

Wendy Dwornik, project manager for the Norfolk and Waveney Cancer Network, and Chris Waller with the information folder

The folders cost £2.40 each. "We asked patients at our lung cancer support group for feedback on different formats and this one proved to be the most popular," says Chris. "For some, the folder is a way of keeping a sense of control as it's entirely up to them how much information they keep in it."

The lung cancer support group has been meeting since May 2003 and is an important resource for both patients and staff. "The group helps us to identify gaps in our services, to answer patients' questions and listen to their ideas for making improvements," says Chris. "For instance, a bleep system was developed so chemotherapy patients can take a walk or go to the restaurant while their drugs are being prepared."

Taking time out for relaxation

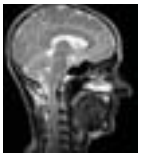
STAFF WERE invited to try out a range of alternative therapies, from shiatsu to reflexology, at a Stress Awareness day at NNUH in September. The day was designed to launch the Trust's new policy on 'Tackling Stress in the Workplace' and also to promote self-help relaxation techniques and healthy living.

The aim of the new policy is to support departments and individuals through a formal process of risk assessment, so potential causes of workplace stress can be identified and minimised.

A range of alternative therapies is available to all staff at a discount rate. A series of 'taster' workshops in tai chi (led by Pathology business manager Derek Simpson – *see cover*) and yoga, funded by the Hospital Arts Project, has also proved so successful that more are being planned over the coming weeks.

- *Details of the new workplace stress policy are available on the Trust intranet.*
- *For details of workshops and therapies available to staff, contact Hospital Arts co-ordinator Emma Jarvis on ext. 3870.*

ACADEMY FAME



THE FIRST TEN trainees to join our new Radiology Academy, based at the Cotman Centre, have now embarked on their five year training programme. The academy is one of only three institutions around the country that have been specially created to help ease a national shortage of qualified radiologists.

All the trainees are specialist registrars who will divide their time between the Cotman Centre and NNUH. Much of their learning will be electronically based using state-of the art equipment.

THE OSTEOPOROSIS TIME BOMB

An estimated three million people in Britain suffer from osteoporosis. Radiographer **Sue Harvey** *explains why scanning for the disease is so important*

ONE IN TWO women and one in five men over the age of 50 could suffer from an osteoporotic fracture, the silent epidemic also known as 'brittle bone disease'.

Unfortunately there are no obvious symptoms – the only reliable way to diagnose the disease is to carry out a scan to determine the patient's level of bone density.

At NNUH this painless procedure is carried out using a Dual Energy X-ray Absorptiometry (DEXA) scanner, which uses low dose radiation to help assess the risk to patients. It is commonly performed on the hip and the lumbar spine, although the forearm may be scanned if, for example, the patient has had two hip replacements.

Our DEXA scanner was purchased in August 1998 and was originally situated at the West Norwich Hospital, with funding for one radiographer two days per week. Since then, the demand for DEXA scanning has increased dramatically.

In response to this demand, radiographers at NNUH have taken steps to expand the service and funding has been increased to enable the scanner to be operated five full days each week by four dedicated radiographers – with the result that the waiting list has now been reduced from a year to just six weeks.

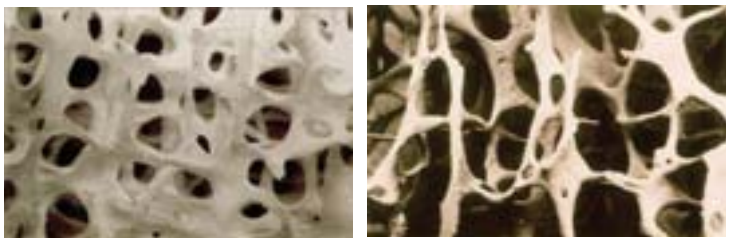
Three of the radiographers have completed an intense Bone Densitometry Course run by the National Osteoporosis Society (NOS), and they are now keen to develop their roles to enable them to report on the results of the DEXA scans.

Although most of the patients who suffer from osteoporosis are elderly, brittle bones can affect patients of all ages and may result from a range of conditions including ceoliac disease, rheumatoid arthritis and anorexia. Also affected are steroid users, smokers, drinkers and those with a genetic predisposition to the disease.

When patients come for their scan, we offer lifestyle advice to stress the importance of a calcium-rich diet and exercise (See 'How to reduce the risk', top right).

Dr Philip Heyburn runs a one-stop osteoporosis clinic every two weeks for those who need specialist treatment, and rheumatologist Dr Karl Gaffney is planning to do likewise in the near future.

The DEXA scanner is situated in the Rheumatology department and the receptionists are much appreciated for their assistance on the front desk.



A cross-section of healthy bone (left) and (right) bone that has been weakened by osteoporosis

SUPPORT FOR SUFFERERS

An osteoporosis support group, run by the National Osteoporosis Society, meets on the third Wednesday of every month at Norwich Community Hospital at 6.30pm.

Chairman Ann Pulford, a former midwife at NNUH, says the group has around 100 members and wants to raise awareness of the disease.

"Many young people are unaware that they may be storing up trouble by having a sedentary lifestyle and a junk food diet," she says. "It's especially heartbreaking to see the damage that can be caused by anorexia ."

• *Contact Ann Pulford on 01603 461777 for more information.*

UEA study will look at benefits of screening

A RESEARCH TEAM from the UEA has started a study to assess the benefits of screening older women for osteoporosis. The study will will look at 400 randomly selected women aged between 70 and 85 – the group who are deemed to be most at risk.

The aim is to establish whether if is more cost-effective to identify and treat people who are vulnerable to fractures *before* they occur, rather than afterwards.

The screening approach will involve completing a questionnaire to help identify those who are most at risk. Some of the participants will also be invited to attend NNUH for a bone density scan.

Radiographer Sue Harvey prepares Renée Goreham, from Sheringam, for a DEXA scan

Osteoporosis: the facts

FRACTURES ACCOUNT for more bed days in the NHS than any other condition – and the biggest cause is osteoporosis, a condition that results in thinning bones.

- Bone mass peaks at around the age of 30 for men and women and then begins to decline.
- Osteoporosis is especially common in women after the menopause, when they can lose up to 40 per cent of their total lifetime bone loss in the first seven years.
- Between 30 and 40 per cent of women will have an osteoporotic fracture at some point in their lives, with hip fractures accounting for nearly half of those fractures.
- Certain endocrine diseases, high-dose steroid therapy, anorexia nervosa, alcoholism and other medical conditions can increase the risk of osteoporosis.

Endocrinologist Dr Philip Heyburn has a special interest in bone loss and helped to write the local guidelines for GPs to ensure that patients receive appropriate attention and treatment.

"It is well known that oestrogen, in the form of HRT, can be used to maintain bone mass but for established osteoporosis the first-choice treatment is bisphosphonate therapy," says Dr Heyburn, who also specialises in diabetes at NNUH.

The original non-medical use of bisphosphonates was to reduce water 'hardness' so that washing powders

"The frightening thing for many women is that there are no warning symptoms"

frothed more impressively. They were later used medically to treat high levels of blood calcium, and research subsequently revealed that they were extremely effective in building bone mass. They have been found to reduce the risk of fracture by as much as 47 per cent within six months of treatment.

"The frightening thing for many women is that there are no warning symptoms of osteoporosis," says Dr Heyburn. "The first sign is often a common type of wrist fracture known as a Colles fracture following a fall.

"We are currently designing an information leaflet for all patients with a Colles fracture explaining the risk factors and suggesting they visit their GP for further assessment.

"Our aim is to identify patients who are at further risk and to suggest they seek medical help for osteoporosis – through their GP or through our falls clinic here at NNUH.

"It is fortunate that we have been able to increase our capacity for DEXA scanning as this is the only reliable way to diagnose thinning bones in those who are at special risk."

Dr Heyburn points out that osteoporosis is best treated in a local community setting. "Certainly this is a growing problem as the population is getting older and the risk of fractures increases with age."

How to reduce the risk

- *Eat a balanced diet including foods rich in calcium, such as cheese, tinned sardines, yogurt, milk, spinach and other leafy green vegetables*
- *Get plenty of exercise – at least 30 minutes per day (which can be split into 10-minute segments) and preferably weight-bearing such as walking or jogging*
- *Keep to the recommended alcohol limits (see page 11) as alcohol can interfere with calcium absorption.*

Dr Philip Heyburn with the osteoporosis guidelines he helped to prepare for GPs

Cracking the co

As we prepare for 'payment by results', quality co-ordinator **Margaret Clements** *talks to Sue Jones about the unusual role of our clinical coding team*

Margaret Clements with her well-thumbed 'bible' of surgical codes

SQUINTING AT the discharge form, it is just possible to see that the patient has had a total knee replacement, described in near-illegible handwriting as a 'TKR'. The coder, Victoria Holmes, decides to check the notes and, sure enough, a thorough search reveals a series of diagnoses and procedures that are not listed in the discharge letter.

This kind of detective work is a key element of Clinical Coding, where experienced coders have learned to trust their instincts and delve more deeply into the twists and turns of the patient's hospital 'journey'.

But why are we interested in these finer details when the patient himself is no longer here? The reason is that every single diagnosis and procedure is assigned a separate clinical code, which in turn builds a picture of the time and resources we give to each patient. Already the codes are used to calculate funding – with the advent of 'payment by results', *all* the work we do for our patients will eventually be financed according to these codes.

"When I started working in this department 16 years ago, our role was simply to gather statistics for the World Health Organisation and the DOH, " says Margaret Clements, the quality co-ordinator for Clinical Coding. "Now we have a total of 31 staff, including seven support clerks, and we are responsible for coding every diagnosis and procedure across the Trust. This involves checking each set of patient notes to ensure that the correct codes are recorded for each individual.

The codes are listed in two books of reference - one for diagnostics and one for procedures - but choosing an appropriate code can be complicated as there are more than 200 separate index entries for pneumonia alone.

Victoria Holmes has been a coder for 14 years but says there is always more to learn. "The sheer number and complexity of procedures carried out by our clinical teams is amazing," she says.

Not surprisingly, it can take up to two years to become proficient and most of the coders at NNUH are either qualified or studying to become an Accredited Clinical Coder (ACC).

"We already achieve a high standard of accuracy, according to independent auditors, and this will be especially important when payment by results is rolled out to all specialties," says Margaret.

"To be a successful coder you need a working knowledge of anatomy and physiology, an attention to detail and an interest in words – the sort of person who enjoys crosswords.

"Most people have no idea of what this job entails, although we try to spread the word among doctors, if only to persuade them to write more legibly on their discharge forms!"

Clinical coding: the facts

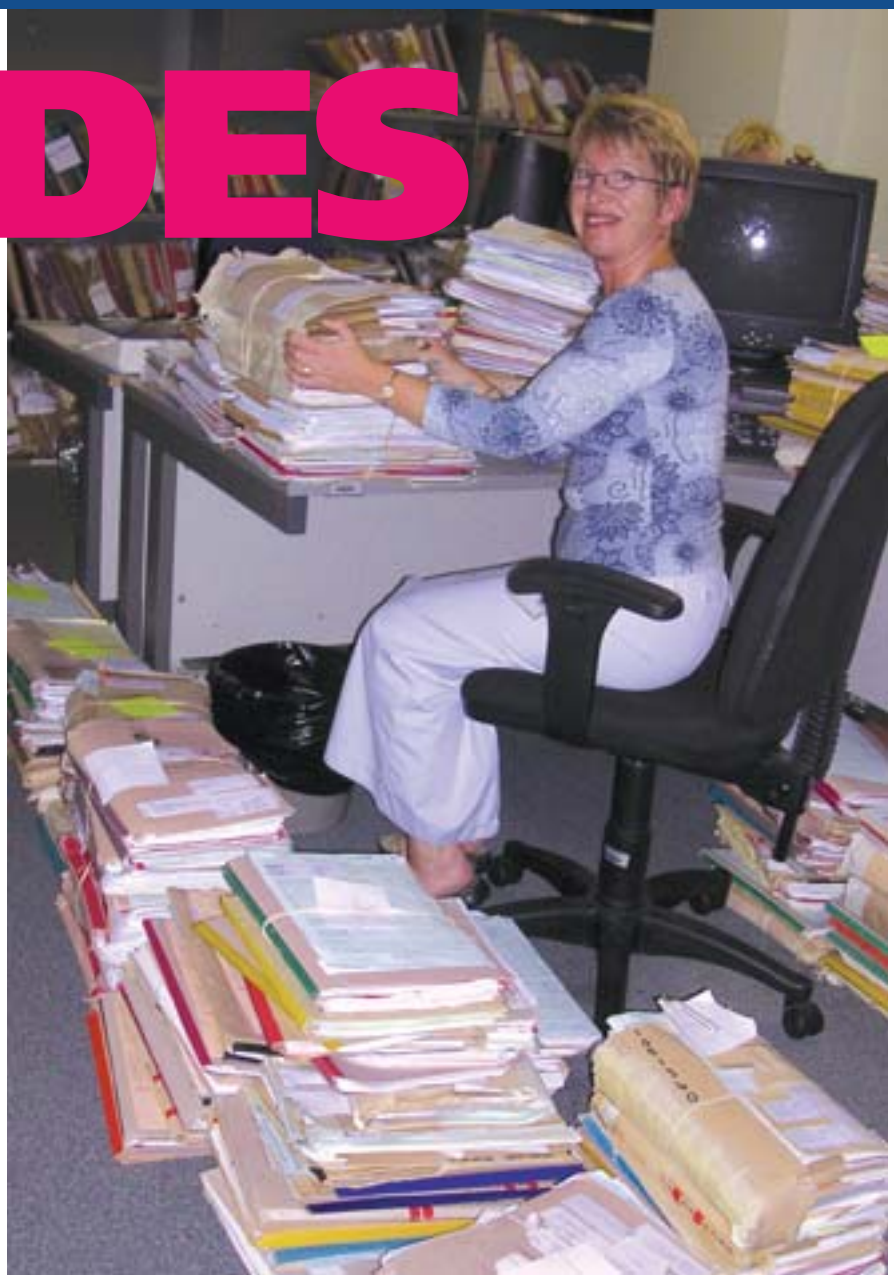
- There are currently 15,000 codes for clinical diagnoses and 4,000 codes for procedures. The numbers are regularly updated as our medical knowledge advances
- Training for coders involves a 14-day course, followed by one to two years working under supervision. To qualify as an Accredited Clinical Coder, candidates must learn anatomy and physiology and achieve a 90 per cent pass rate for their practical work.
- The team investigates an average of 15,500 FCEs (finished consultant episodes) per month, and each of these could generate many separate codes
- Codes can be used to gather statistics for clinical reports, for resource management and clinical governance. They are also used to compile Dr Foster's Good Hospital Guide.

HOW YOU CAN HELP

- Ensure that the patient's diagnosis and treatment are clearly stated on the discharge form, without obscure abbreviations
- Make case notes available to Clinical Coding sooner rather than later as the team works to a strict deadline

- *Talks and tours can be arranged for those interested in Clinical Coding. Call 2698 for details.*

ODES



Searching for answers: coders pride themselves on their detective skills

COMMENT

HELP US TO MAKE FLU HISTORY

Cunning, unpredictable and very promiscuous…. these are just some of the characteristics of the flu virus, says **Lindsay Butcher**

THE LATEST outbreak of avian flu among migratory birds has raised concerns that the disease could spread beyond Asia, increasing opportunities for transmission of the virus to susceptible humans. The more it spreads, the greater the chance that it could combine with other flu viruses to create a new strain that could ignite a flu pandemic.

We can no longer afford to ignore these warnings and dismiss influenza as an innocuous common cold. **Flu is a killer**.

The World Health Organisation (WHO) estimates that between three and five million people are affected by flu every year and a quarter to half a million of those die.

Flu-related complications and deaths are more likely in those with underlying chronic conditions who are principally, but not exclusively, elderly. Childhood illness and death related to influenza is concentrated in those under three years of age, and infants up to a year old appear to be hospitalised at rates similar to those of high-risk adults.

One characteristic of seasonal influenza is that it leads to excess or 'hidden' deaths. These are not usually attributed directly to influenza but to severe conditions such as secondary viral or bacterial pneumonia that develop as a complication of flu. It is estimated that up to 29,000 excess annual deaths were caused by influenza in the UK between 1975 and 1990 – five times the number attributed to influenza on death certificates.

Vaccines are universally regarded as the most important medical intervention for preventing flu and these are available to all staff at NNUH.

It is our responsibility, as healthcare workers, to protect the vulnerable patients entrusted into our care. So, don't be complacent with someone else's life.

Go on…. give influenza the push by getting a flu jab!

• *Lindsay Butcher is a clinical microbiologist at NNUH*

When the drinking has to STOP

As new 24 drinking laws are introduced, our alcohol and substance misuse liaison nurse **Julia France** *talks to Sue Jones about her role in helping patients face up to their dependency*

ALCOHOL RELATED illnesses are estimated to cost the NHS £2 billion every year, but the cost in human terms is much greater. For some, the physical consequences may only become apparent after years of dependency.

Julia France, the substance misuse liaison nurse for NNUH, would like to see much earlier intervention for these patients, but she acknowledges that, until they experience difficulties as a result of their drinking, they may not accept that a problem exists.

"Alcohol is an issue that needs to be tackled on all fronts, by changing attitudes to alcohol-related problems across the NHS," says Julia. "If we start at the sharp end of hospital admissions with detection and simple interventions for patients who are starting to drink dangerously, there is good evidence that we can make a real difference.

"For effective early detection, detailed alcohol histories must be sought from patients with conditions that are often associated with alcohol misuse.

"For those who are physically dependant on alcohol, a detox lasting several days will be required, but this is only the beginning of the process towards change. The majority will have psychological and social problems that cannot simply be solved by a detox alone."

Julia's role is funded by DAAT (the NHS Drug & Alcohol Action Team) and was developed by the Norfolk and Waveney Mental Health Partnership to help patients struggling with dependency on drink and drugs.

"From my experience as a nurse in EAU, and as a mental health nurse, it was clear that many patients were being admitted with problems related to harmful drinking," says Julia. "After a routine detox, they would return home and in all probability would start drinking again.

"Now, if the patient agrees to be referred to the substance misuse nurse, I can go along and see them on the ward. Just talking about the problem can be surprisingly helpful – particularly if they have been on a detox regime and are beginning to feel much better. Knowing that their drinking is affecting their health can be enough to make them want to make some changes.

"Of course, I can't solve their problems overnight, but I can inform them of the dangers of their drinking and discuss the impact on their life in general. I can also put them in touch with local alcohol services where they can get further help and support."

Julia stresses that she will only see patients who are willing to be referred -

How much is too much?

GASTROENTEROLOGIST Martin Phillips says many young people are drinking to excess and may not be aware that this could permanently damage their health.

"Young women are especially susceptible to harm as they are not able to metabolise alcohol as efficiently as men," he says. "The youngest patient I have seen die from alcohol-related liver disease was a 25-year-old woman."

Heavy drinking is often the underlying cause of palpitations, hypertension and depression, as well as liver and gastro intestinal problems. Other consequences may include osteoporosis, broken bones, self-harm and a range of psychological and social problems.

So is 24-hour drinking likely to increase demand on our hospital services?

"Only time will tell," says Dr Phillips, "but there is very good evidence to show that the two factors that have the most influence on our drinking habits are price and availability. Promotions for cheap alcohol in bars and clubs encourage people to drink more – and our culture is such that, given the chance, some people will be tempted to carry on drinking for as long as they can.

"Sadly there is very little funding for research and prevention. Most of the available funding is linked to drug abuse, even though alcohol dependency is far more widespread."

SAFE DAILY ALCOHOL LIMITS are two to three units of alcohol for women and three to four units for men (One 175 ml glass of wine contains two units, as does one pint of normal strength beer).

A 25ml measure of spirits contains one unit and strong 8-9% lager contains four and a half units per 500ml can.

It is recommended that everybody has two drink-free days per week. Do not store up your units to binge at the weekend.

• *If you would like to know more about our alcohol services, or to refer a patient, call Julia France on ext 4874, or bleep 0439.*

Julia France: 'Just talking about the problem can be helpful for patients'

there are probably many more who choose to carry on drinking, regardless of the doctors' warnings. "Many people drink to help them cope with low mood and anxiety. A small amount of alcohol may be relaxing, but an excessive amount can have the opposite effect. However, people have the right to make informed choices despite the undesirable effects.

"Ideally we would like catch people earlier in the cycle of dependency. We would like to screen patients in A&E by asking about their drinking habits - much as we do with smoking – and then offer alcohol clinics where they can get further information and support. Funding will hopefully be made available to enable us to extend our services in the future."

FACTS AND FIGURES

- A total of 455 patients were referred to Julia with alcohol problems in 2004 compared to 375 the previous year. Their average age was 45.
- The average age of people dying from alcohol-related diseases is going down - in 1992 it was 69 compared to 49 in 2000.
- Under-age drinking is on the increase – last year some 300 A&E attendances NNUH among the under 18s were thought to be alcohol-related, including 71 cases of alcohol poisoning
- Nationally, an estimated 70 per cent of A&E attendances after midnight are alcohol related.

PATHOLOGY: THE 'MISSING' LINK

They may be 'invisible' to most patients, but our Pathology teams play a vital part in patient care, argues **Helen Aitken**

AS A TRAINEE biomedical scientist in Pathology, I am often excited to read about patients who have benefited from the excellent work that goes on in this hospital – the 'miracle' babies and surgical procedures that literally change people's lives.

But while patients are quick to praise the doctors and nurses, cleaners, caterers and chaplains they see during their stay, many of those patients – and staff, too – are unaware of the work that goes on behind the scenes.

Take the case of Linda Verdura, a mother who recently gave birth to a healthy baby boy despite having a condition that could lead to serious blood loss. An article in *The Pulse* (April 2005) listed at least 15 people who had been involved in her care on the day her son, Lorenzo, was delivered by caesarian section.

"There was not a single mention of our hardworking transfusion and haematology staff"

Sadly, there was not a single mention of the hard work carried out by teams of staff in our haematology and transfusion services to ensure that there was enough blood and blood products available for her operation. In this particular case, the availability of blood and blood products could be planned in advance and there was close liaison between laboratory staff and, amongst others, consultant haematologists, anaesthetists and gynaecologists.

In cases where procedures are not planned, transfusion and haematology staff liaise with consultants and theatre staff to offer the best possible emergency care for our patients.

In the laboratory, we often feel that we are the 'forgotten' members of staff as our work seems to go unnoticed. Where do blood samples go when they enter the 'pod' system? How are the results generated? What happens when blood is 'ordered' from the Pathology Laboratory? Do people imagine this happens by magic?

At NNUH, more than 24,000 units of donated blood are used every year and, while the National Blood Service is responsible for processing and

storing donated blood, we still need to screen and crossmatch blood samples to ensure that they are suitable for individual patients.

Blood matching is only a small part of the work that goes on in our laboratories. Around 70 per cent of diagnoses are based on pathology results.

We may be 'invisible' to most people as we are working in a laboratory in the depths of the hospital, but we do play a vital role in keeping the hospital ticking over and allowing operations to go ahead. All of us are part of the team that helps the patient and each team member plays their own vital role in the whole system.

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.

Lucky Jim returns to Cromer

PICTURE COURTESY OF ARCHANT

FORMER PATIENT Jim Flint aged 92, made a return trip to Cromer in September, to revisit the ward where he recovered from a remarkable wartime rescue.

Jim's Hampden bomber was shot down by a German fighter as it returned from a mission on July 6, 1941. When the plane ditched in the sea a few hundred yards from shore, Jim managed to get out – then returned to free his unconscious navigator Benny Beningfield.

The navigator later died, but Jim was awarded the George Cross and Distinguished Flying Medal for his courage. Now living in Keyworth, near Nottingham, he went on to complete around 50 missions from the RAF base at Scampton in Lincolnshire.

Jim was shown around the scene of the rescue by the local lifeboat museum curator, Frank Muirhead. He described his visit to Cromer as tinged with sadness but "incredible", and dismissed his rescue attempts as just something that went with the job.

Staff at Cromer enjoyed meeting Jim and hearing his memories of the care he received in 1941.

Caring and **SHARING**

Architect James Philipps outlines his ideas for creating a new 'warm and welcoming' Cromer Hospital

Murphy Philipps staff outside the firm's offices in Old Street, Islington

A ROOF covered with grass and a remote-controlled 'intelligent' lighting system are just two of the ideas being put forward for the new Cromer hospital complex.

Work could start as early as next autumn on the new 'health campus', which will combine a range of health services including day surgery, outpatients, a GP practice and mental health services – all on the same site.

Throughout the summer months, the appointed architects, Murphy Philipps, have attended more than 40 meetings with staff, users and other stakeholders to build a picture of Cromer's clinical requirements over the next 25 years.

"We've had such an enthusiastic response from hospital staff it's been difficult to keep up with them!" commented architect James Philipps, who is leading the project for Murphy Philipps. "We've been talking to people at some length to find out how they would like the accommodation to work on an operational level. The next stage is to draw up outline plans based on a 30-page accommodation list."

Top of the 'wish list' for staff is that there are plenty of windows and the building is not too hot or too cold. Other priorities are that the space available can adapt to changing needs and the materials used are of a high quality.

"Of course, we are aiming for cost-efficiency but the beauty of a scheme like this is that our LIFT (Local Improvement Finance Trust) partners, NorLife, will be managing this project for the next 25 years so they want to provide components at the outset that will last for a long time," says James.

"In the finished design we want to avoid a 'territorial' approach to rooms and encourage different specialties to share the space available for diagnostics and treatment.

"We are looking at ways of maximising light and space – we might even include a grass roof"

"We are regarding the scheme as a 'health campus' so it's important to create a strong sense of community, with an attractive restaurant where people can meet their friends and a shop where you can buy a loaf of bread, a bunch of flowers or a newspaper.

"Instead of having meeting rooms tucked away, we want to bring them to the front of the building where visitors can see what's happening and possibly use the space themselves.

"Providing an environment that is warm and welcoming, rather than cold and clinical, can go a long way towards reducing anxiety and making patients feel better.

"Another priority is that we save energy wherever possible, so we are including plans for an 'intelligent' lighting system that will programme the lights to go off when they are not required.

"We are looking at a number of ideas for maximising the light and space available – we might even include a grass roof, which has been proved to be very effective in reducing running costs."

THE PULSE

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