

# THE PULSE

Issue Number 24  
April 2006

dnorwich University Hospital



NHS Trust



## Radiology goes interactive

The Academy training a new generation of radiology specialists



**Caring for the elderly**  
How teamwork is making a difference on Holt Ward



**On the heart beat**  
Cardiac team on the move

### Viewpoint

The truth about childhood obesity



**Making it better**  
How patients learn to cope with chronic pain

PICTURE: JASON BYE

## 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 the online call-logging facility on the intranet home page

**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

### 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** 7.45am-6.45pm

Other departments are based at:

- **Cotman Centre**, Colney Lane, Norwich Cellular Pathology, (Histopathology and Cytology), Radiology Academy

- **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, Training, Nursing Practice, Choice team, Norfolk Research Ethics Committee, some IT services

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

## Students move to a new home

**STUDENT NURSES**, midwives and operating department practitioners have now moved into their new multi-million pound school near the NNUH. The Edith Cavell building is home to the School of Nursing and Midwifery – part of the UEA's Institute of Health – which was previously based in Hellesdon.

Named after Norfolk's most famous nurse, it includes a skills laboratory, 200-seat lecture theatre, on-site restaurant and state-of-the-



art IT facilities with interactive whiteboards in each teaching room. The name 'Edith Cavell Building' was chosen after a competition among staff and students.

## A handy guide to latex allergies

**FIGURES FROM** the Health and Safety Executive indicate that 17 per cent of healthcare workers are at risk of being sensitised to latex compared to only 1 to 6 per cent of the general population. Common symptoms include redness and itching of the skin, running nose, watering eyes and breathing problems.

Minimising exposure to latex products such as balloons, rubber bands, hot water bottles and gloves will reduce the risk of allergy. If you work in our hospitals you should avoid latex gloves unless you are exposed to blood and body fluids or potentially infectious materials. If you experience skin or breathing

problems that you think may be related to the use of latex, you should report your concerns to



Occupational Health. Patients affected by latex allergy should visit their GP and inform hospital staff before being seen by a clinician or a nurse.

New guidelines on the prevention and management of latex allergy at NNUH are available on the intranet and an awareness session will be held on 3 May 2006 in the East Atrium, with competitions and quizzes to test your knowledge of this issue.

**A SPONSORED RUN** by Mark Holman and his partner Leeann Chard resulted in a £500 gift for Hethel Ward. The cheque was donated in memory of Mark's grandfather, John Pengelly, who was cared for on the ward before his death in April last year. It included a donation from the Two Acres Care Home in Norwich and will be used to buy equipment for Hethel Ward. Mark is pictured with sister Karen Loades and staff nurse Anna Hart.



**PATIENTS UNDERGOING DEXA** bone density scans at NNUH can now relax to soothing music, thanks to the donation of a CD player by the Norwich and District branch of the National Osteoporosis Society. Chair Ann Pulford (pictured with the local president, NNUH consultant Dr Philip Heyburn, and radiographer Sue Harvey), said the gift was bought for the hospital in memory of Betty Mackway-Jones, a long standing committee member who died last year.

# Interactive learning at its best

**THE LATEST** technology used in radiology training was put through its paces for an invited audience of dignitaries and medical experts at the official opening of the Norwich Radiology Academy in February.

Described by Health Minister Lord Warner as part of 'the largest interactive e-learning package in Europe', the new Academy, based at the Cotman Centre, is one of three in the UK which have been specially created to address a national shortage of qualified radiologists (the specialist doctors who interpret X-ray, ultrasound, MRI and CT scans) and also to develop interprofessional learning opportunities.

NNUH is already leading the way in radiology with a computer-based digital imaging system that has done away with X-ray film. The first trainees have already embarked on a five-year programme using state-of-the-art equipment linked to the hospital and to other academic institutions.



Dr Erika Denton, national clinical lead for diagnostic imaging and a consultant radiologist at NNUH (*pictured*) commented: "We are now in the forefront of medical education using all the technology available to us. If a patient has a disease that is particularly rare we can share that data across the country, making sure that the images are used anonymously."

The trainees are able to practise their skills on electronic dummies and to watch on giant interactive screens as procedures are carried out elsewhere.

# Tough times ahead for NHS

**AS I WRITE** this column, we are preparing for a well-publicised shortfall in our income next year, although the finer details have yet to be worked out. This is in spite of our hard work over the last year to keep within budget and to deliver the targets set for us by the DOH.



Whatever the outcome, it is clear that we will need to take some tough measures to balance our books and ensure that there is enough money in the bank to pay our staff and suppliers. We simply cannot afford to overspend.

Of course, every challenge brings new opportunities and now is the time to make changes – however painful – that will benefit patients in the longer term. We are working closely with the local PCTs (the Primary Care Trusts who commission health services) to ensure that we deliver healthcare in the most efficient way possible. This is not just about cutting costs – it's about redesigning our services to meet the needs of patients for many years to come.

We know, for instance, that patients prefer to be treated close to their own homes. We live in the 21st century and occupy one of the most modern and well-equipped hospitals in the country; we need to review the way that we currently deliver all patient services to ensure that they fit today's needs.

Our recent success in bidding for balloon angioplasty (a procedure to dilate blocked arteries) and the monitoring and treatment of severe sleep apnoea (see page 5) are just two examples where patients could come to NNUH instead of travelling to specialist hospitals elsewhere in the region.

We are awaiting details of our financial position for the coming year – you have my assurance that as soon as these are communicated to us you will be the first to know.

**Paul Forden**

*Chief Executive, Norfolk and Norwich University Hospital NHS Trust*

# Staff and visitors try the taste test

**STAFF AND** visitors were invited to taste the nutritional supplements on offer for patients during a hospital roadshow designed to raise awareness about good nutrition in hospital. Staff from the Dietetic department were on hand to offer advice and information and to urge nurses and carers to be on the look-out for any patients who may be malnourished.

"We want all staff to be aware of the importance of good nutrition for people in hospital," says Chief Dietitian Clare Peters. "When patients are very frail they may need some encouragement to eat proper meals. Simple



measures such as offering snacks between meals, milky drinks and these supplements can help to speed their recovery."

## WELCOME

...to the following consultants who have joined the Trust: **Dr Sarah-Jane Bailey**, consultant in Medicine for the Elderly; **Dr Andrew Hilliard**, consultant in occupational health.

## FAREWELL

...to the following long-serving staff who have recently left the Trust: **Hazel Bush**, medical secretary in Orthopaedics and Trauma, after 36 years; **Anne Bates**, pre-admission co-ordinator

in Orthopaedics and Trauma, after 31 years; **Diana Ives**, nursery nurse in NICU, after 31 years; **Kathleen Hopewell**, community midwife team leader, after 30 years; **Elaine Lodge**, charge nurse in Dermatology, after 26 years, **Linda Greenland**, staff nurse in Endoscopy at Cromer Hospital, after 26 years; **Gillian Lee**, specialist health visitor in Medicine for the Elderly, after 25 years; **Hazel Burrage**, clerical officer in Paediatrics, after 20 years; **Janet Hague**, admin officer in respiratory medicine, after 20 years

# LETTERS

WRITE TO SUE JONES, EDITOR,  
COMMUNICATIONS TEAM, NNUH

## HELP AT HOME

It is now three months since my beloved husband of 43 years passed away after a brave battle with leukaemia, and I would like to acknowledge the wonderful care and support that we received throughout his illness and final days – in particular from the staff in Haematology, the Weybourne Unit, Colney Centre, Mulbarton Ward and the Pain team. I can only describe their caring as exceptional, especially as this was done with such sincerity.

It was my husband's wish that he spend the last days at home with his family and this would not have been possible without the help of the hospital's social services team, the occupational therapists who provided equipment for every need, the district nurses who came in at all hours to give medication and support, and the Macmillan nurse who was always there to listen and give emotional support.

I never realised there was so much help available out there. I could never have faced the inevitable without the comfort and support of these people, whose dedication did so much to relieve our suffering.

*Brenda Hird and family,  
Old Costessey*

# Heart beat

**MEET OUR** Thrombolysis and ACS (Acute Coronary Syndrome) team (pictured), the specialist nurses who are on hand 24 hours a day to assess patients with chest pain and administer appropriate treatment.

If you have any concerns about a patient with chest pains, you can call on their expertise to interpret ECGs and make sure the patients receive the specialist care they need. For instance, they may require clot-busting thrombolysis drugs for treatment of a heart attack, or preventive medication for ACS (unstable angina).

"We want people to be aware that this mobile can take some of the pressure off the



hospital's emergency assessment teams," says specialist nurse Rachel Ball. "Many of our patients are referred directly from A&E but some may be taken ill on the wards and we want all staff to know that we are here to offer practical help as well as education and advice."

- *The thrombolysis/ ACS team can be contacted at any time on Bleep 0905.*

## CARDIOLOGY OPEN DAY BRINGS IN THE CROWDS



**AROUND 200** heart patients and their families attended an open day in Cardiology to raise awareness of local cardiac services and support groups. The event also marked the launch of the Norfolk Heart Trust Balloon Appeal to help support the angioplasty service (a procedure to dilate narrowed heart arteries). Donations of £25,000 from the Norfolk Heart Trust, £125,000 from Friends of the Norwich Hospitals and a further £25,000 from an anonymous donor were presented towards the appeal.

# Ten years of Looking Good

**THE CHARITY** 'Look Good Feel Better' is celebrating a decade of beauty treatments for cancer patients at NNUH this year. So far more than 800 local women have taken advantage of the free make-up advice, plus a gift pack containing skincare products, cosmetics and fragrance supplied by the Cosmetic, Toiletry & Perfumery Foundation.

Organiser Christine Rumball says the 'makeovers' can go a long way to boost patients' self confidence at a difficult time in their lives. "It's amazing how much better they feel afterwards," she says.

Look Good Feel Better, the cosmetic

industry's charity, now operates in 37 hospitals nationwide and in 16 different countries. In Norfolk the charity has been boosted by fundraising events and donations which pay for refreshments and extra treats at Easter and Christmas.

Christine was herself treated for cancer herself eight years ago and has been involved in the charity since it started in Norwich ten years ago.

The workshops are supported by breast care nurses Mary Wood and Jane McKay, along with volunteers Sandra Baker, Sylvia Jeffries and Pam Granger.



# New hips benefit younger patients

**TAEKWONDO** expert Kevin Jervis, 45, is one of a growing number of NNUH patients who are benefiting from a type of hip replacement known as 'resurfacing'. The technique recaps rather than removes the head of the femur (thigh bone) and is especially suitable for younger, fitter patients.

Developed by surgeons in Birmingham, the resurfacing hip joint is made from cobalt chrome metal and consists of a considerably larger ball than a standard hip replacement. The cap has an irregular surface which allows the bone to grow around it.

Kevin, a 45-year-old police sergeant and a former British taekwondo champion, was in agonising pain before his operation and opted for resurfacing in both hips in the hope that he could continue with his demanding training schedule. "It's wonderful to have a full range of movement without the pain," he said.

The NNUH has been a centre of excellence for hip replacements ever since the first metal-to-metal implants were designed in Norwich by orthopaedic surgeons Ken McKee and John Watson-



*Kicking king: Kevin Jervis after his operation and (above) the two types of artificial hip joint with resurfacing shown on the right*

Farrar. Although the standard replacement is now metal-on-plastic, other options available for younger patients include all-metal or ceramic devices, using technologies that significantly reduce the risk of component fracture. However, these new techniques may not be suitable for everyone.

Consultant orthopaedic surgeon John Nolan commented: "The longer-term outcomes of these implants have yet to be determined. But experience so far is extremely positive and the outlook for younger patients has never been so good."



## Dreaming of a good night's sleep

**A PIONEERING** service at NNUH for people with a severe sleep disorder has been commended in the Hospital Doctor Awards for its innovation.

Patients diagnosed with obstructive sleep apnoea syndrome (OSAS) wake up hundreds of times in the night and are excessively sleepy during the day. Now the latest 'smart' technology can be used to monitor their sleep patterns and keep them breathing while asleep.

Around 10 per cent of heavy snorers have sleep apnoea, which lowers oxygen saturation levels in the blood and can lead to high blood pressure, weight gain, heart disease, Type 2 diabetes and impotence.

The sleep apnoea service is headed by



PICTURE COURTESY OF ARCHANT

respiratory medicine consultants Dr Philippe Grunstein and Dr Orion Twentyman and aims to treat up to 250 patients a year.

Dr Grunstein commented: "This is an evidence-based and high-quality service that makes a positive impact on the patient's life and often that of their partner."

## Cancer researchers are honoured

**NNUH RESEARCHERS** were awarded the top prize at the United European Gastroenterology Week for their investigations into cancer of the oesophagus.

Dr Olorunseun Ogunwobi, who works under the supervision of consultant gastroenterologist Dr Ian Beales, presented the results of recent studies into factors which cause adenocarcinoma of the oesophagus, a common and aggressive cancer of the gullet.

"The incidence of this type of cancer has increased 600 per cent in the last 30 years in the developed world and the prognosis is poor," says Dr Beales. "Our studies have shown important mechanisms which cause the growth of this cancer and we are now targeting these pathways to see how we might prevent or treat the cancer in the future.

"We are very grateful for the continued support of the NNUH Bicentenary Trust."

The research team includes staff from Histopathology and Gastroenterology, as well as scientists from the Medical School.

### WISH LIST TO HELP BIG C CENTRE TO REACH ITS TARGET

*The Big C cancer charity has compiled a 'wish list' to help furnish the newly built Big C Family Cancer Centre, which opens to the public on 4 May. The idea is that people donate the cost of items such as a kettle, sofas and a TV to help reach the appeal target of £1.17 million. The new Centre in the grounds of NNUH is designed to provide information and therapy rooms for cancer patients, their families, friends and carers. The wish list which can be viewed on the Big C website [www.thebigcappeal.co.uk](http://www.thebigcappeal.co.uk)*

# Managing PA



*We all experience pain from time to time, but when it goes on for months or years it can affect our quality of life in many different ways. Now a team approach to pain management is helping some sufferers to cope*

**AFTER THREE** serious operations to relieve nerve pressure on his spine, Stephen Moss still suffers chronic back pain and regards himself as a willing guinea pig for any new treatments that could help his condition. He now has two electronic devices implanted into his abdomen – a spinal cord stimulator that generates low level impulses to change pain messages before they reach the brain, and a device that pumps morphine directly to the nerves in his spine.

Despite being in constant pain, Stephen is philosophical about his condition and jokes about being ‘the bionic man’. “There are times when I wake up and think ‘Why me?’ but you just have to get over it,” he says. “My advice to anyone with chronic pain is to focus on something else to take your mind off it. In my case, it’s buying and renovating antiques.”

Consultant anaesthetist and pain specialist Jonathan Valentine comments: “Technology has come a long way in this field but chronic pain affects a very large number of people and these devices may not be suitable for everyone. Patients also need to be aware that the battery will need to be replaced after about five years.”

**UP TO 20** per cent of the population suffers from chronic pain (see box, below left) so it’s little wonder that pain services are much in demand. At our Pain Management Centre, based at Norwich Community Hospital, we provide specialist outpatient services, accepting referrals from both GPs and hospital consultants.

Treatments have come a long way in recent years and now include skin patches and electronic devices to tackle the physical effects of constant, debilitating pain. However, such techniques are not suitable for everyone and the psychological and emotional aspects may also need to be addressed.

Like many chronic pain sufferers, Mr Clare Shaw, 78, was desperate to find a ‘cure’. By the time he was referred to the Pain Management Centre, he had seen several specialists and spent a small fortune on alternative therapies, all to no avail.

“I was feeling pretty angry with the whole medical profession,” he recalled. “I just couldn’t accept that there was nothing they could do. But the pain management team were fantastic. They were professional without being patronising, encouraging me to accept the pain and challenge the thoughts that were stopping me from enjoying life.”

Mr Shaw is one of the first patients to take part in an eight-week pain management programme led by four health professionals – a nurse specialist, occupational therapist, physiotherapist and psychologist.

Fellow sufferer Tony Smith, who has a congenital back problem, comments: “I’m now back at work three days a week, which would have been

## What is chronic pain and what can be done about it?

**CHRONIC PAIN** is defined as pain that is experienced continuously for more than three months. Once referred, patients are assessed and may be offered a variety of treatments, from traditional therapies, such as physiotherapy and acupuncture, to medical or surgical interventions. Treatments include:

- Drug therapy – whether by injection, skin patches or via an electronic implant controlled from a hand-held

device.

- TENS - electronic impulses applied via electrodes on the skin surface
- Radio frequency - via a radioactive probe inserted through a cannula to the site of the pain
- Spinal cord stimulation - generates low level impulses to change pain messages before they reach the brain
- Cryotherapy - freezes the nerve endings via an electronic probe

# PAIN



*Thinking positive: Patient Tony Smith exercises to build up muscle strength and (right) specialist nurse Emma Collison is trained to provide acupuncture for patients whose condition may respond to this ancient Chinese remedy*



*The pain management team, from left: occupational therapist Francesca Davison, specialist nurse Katherine Dyer, physiotherapist Grainne Daniels and psychologist Paula Christmas*

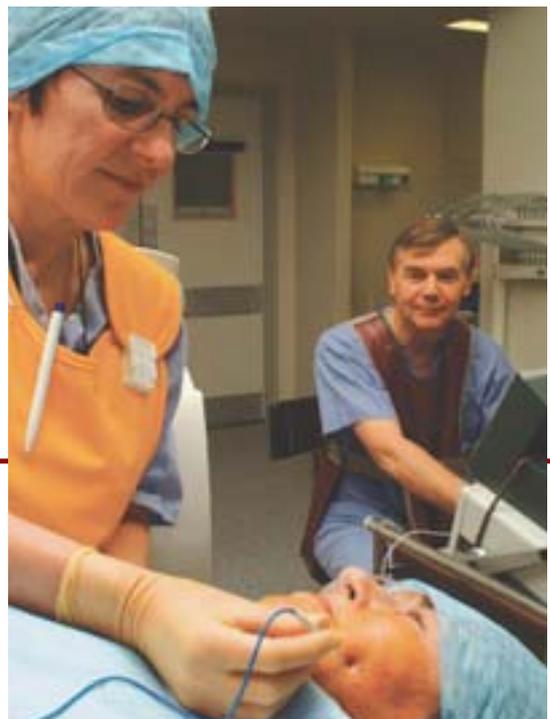
impossible before I started the pain management programme. I just wish my GP had referred me here earlier.”

Nurse specialist Katherine Dyer says: “Chronic pain can make people angry and irritable – even suicidal at times – so you have to be quite strong to deal with their emotions. Working as a team helps to diffuse some of those strong feelings.

“In a group situation, the patients are encouraged to look at things differently. It’s really about finding solutions rather than dwelling on the pain itself. We can help the patients to set goals for themselves and find strategies to help them cope.”

Such strategies may range from a simple exercise routine to one-to-one sessions with a qualified psychologist. “People are often frightened to take exercise because they think it makes the pain worse, but is this really true?” says Katherine. “If you pace yourself and build up muscle strength gradually, a flare-up of chronic pain is less likely and you will feel a lot better than if you just sit in a chair wishing you could do more.”

“We stress that pain management is not a cure. For the vast majority of patients a degree of chronic pain will continue. The difference is that they now choose to focus on the things they can do rather than the things they can’t.”



**ONE PROCEDURE** that can be helpful for a small number of patients is radio frequency, which involves an insulated needle being inserted close to nerves that transmit pain. Research carried out at NNUH in the last four years shows that a variation of this technique, pulsed radio frequency, is especially effective for the debilitating face pain trigeminal neuralgia.

“The technique itself isn’t new but switching the current on and off seems to reduce the risk of damage to the nerves while having a beneficial effect on the pain,” says consultant anaesthetist Gwen Porter, who specialises in pain relief. “Around half the patients who underwent this procedure were completely pain free

after the operation and a further 45 per cent were able to manage on a much lower dose of tablets with many fewer side-effects. These are very encouraging results and we hope to publish our findings later in the year.”

Clinical technologist Bob Roffey (pictured in theatre with Gwen Porter) provides technical support for radio frequency, which is used for a variety of specific conditions and accounts for up to eight day procedures a week at NNUH.

PICTURES BY MICHAEL SMITH



# CARING for the

*With as many as 250 elderly patients passing through Holt Ward every month, the staff need to be on their toes and good communication is a key priority. We take a closer look at the teamwork in Medicine for the Elderly that's setting an example for other hospitals to follow*

**AS GROUCHO** Marx famously remarked: "Anyone can get old... all you have to do is live long enough." Certainly our patients in MFE (Medicine for the Elderly) have all lived long enough to be classed in medical terms as 'elderly' (ie they are all over 70 ) but that is where the similarity ends.

Sarah Bailey, who has recently become a consultant in MFE, says the 'elderly' tag can be misleading. "Sometimes I have to remind myself that the patients are elderly because even some of the oldest are still mentally alert and leading independent lives, looking after a home and maybe other family members, too. The important thing is that each is an individual, with different needs."

Sarah first became attracted to caring for the elderly while working as a voluntary

worker on a psycho-geriatric ward in Caerleon, South Wales. She went on to study medicine in London and to complete her specialist training in East Anglia.

"I find it a fascinating area of medicine because it spans so many different specialties," she says. "Old people have such a complex pathology, with a variety of different symptoms to control and manage, that there is always something new to learn."

"One of the reasons I wanted to join this Trust was its excellent reputation for MFE, with innovations such as our specialist stroke unit and orthopaedic medical unit (see Milestones in Medicine for the Elderly, page 11) setting an example for other Trusts to follow.

"The whole team in MFE is very dynamic

**"The whole team in MFE is very dynamic – we are constantly looking at ways to improve patient care"**



and this is because we are constantly looking at ways to improve patient care. Everyone on the ward – from the doctors and nurses to the physiotherapists, occupational therapists, pharmacists, social workers and administrators – are focused on working together in a multidisciplinary environment to help patients recover and return home as soon as possible.

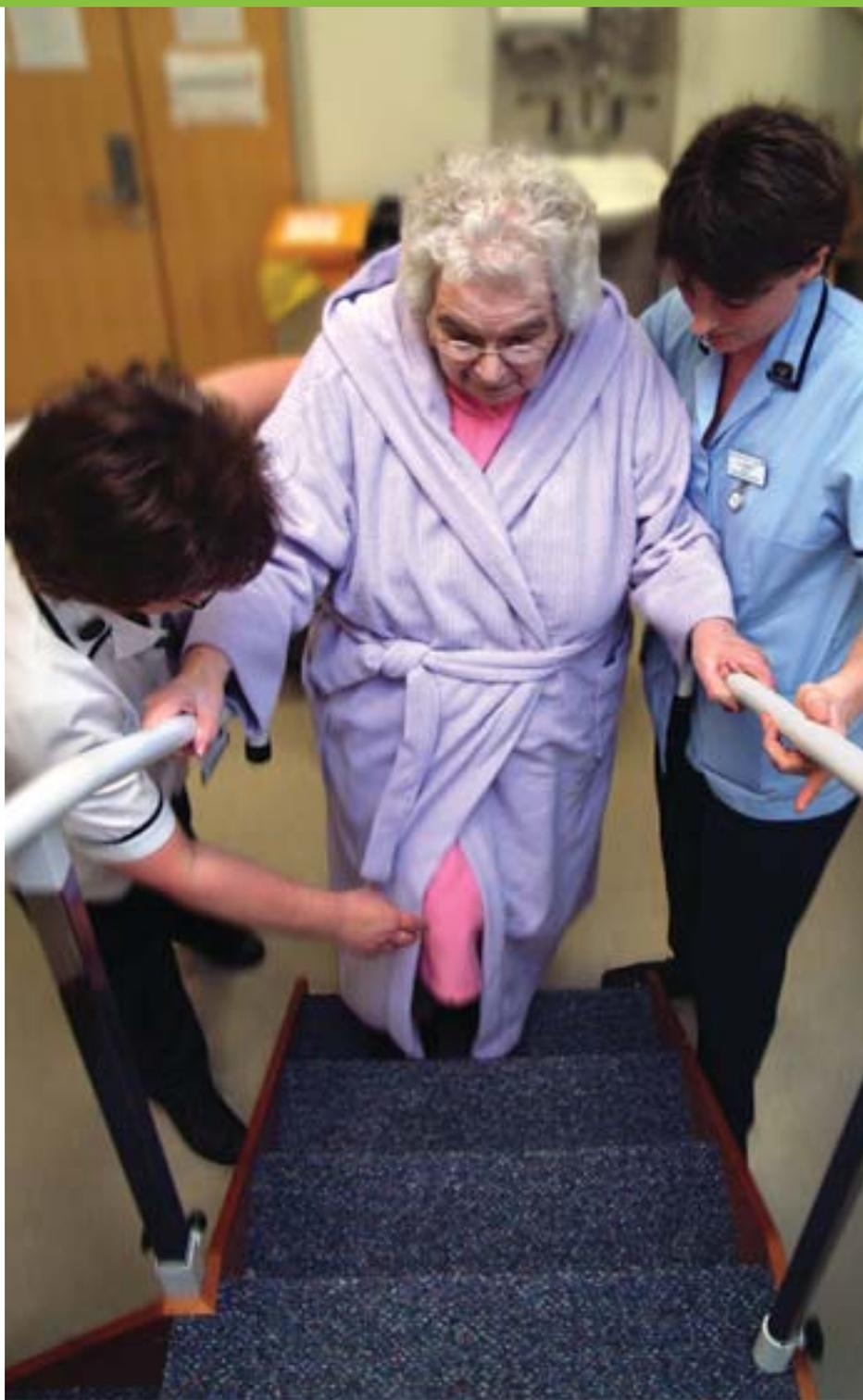
"We are always striving to improve our patient care by adapting the way we approach problems as a team through our



# elderly



*The Holt team (top) with Sister Josie Royall second from left. Above left: MFE consultant Sarah Bailey discusses a case with social worker Nick Pryke and (left) occupational therapist Amanda Pearse uses the hospital 'kitchen' to show 78-year-old Barbara Crampton a special device to pour a kettle more safely*



**PATIENTS WHO** arrive on Holt Ward are judged to be in need of short term medical assessment and treatment rather than long-term high-dependency care. As senior sister Josie Royall explains: "We to ensure that our patients receive the right type of treatment, in the right place and at the right time."

A key part of their assessment while on the ward is to ensure that they can safely climb stairs and use kitchen equipment. Above: physiotherapist Andrea Bellamy conducts a stair assessment on 83-year-old Beryl Bunn, assisted by Kate Baldwin (right).

monthly clinical governance meetings"

Sarah has joined Dr Helen May and Dr Magdi Naguib as the third consultant on Holt ward. The ward is a busy short-stay ward where a variety of conditions are dealt with, from chest pain and shortness of breath to common geriatric problems such as falls and confusion.

Discharge arrangements can be complex and often require patience, empathy and the ability to communicate effectively, not just with the patients and their families

but also with service providers in the community.

"Although these arrangements may take time to organise, the team gains a great deal of satisfaction from working together to achieve this goal," says Sarah.

"As a newly appointed consultant, my vision is to continue to develop and expand my current role to ensure that our elderly patients receive efficient, focused and multidisciplinary assessments, while delivering the best integrated care."

*Dr Brian Payne, consultant in Medicine for the Elderly, talks to Sue Jones about the changing attitudes that have shaped our services for the elderly*

# Adding life to years

**WHEN CONSULTANT** physician Brian Payne was a medical student in London in the late 1960s, 'geriatric' medicine was not a popular career choice for aspiring young doctors. Indeed, his early medical training bypassed the geriatric wards completely and it was only 'by accident' that he was diverted to this specialty from his initial aim of becoming a GP.

As he bows out of the profession after 28 years at NNUH, he has seen our Medicine for the Elderly (MFE) services expand to become the biggest and most specialised in East Anglia, culminating this year in the creation of the first Chair in Medicine for the Elderly at the UEA.

Of course, the word 'geriatric' has long been scrubbed from the title, and the definition of 'elderly' has also been amended over the years (although the World Health Organisation still defines 'elderly' as over 60). These nominal changes reflect a much more profound shift in attitudes towards our increasingly ageing population.

"It's hard to appreciate just how much

has changed in the last 50 years", says Brian. "Even in my own student days, geriatric medicine was very much the poor relation, with inadequate resources and antique ward facilities. Patients were often poor, from bad housing, and were aged beyond their years (compared to today) by virtue of lives of very hard labour, poor nutrition and neglected medical care.

"Since then, services have been driven

**"Patients are no longer satisfied to be told, 'It's your age, what do you expect?'"**

forward by enlightened doctors, managers and therapists, fuelled by patients who are no longer satisfied to be told, 'It's your age, what do you expect?'

"Many young doctors are now attracted to MFE because it's such an interesting specialty, with a huge range of clinical practice. The 'icing on the cake' is that the

UEA has now appointed its first Professor of Medicine for the Elderly, and our medical students have extensive opportunities to gain valuable expertise in MFE."

In recent years, NNUH has been at the forefront of many new initiatives (see box, below) that champion a team approach to care of the elderly. Needless to say, the struggle to fund services continues to this day, along with the debate about the kind of care that is appropriate for patients as they near the end of their natural lives.

"Here in Norfolk, the community hospitals have always had a huge role in helping to rehabilitate patients," says Brian. "The recent cutbacks in community beds are extremely worrying because in practice it means that more elderly people could end up being transferred to residential and nursing homes instead of being helped to return home."

Recent controversy over 'the right to die' has also put the spotlight on the treatment of patients who are terminally ill – and Brian admits he has 'huge admiration' for

## Milestones in medicine for the elderly

**MEDICAL DIAGNOSIS** and treatment of 'chronic sick' elderly patients was virtually unknown in Norfolk until the 1950s, when the first active treatment unit was created at the West Norwich Hospital.

Since then, NNUH has been at the forefront of many innovative developments in care of the elderly, supported by enthusiastic multidisciplinary teams of physiotherapists, occupational therapists and social workers. Innovations in the last ten years include:

**1990s Rapid assessment clinic** is established to provide a one-stop approach to the emergency treatment of elderly patients

**1998 Movement disorders clinic** is established at the West Norwich Hospital for elderly patients with Parkinson's disease and other neurological disorders. Its multidisciplinary approach has now been adopted by the Department of Neurology for younger patients with movement disorders

**1999 Falls clinic** established to help prevent elderly patients from suffering further injury

**2002 Stroke unit and fast-track stroke/TIA clinic** established to provide specialist care for patients in the early stages of stroke

**2005 Orthopaedic medical unit** (following a successful pilot in 2003) was the first initiative of its kind in the UK, aimed at co-ordinating the care of elderly patients following hip fractures



the courage of Dr Anne Turner, the GP from Bath who travelled to a Swiss clinic with her family to be assisted to end her life.

“Fortunately, no-one has ever seriously asked me to help them die, although I expect this may become more of an issue as patients increasingly take control of their own health decisions. A more common concern is whether very aged, frail individuals who are at the point of death should be admitted to hospital when they might far more appropriately have palliative care at home.

“It seems to me that we should not flinch from discussing this issue with our colleagues, patients and their relatives and that we should be more honest about our expectations.

“The British Geriatrics Society’s stated aim is ‘to add life to years, rather than years to life’ and that has always been my philosophy. I do not see death necessarily as a failure, but as a natural part of life.”

Brian is leaving a department that continues to go from strength to strength. A key element is increasing collaborative work with other specialties, such as Neurology for stroke care and research, and Orthopaedics for tackling the complex problems associated with osteoporosis, falls and fractures, especially their preventive aspects.

## FIGHTING OBESITY WITH FUN AND GAMES

*Tackling childhood obesity is not just about counting calories, argues dietitian Anna Suckling*

**IT’S OFFICIAL**, our children are following the same obesity trends as adults. Figures from public health suggest that there are over 17,500 overweight and obese children in Norfolk. But why?

There are constant messages in the media about healthy eating, about the need to eat more fruit and vegetables and to reduce our intake of saturated fat, so why are we getting heavier?

Research suggests that we are not eating any more calories than 20 years

**“Research suggests that we are not eating any more calories than 20 years ago, but we are much less physically active”**

ago but we are much less physically active, and if energy intake exceeds energy expenditure, weight gain results.

We also know that weight is about so much more than the calories we eat. Think of the environment we now live in – fast foods outlets, commercial advertising for high fat, high sugar snacks and fizzy drinks, the growth of ready-made meals and snacks, with less time being allocated to cooking meals.

If parents are overweight and eating an unbalanced diet, then their children are very likely to follow in their footsteps. Schools are trying hard to encourage a healthy eating ethos, but unless parents adopt this approach too, the family shopping lists and meals will not change for the better.

Recently I helped to set up a project called NutrifitkidZ, together with my colleague Paula Corney, at the UEA Sportspark. The idea was that overweight children and their parents would attend together and learn more

about healthy eating and physical activity. The children took part in interactive games to learn about nutrition, while in a separate group the parents took part in physical activity. Then we swapped the groups and the parents attended nutrition sessions while the children took part in non-curriculum sports such as touch rugby, martial arts, and wall climbing.

The results were fantastic, proving that an integrated family approach works to encourage lifestyle changes.



Initial funding for this innovative programme came from an enlightened GP practice, the Wensum Medical Practice, who donated £1,000, together with £1,000 from the NELM Development Trust, a community-led scheme which aims to improve the quality of life in the North Earham, Larkman and Marlpit areas of Norwich.

Unfortunately, funding for NutrifitkidZ has now run out. So if you know of a pot of funds anywhere, we can put it to great use to help meet the Government target of halting the year-on-year increase in obesity in the under 11s by 2010.

• For more information contact Anna Suckling on ext 3011 or 07977 079001.

*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.*

# Helping hands

We're expanding in all the right places

**I AM HOPING**

that spring will finally have arrived by the time you are reading this column. The cold wind blowing straight off the North Sea seems to head directly into the main corridors at Cromer!



Most of the external construction work has now been completed and the MRI scanner magnet is now safely installed – it was quite a sight to behold as it was lowered into its new home.

Work on the Renal Unit continues apace and the internal fitting out is well underway. We are all very hopeful that our patients will be able to start using the new facilities in the next few weeks.

Having worked on a construction site for most of the winter, we are looking forward to the scaffolding coming down and all the entrances being open again. It seems no matter how much signposting we put in place we still seem to have patients and visitors who manage to get lost!

We are indebted to the Cromer Town Football Club for the hire of parking space at their football ground across the road. With most of our parking spaces out of action, this has been very useful.

Finally, a date for all diaries: Sunday 18 June is the day of Cromer Hospital Fete and all staff are welcome. If you have never visited Cromer or the hospital please come and join in the fun. . . I promise it will be warmer by then.

**Helen Lloyd**

*Service Manager, Cromer Hospital*

**THE PULSE**

**Head of Communications, NNUH**

Andrew Stronach (ext.3200)

**Editor** Sue Jones (ext.5944)

**Pictures** Medical Illustration, Sue Jones

**Communications Officer**

Hayley Gerrard (ext. 5821)

Please send your contributions for the June issue by 9 May 2006.

**WELCOME TO** our new recruits – the volunteers who are working in their own time for the benefit of patients and staff at Cromer Hospital.

“We had an encouraging response to our recent appeal,” says service manager Helen Lloyd. “After conducting the necessary police checks, I am pleased to

say that all our new volunteers are settling in well and we are very grateful for their support.”

Sue Peacock, sister on the Allies Day Procedure Unit, says the volunteers take some of the pressure off staff during the busiest times: “It means the nurses are able to make better use of their time.”

**JOYCE JOYCE, 75**, acquired more than an unusual name when she married her namesake at the age of 67. She also swapped her home in Spain for a house in Overstrand and set about putting down roots in a county she had never visited before. Now she works one day a week at the Allies Day Procedure Unit, helping out with clerical tasks. “They’re silly little jobs really but they make a big difference to the nurses. I love meeting people and it’s a pleasure to work here because everyone is so friendly,” she says.



**RETIRED BUSINESSMAN** Bob Artless decided to become a volunteer on the Allies Unit after having a cataract operation at Cromer Hospital. A former methods engineer in the car industry, he moved to West Runton three years ago after a long business career that included running a fish restaurant and importing office equipment. For one morning a week he is now ‘chief photocopier’ on the Allies Unit – “I’m amazed at the volume of paperwork” – and says he’s delighted to be able to “give something back to the community”.



**ANOTHER NEWCOMER** to Norfolk, Jennifer Mann previously lived in Surrey, where her husband ran a garage business. “We’ve never regretted moving here – living in the south is so rushed and raw these days.” Having worked in the printing industry, Jennifer is comfortable “being surrounded by paper.... I like to be of help and it’s a pleasure to work with such a friendly team.”