

THE Pulse

Issue Number 25
June 2006

Norfolk and Norwich University Hospital



NHS Trust



PICTURE: MICHAEL SMITH



Focus on clinical trials
What next for research and development at NNUH?

Battle of the bugs
How scientists are helping to keep viruses at bay



A warm welcome
Big C centre opens for cancer patients at NNUH



March of the micro chip
Cromer patients benefit from new technology

Playtime with the Busy Bees

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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

Sercos 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

Sercos 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.

New biopsy for breast cancer

A NEW BIOPSY technique for breast cancer has been shown to improve recovery times and reduce pain.

Since sentinel node biopsy was introduced at NNUH in June 2005, more than 150 patients have undergone this new technique. It involves using a dye and a small dose of radioactivity to locate and examine the first gland in the drainage pathway, called the sentinel node, that drains directly from the tumour.

If the gland is clear, as in around 75 per cent of patients with screen-detected cancer,

there is no need to remove the other 20-30 nodes. Patients are able to return home the day after surgery instead of a longer hospital stay as with traditional surgery.

Recently published research from Cardiff University showed those women who had the new style of biopsy saw a 70 per cent reduction in arm swelling and a 60 per cent reduction in pain.

Consultant breast surgeon Mr Simon Pain said: "This new technique greatly reduces the side effects of surgery for more than half of our breast cancer patients."

Sweet way to say thank you

'H' MARKS the spot where Paul Stothers arrived by air ambulance after severing three of his fingers in a DIY accident at home in Gresham. Following 13 hours of surgery, he regained partial use of his hand and has since had two further operations to repair damaged tissue.

In April, Paul returned to the hospital to thank the air ambulance team and hospital staff who came to his rescue. He presented cheques totalling £500 which he raised through a charity collection at his shop, The Chocolate Box, in Sheringham.

"Each time I empty a jar of sweets I put



the jar outside for people to donate their loose change to charity," he said. "The NHS gets such a bad press but the care I've received here is exceptional and I wanted to show my appreciation for all their hard work."

Paul's donation was split between the East Anglian Air Ambulance and Coltishall Ward.

Radio requests...

DO YOU have some knowledge of music and enjoy talking to people? Do you have a couple of hours a week to spare during the afternoons or early evenings? If so Hospital Radio Norwich would love to hear from you.

The radio charity is looking for volunteers who can visit patients at NNUH and collect requests for their evening request programme, which is currently broadcast between 7.30 and 9.30pm.

If you would like to volunteer, please contact the Station Manager at Hospital Radio Norwich, Norwich Community Hospital, Bowthorpe Road, Norwich, NR2 3TU, tel. 01603-612686, email: studio@hospitalradionorwich.co.uk for more details.

Full training will be given.

Teamwork in action

THE CENTRE for Interprofessional Practice at the UEA hosted its first Interprofessional Student Conference to discuss ways of improving team working when caring for patients.

Student nurses, physiotherapists, occupational therapists, doctors, midwives and pharmacists were among those

who took part. One of the highlights of the event was a production by second-year UEA drama students to portray how stereotypical views about health care professionals can be barriers to effective patient care.



Big C Centre opens to visitors

SUPPORTERS OF the Big C cancer charity celebrated a dream come true when their new Family Cancer Information and Support Centre opened in the grounds of NNUH.

Funded entirely from charity donations, the £1 million centre offers a warm welcome for cancer patients and their families, where they can find out more about their condition and talk to staff and volunteers in a friendly, non-clinical atmosphere.

Opening hours are 9:30 - 4.30 on Mondays, Wednesdays and Fridays until 1 July, when the aim is to open from 9.30 - 4.30 Monday to Friday.

"If you have not yet had a chance to see



inside, please take the opportunity to go and have a look," says the manager Jill Chapman pictured (centre) with information officer Wendy Marchant and Alison Lanchester, chief executive of the Big C charity.

The NHS at its absolute best

I DON'T believe there are many hospital complexes in the world that can match ours. Not just a new hospital but a new Medical School, a new School of Nursing and Midwifery, Radiology Academy and Cotman Centre – this is the NHS at its absolute best.



The treatment and care we provide for our patients is also world class. There is no doubt that being a teaching hospital is enabling us to attract exceptionally talented consultants. I also know, from talking and listening to patients, that the quality of our care is of the highest.

The independent Dr Foster hospital guide confirms that we have outstanding clinical outcomes and, on a broad range of measures, we are the best hospital in the East of England.

We are very lucky to have so many committed staff who are prepared to go the extra mile – that is the difference between the exceptional and the ordinary.

It is important to remember all this as we face what is inevitably going to be a tough year. There should be no contradiction between the caring values that inspire so many to work in the NHS and the imperative to manage hospitals efficiently for the benefit of today's more demanding patients.

We are determined not just to be efficient and cost-effective but to provide the highest standards of patient care and to make this a great place to work.

I am hugely optimistic about the future of this Trust. This is a special place and many special people work here. The core value of the NHS – that healthcare should be available to everybody, regardless of their ability to pay – is still intact. We can provide acute and specialist healthcare to the best world standards. It is that which will guarantee our future.

David Prior

Chairman, Norfolk and Norwich University Hospital NHS Trust

International award for palliative care

MACMILLAN NURSES from across the Norfolk and Waveney Cancer Network have won international recognition for their team approach to education and training – they were runners-up in the Development category of the 2006 International Palliative Care Awards, which were presented at the Savoy Hotel in March.

The palliative care team from NNUH works with Macmillan Nurses from the Central Norfolk specialist service and the Great Yarmouth and Waveney area to hold workshops, study days and conferences which enable health professionals to share best practice and learn good communication skills for dealing with terminally ill patients and their families. David Smith, specialist palliative care nurse at the Norfolk and

Norwich University Hospital, commented: "We are delighted that our education programme has been recognised in this way.

"Education is a high priority for us because we can influence the care given to a larger number of people. We know that good symptom control, communication skills and emotional support can make a huge difference for patients."



WELCOME

...to the following consultants who have joined the Trust since 1 April 2006:

Mr Jonothan Clibbon, plastic surgeon; **Mr Richard Smith**, consultant in obstetrics and gynaecology with a special interest in foetal medicine; **Dr Bala Balsasburamaniam**, anaesthetist; **Dr Caroline Reavley**, anaesthetist

FAREWELL

...to the following long-serving staff who

have recently left the Trust:

Philip Roberts, consultant histopathologist, after 32 years; **Christine Harrison**, pharmacy technician, after 30 years; **Brian Payne**, consultant in MFE, after 27 years; **John Colin**, consultant general surgeon, after 26 years, **Christine Palmer**, clinical coding manager, after 23 years; **Veronica Rogers**, charge nurse in paediatrics, after 20 years.

YOUR 'CRITICAL FRIEND'

People power can make a real difference when it comes to patient care, says Sandie Johnson of the PPIF

IT IS THREE years since our NNUH Patient and Public Involvement Forum (PPIF) was established. But don't be put off by the long title, we are all merely volunteers who are interested in trying to influence the way healthcare is provided for the benefit of patients.

The PPIF is one of 571 around the country that were created by the Department of Health - each Primary Care Trust and acute trust, such as NNUH, has one by statute.

Acting as an independent 'critical friend,' we actively review patients' experiences at the NNUH, voice people's concerns and hold public

"Next time you see us walking the wards, stop and say hello. We want to hear what you have to say, too"

meetings on specified topics, with the aim of encouraging wider public debate. We also monitor standards during 'walkabouts' on the wards and outpatient clinics.

We present our findings in a regular series of reports and recommendations that are sent to the NNUH Trust and to other healthcare organisations, such as the Strategic Health Authority, the Healthcare Commission and local government Overview and Scrutiny Committees.

Delivering your message to the decision-makers

Last year, we held community meetings on issues such as the impact of out-of-hours GP services on A&E; the "Choose & Book" system for offering patients a choice of hospitals to have their elected surgery; the management of Health Records and patient confidentiality; and the management of cleaning services.

Help us to be your voice

Your feedback and experiences are vital in highlighting the trends and areas of

service delivery that are of concern to patients and their families. We want to hear about your concerns and experiences, good and bad.

We are currently working on a wide range of topics from maternity services to diagnostics, but two principal areas of emphasis are hospital cleanliness/ infection control and discharge planning.

Give us a few Good Men (and Women!)

Monitoring patient care, checking publications written for patients, family and carers and following up on issues highlighted by the media is a big job.



PPIF members Alan Perfect and Sandie Johnson with facilitator Carole Ponniah (on left) and administrator Tina Walton

We are continually looking for volunteers who are committed to improving NNUH, which is already acknowledged as the leading hospital of excellence in Norfolk. No prior experience is necessary, just a willingness to bring forward the patient perspective to help improve services.

Interested? Please contact Carole Ponniah in our Norwich office on 01603 744322. And next time you see a handful of people walking the wards and talking to patients about their concerns, stop us and say hello. We want to hear what you have to say, too.

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.

Rheumatologist honoured

PROFESSOR DAVID Scott, a consultant rheumatologist at NNUH, has been awarded the prestigious Heberden Round at the annual meeting of the British Society for Rheumatology.

He presented some of the latest findings on vasculitis

(inflammation of the blood vessels affecting the heart, kidneys,

lungs and skin) following collaborative studies of 500 patients in Norfolk.

As director for research and development at NNUH for the last ten years, David has played an important role in developing collaborative research programmes in this region. He has now stepped down to concentrate on his new role as Divisional Director for the Medical Division.

• You can read about our expanding research and development programme on page 8.



Award for SHO

DR BRIAN Ainsworth, an SHO in Vascular Surgery, has won the William Fellowes Prize for his presentation on a

complex operation to repair aortic, femoral and renal artery aneurysms in one patient. The surgery was performed by Mr

Matthew Armon, assisted

by Mr James Clarke. Dr Ainsworth's presentation was designed to illustrate the kind of complex surgery that is carried out at NNUH, with good outcomes.

The runner-up was Dr Mark Swindells, an SHO in Orthopaedics.



Breathe Easy award

THE NORWICH Breathe Easy support group for patients suffering from COPD (chronic obstructive pulmonary disease) has won a national award from the British Lung Foundation for its efforts to raise £8,000 for research.

The group is the largest in the UK, with 340 members, and is supported by our respiratory team at NNUH, who offer advice on breathing exercises and relaxation.

Nationally, around 900,000 people are diagnosed with COPD each year but many more are undiagnosed.

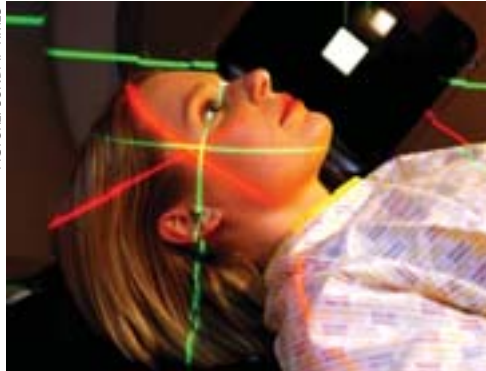
Science and the art of 'cooking' cancers

A NEW technique for 'cooking' cancers will be demonstrated by two of our specialist radiology registrars when the BA Festival of Science comes to Norwich from 2 to 9 September. Known as bimodal electric tumour ablation, the new technique has been developed by consultant radiologist John Cockburn and consultant surgeon Simon Wemyss-Holden as part of their ongoing research at NNUH.

The hands-on demonstration, using raw meat, is one of several being planned by our clinicians and scientists to illustrate some of the latest advances in medical research.

Visitors will be able to tour the Colney Centre and doctors from NNUH, led by consultant oncologist Dr Tom Roques, will

PICTURE: SUNDAY TIMES



be looking at cancer care from two different perspectives. In the first, they will talk about involving patients in decision making, while a second presentation will explain how improvements in computing, physics and mathematics have been translated into tangible benefits for cancer patients.

Hosted by the University of East Anglia, the Norwich Research Park and the city of Norwich, the festival will attract some of the world's best scientists and will explore a range of issues, from climate change to food in the future.

Other contributors from NNUH are:

- Dr David Ralphs, consultant general surgeon and former clinical director of the Arthur South Day Procedure Unit, on the benefits of day surgery
- Senior biomedical scientist Rebecca Cozens on 'What your blood says about you'
- Professor David Scott, consultant rheumatologist on 'Self-help for autoimmune diseases.'

More information is available at www.theba.net/festivalofscience or contact events@uea.ac.uk. For tickets, call 020 7019 4963.

PICTURE: ARCHANT



So glad you're here: Biomedical scientist Rob McPherson and trainee Rachel Ward with Kaden and mum Karen (left)

Red letter day for NNUH lab team

LITTLE KADEN Adams owes his life to the sharp-eyed biomedical scientists at NNUH who detected a life-threatening problem during a routine blood test while he was still in the womb.

His mother, Karen, was 34 weeks pregnant when the test showed signs of foetal haemorrhage in her blood. This was quickly confirmed with further tests in the lab and Karen was rushed to theatre for an emergency caesarian.

There was further drama when Kaden needed an immediate blood

transfusion. However, after two weeks in the Neonatal Intensive Care Unit, he was well enough to go home to his family on 1 March.

"I can't thank the hospital staff enough; they were brilliant and saved my baby's life," says Karen.

Biomedical scientist Rob McPherson commented: "It's a wonderful feeling to be part of a team that worked so well together. This was definitely one of the most rewarding and memorable days of my career."

2005 Staff Survey shows improvements

THE ANNUAL Staff Survey by the Healthcare Commission has shown improvements in a number of key areas and reveals that the Trust is one of the best in the country for flexible working arrangements. A total of 551 NNUH staff responded to the 2005 survey – a response rate of 66 per cent – and the results are available in full on the Trust intranet. Among the main findings are:

- 96 per cent of staff had received training or development in the last 12 months – up from 89 per cent in 2004.
- The number of staff who had experienced workplace harassment or

bullying was down from 18 per cent in 2004 to 15 per cent. A high proportion of staff thought the Trust took effective action on these issues.

- The percentage of staff suffering work-related stress was in the lowest 20 per cent of Trusts, at 32 per cent.
- Pressure of work felt by staff was lower than in 2004 but was still higher than the national average.
- The percentage of staff who experienced bullying, harassment or abuse from patients and relatives was slightly above average
- The number of staff who reported errors,

near-misses or incidents was below average, at 91 per cent, although the fairness and effectiveness of our reporting procedures was above average.

Commenting on the findings, Bernard Scully, the director of HR, said: "We are pleased to see significant improvements on previous surveys and we now ask all senior managers to look at areas where staff have indicated concerns.

"In particular we will be focusing our attention on staff appraisals, workplace injuries and the reporting of errors or incidents, and to continue our efforts to tackle workplace bullying and harassment."

VIRUSES: the hi

As bird flu is found in Norfolk, our scientists are taking more than a passing interest in the progress of the disease. They know that if a deadly strain of the virus should start to attack humans, their laboratory will be in the front line in the battle to contain its spread



IT MAY HAVE a high profile just now, but flu is only one of many viruses that come under the scrutiny of our virology team. In the last year alone, more than 970 infections caused by 50 different viruses or associated organisms have been identified by the team, ranging from common infections such as norovirus (winter vomiting) and chicken pox to more exotic diseases such as dengue fever, lassa fever and typhus.

Led by Consultant Clinical Scientist Margaret Sillis, with Consultant Medical Microbiologist Philippa White and Chief Biomedical Scientist Peter Coe, the team comprises 17 clinical scientists, biomedical scientists and biomedical laboratory assistants.

They specialise in the diagnosis of respiratory infections and provide a diagnostic service for most hospitals in the Eastern region, as well as for some of the large teaching hospitals in London.

Fortunately, the recent outbreak of avian flu in Norfolk proved to be low risk to human health, but the team has for some time been involved in planning a co-ordinated emergency response should a flu pandemic occur.

Dr Sillis never underestimates the power of viruses and has ‘the utmost respect and admiration’ for their inventiveness. “They are just so incredibly clever in the way that they can adapt and spread,” she says.

“I can imagine viruses as little green monsters living in a parallel universe, but I

don’t lose sleep about them. If anything, the more I know about how they are spread, the more confident I feel about our ability to deal with them.

“In most cases the human body will be able to fight off an infection after a few days of illness, but if the immune system is suppressed or if the virus is especially virulent, this may not be possible without

“I can imagine viruses as little green monsters living in a ‘parallel universe’ but I don’t lose any sleep about them”



medical intervention.

“Viruses work by invading the host cell and taking over its functions, so if you attack the virus you also risk harming the host cell. The challenge is to identify drugs which target stages in the life cycle of the virus and cause only minimal damage to the patient. In most cases these drugs have to be given in the first 48 hours to be effective. It’s therefore essential that clinicians ask the right questions to enable the correct diagnosis to be made.

“As scientists, we can offer advice on appropriate patient management but we do need to have enough information to help us

identify the type of virus we are dealing with.

“The range of viruses is rising all the time, fuelled to a large extent by the growth in foreign travel to exotic locations. Currently, we are on alert for Chikungunya virus in travellers returning from Mauritius and Indonesia, where there is a huge outbreak.

“The increase in transplant surgery and, more recently, the discovery of HIV and AIDS have put the spotlight on viruses because they pose such a threat to an already suppressed immune system.

“Some viruses can lie dormant for many years in the host cell, only to emerge when the immune system is suppressed and the virus takes hold. You have to remember that it is not in the interest of the virus to kill the host, but rather to find a way to survive or be passed on to someone else.

“This is an exciting time to be involved with virology because new diagnostic techniques, vaccines and treatments are being developed all the time.

“New molecular technologies have revolutionised the service we provide, enabling viral infections to be detected in hours rather than weeks, as was previously the case. Such tests are not without their problems, however – we have to take very stringent precautions in the lab to ensure we don’t cross-contaminate patients’ specimens and give inaccurate results.

“The main driver behind all these

Hidden threat



Protecting public health

BASED AT the Norwich Community Hospital, our virology laboratory is part of the Microbiology department which transferred to the NNUH Trust when the Public Health Laboratory Service was disbanded in 2003. However, the lab continues to fulfil an important role in public health.

For instance, in the event of a serious flu outbreak, samples are analysed and the information is shared, both nationally and internationally, to inform the composition of future vaccines. The team is also involved in planning a co-ordinated local response to a possible flu pandemic.

Screening for bloodborne viruses such as hepatitis B, hepatitis C and HIV is a significant part of the workload and the lab is now the testing centre for the chlamydia screening programme in Norfolk and Waveney. (Chlamydia is a the most common sexually-transmitted disease in the UK.)

Another important aspect of their work is to advise on the treatment of pregnant women who have had contact with potentially harmful viruses such as chicken pox, rubella and slapped cheek disease.

FACTS AND FIGURES

- A total of 120,000 samples are processed by the virology team every year.
- Around 970 infections, caused by 50 different viruses or associated organisms, were identified by the team over the last year.
- 5,300 tests were performed for hepatitis B, 4,700 for hepatitis C and 8,100 for HIV. If an HIV test is positive, the results are checked by three other types of test at another laboratory. Once confirmed, other tests are required to inform management of the infection.
- As many as 30 tests may be needed on one patient confirm an infection, especially in infants from HIV-positive mothers.
- Each year, around 18,000 samples from pregnant women are screened for infections such as rubella which could potentially harm an unborn baby.

advances is the development of new antiviral drugs to treat conditions such as HIV/ AIDS.

“Tests to monitor the effects of these drugs on individual patients are expensive, so we have to ensure that funding is available within the Trust before we can go ahead. The good news is that, if managed effectively, these drugs may considerably improve the life expectancy of susceptible patients.”

Testing times for the virology team, clockwise from above left: Dr Margaret Sillis, (second from right) with senior scientists at the Norwich laboratory; screening for chlamydia using new molecular technology; inspecting inoculated cells; pipetting samples



Assessing the risks to farmworkers

THE NORWICH laboratory is one of only three sites in the UK to participate in a long-term farmworkers' study, looking at zoonotic infections, such as Lyme Disease, psittacosis (parrot disease) and Q fever, that may be passed from animals to humans.

The study involves the co-operation of around 200 farmworkers and their families in each of three locations – Norfolk, Hereford and Preston – who

have agreed to complete lengthy questionnaires and to be tested periodically for evidence of exposure to zoonotic infections.

This has enabled us to measure the true extent of infection in our agricultural communities and to determine the risk of illness associated with a variety of defined occupational exposures. This evidence informs local and national advice to farmers in the UK.

What **NEXT** f

QUESTIONS ABOUT the safety of clinical research have come into sharp focus recently following the human drug trial that left six young men fighting for their lives at Northwick Park Hospital.

Here at NNUH the prospect of Phase 1 trials – where drugs are tested on humans for the first time – is still some way off, although we now have a well-equipped Clinical Research and Trials Unit and an expanding programme of research activity involving hundreds of local patients.

The difference is that all of these volunteers have consented to take part in Phase III and IV trials, where any drugs involved have already been tried on humans

The clinical research programme at NNUH is set to expand. We take a look at recent developments that are likely to raise the profile of medical research in this region

and are now being tested on patients with the disease. Apart from expenses and the possibility of improved treatment, the volunteers do not receive any payment for their trouble.

In January, the DOH announced a new research strategy, *Best Research for Best Health*, which will change the way that (R&D) Research and Development funding is made available to NHS Trusts. The aim is to widen participation in research

throughout the UK and to speed up access to results. Local networks are being established to support new clinical research initiatives, with funding channelled through the DOH.

Together with partners in Cambridge, the Diabetes Research Unit has already bid successfully to be a local research network for diabetes and we also hope to be involved in a local research network for dementia and neurodegenerative diseases.

Other areas targeted for research are cancer, mental health, children's medicine and stroke. In addition, there will be generic networks for research activity that is not covered in these topic-specific networks.

“From now on we will need to streamline research governance activities across our region and think very strategically about bidding for new funding,” says R&D manager Kath Jones. “Hopefully, in the long term this new strategy will bring more funding to the Trust for R&D activity rather than less.”

Professor David Scott, who has been director of R&D at NNUH during an eventful 10 year period, believes we are on the crest of a new wave in clinical research.

“Historically, our collaboration with local GPs and with partners such as the UEA and the Institute of Food Research has made Norfolk a good choice for research projects,” he says. “The enthusiasm of our consultants was a key factor in the development of the new Medical School and already the school is creating new opportunities for studying chronic illness, neurodegenerative diseases and orthopaedics.”

• **ALL PARTICIPANTS** in our clinical trials can be assured that every one of our research studies has been approved by an independent NHS Research Ethics Committee (see page 11) as well as the Trust's own Research Governance Committee



The research and development team at NNUH, from left: Manager Kath Jones (left) with support staff Sarah Leggett, Julie Dawson, Kath Andrews and Linda Roy.
• For more information about R&D, contact the team on 01603 287408

Facts about Research and Development

- The NNUH Trust is part of the East Norfolk & Waveney Research Consortium whose partners include Norwich PCT, Norfolk & Waveney Mental Health Partnership, James Paget Hospital, the UEA and IFR (Institute of Food Research).
- Research activity in the Consortium is organised in four research programmes: Cancer, Chronic Illness, Health Technology Assessment and Mental Health. All four programmes were awarded the highest rating of 'strong' in the last three appraisals by the DOH.
- There are currently 233 active research studies at NNUH and our main research strengths are in the areas of rheumatoid arthritis and vasculitis, diabetes, ophthalmology, respiratory medicine, orthopaedics and oncology.
- We contribute to research programmes run by other Trusts in the UK and we also collaborate with studies taking place at the UEA, including the new Medical School.

or clinical trials?



SET UP IN collaboration with the UEA, the Clinical Trials and Research Unit (CRTU) opened at NNUH last October. Now home to the Bertram Diabetes Research Unit, which was previously based at Norwich Community Hospital, the five-bed CRTU will soon be augmented by enhanced research facilities on the university campus, including a proposed £10 million laboratory development by the Wellcome Trust.

At present the CRTU facilities are most widely used for diabetes and respiratory research, but the aim is to encourage research ideas and to involve more patients to become involved in clinical trials. The CRTU facilities and staff will enable other clinical teams at NNUH to take on clinical research.

Left: Diabetes patient Derek Bridge (pictured with clinical trials assistant Dr Jane Ewing) is helping with a collaborative study on cardiovascular disease (see page 10)

'The drug that changed my life - for the better'

FORMER ENGINEER Glyn Bowman, 62, was a keen athlete with more than 20 marathons under his belt when he was struck down with rheumatoid arthritis in April 2000. Within six months he was 'completely incapacitated' and could



barely lift his arm to have a shave.

"Then Dr Gaffney suggested I try this new treatment and within hours my life returned to normal," he recalled.

Glyn is one of 460 patients whose lives have been transformed by a new generation of drugs, known as biologics, which became licensed six years ago after extensive clinical trials.

Margaret Somerville, the clinical research manager in Rheumatology, remembers the effects on patients when the drugs were first introduced at NNUH six years ago. "It was absolutely amazing. People were calling me in tears to tell me they could walk without pain for the first time in years. When you see these patients regularly and you know how much they suffer, it's fantastic to find a drug that can make such a dramatic difference to their lives."

The Rheumatology Research Unit is currently conducting four clinical trials with a new generation of biologics.

However, these represent just a small proportion of clinical studies undertaken by the department over the last 17 years in the search for better treatments.

There are stringent criteria for recruiting patients for these trials, and details of both their progress and any side effects are shared rapidly with participating clinicians throughout the world to ensure maximum safety. If a pattern of side effects is detected, the trial could be terminated immediately.

Patients are seen every two or four weeks for up to three years, and even after a drug is licensed, their progress continues to be monitored every three or six months.

The cost of treating each patient with biologics is about £9,000 a year and there are clear guidelines from NICE (National Institute for Clinical Excellence) to decide who is eligible. "Our experience shows that biologics are the most important drugs to be developed since steroids," says Margaret.

Putting research on the map

There are currently 233 active research studies in progress at NNUH. Here are some of the specialties where patients are volunteering to advance our medical knowledge

DIABETES

The Diabetes Research Unit is funded to undertake work in the field of cardiovascular disease in Type 2 diabetes, together with colleagues at the Institute of Food Research, the UEA's School of Biological Sciences and the Medical School.

People with Type 2 diabetes and their families are also taking part in an international study to investigate genetic links with the disease. The study aims to collect blood samples from 10,000 people in Norfolk and patients at GP surgeries throughout Norfolk are being asked to take part, in collaboration with Dr Nick

Wareham in Cambridge. In the last few weeks, new funding has been secured to test the cord blood of pregnant women with Type 1 diabetes, to establish whether their children's later development is affected by their mother's disease.

"We are delighted to be chosen as partners in the local network for diabetes research in the East of England," says diabetes consultant Mike Sampson. "Research has always been a high priority for our department and we are fortunate in having the local diabetes charitable trust to support local research."



BASED AT Aldwych House, the support team for the Norfolk Research Ethics Committee deals with applications for research from all over Norfolk, Suffolk and Cambridgeshire on behalf of the Strategic Health Authority.

"We are lucky to have an extremely active, independent research ethics committee whose members put in a great deal of their own time to look at each application in great detail," says the manager, Janette Guymer.

"They receive no payment for the hours they willingly put in to read proposals, attend meetings and provide initial and follow-up advice (although they can claim expenses).

"The committee is made up of people with relevant expertise, plus 'lay' members who ensure that participants in research studies receive enough clear information to give their informed consent."

ARTHRITIS and VASCULITIS

Funded by the Arthritis Research Campaign, the Norfolk Arthritis Register (NOAR) has built up data on 5000 local patients since it was set up in 1990 and has proved to be a rich source of information on risk factors for the disease. Our rheumatology team conducted some of the later clinical trials into the revolutionary biologics therapies which have made such a difference for chronic arthritis sufferers (see page 11). More recent studies in Norfolk have shown that patients with inflammatory arthritis are more at risk of developing heart disease, and that exposure to farming can increase the risk of developing vasculitis (inflammation of the blood vessels affecting the heart, kidneys, lungs and skin). The next step is to look at genetic links with vasculitis in a collaborative study involving scientists in Japan.

CANCER

SINCE A dedicated cancer research team was appointed at NNUH, the number of cancer patients taking part in clinical trials and other studies has increased from 66 in 2003 to 320 by 2005. The Norfolk & Waveney Cancer Research Network is part of the National Cancer Research Network initiative, with ring-fenced funding from the DOH.

There are currently 35 cancer studies in progress involving patients from NNUH and the James Paget Hospital.

"Evidence shows that there are overall health benefits for patients who take part in clinical trials, whether they receive new drug treatments or remain on standard treatments," says Cancer Research Network

Manager Jane Beety.

"Of course, some patients are unsuitable for these research studies or unwilling to participate, but many others are very happy to take part, either because their participation may help to answer important clinical questions or because they could have access to newer treatments that they wouldn't otherwise receive."

"Most of our research trials are non-commercial national studies involving drugs or procedures that have already been shown to be effective in smaller groups of patients. A number of our studies are also investigating whether certain groups of people may be more susceptible to developing cancer."



Clinical trials practitioner Karen Heasley is part of the cancer research team at NNUH



VERY Busy Bees!

The Busy Bees nursery is open to visitors during a special fun day on Friday 9 June, when Bob the Builder and a bouncy castle will be among the attractions

FIVE DAYS a week, the Busy Bees nursery is a hive of activity, with a continuous round of fun and games for children aged from three months to five years.

Around 70 per cent of the children have parents who work at the hospital, although the nursery is privately run and open to all.

For £36 per day, or £165 per week, the nursery offers high-quality childcare in a specially designed building on the NNUH site, with hours available from 7.30am to 6.30pm (although special arrangements can



be made for early and late collection).

A five per cent discount is available with childcare vouchers, which can be obtained from the Trust. Under the national voucher scheme, every parent can make savings on tax and national insurance by swapping part of their salary for childcare vouchers worth up to £243 per month.

The nursery is run by Busy Bees, a national company founded 20 years ago in Lichfield by six former teachers. The Norwich manager is Sue Sparks, who has a

business background, and there are 11 qualified or highly experienced nursery nurses on staff, as well as a cook who prepares meals on the premises every day.

The day is structured, but flexible, with mealtimes and snacks interspersed with activities that are often themed according to the time of year. Lunch is always followed by a 'quiet time' and it's clear that the older children enjoy this opportunity to relax and listen to a story, following the words and pictures on an oversized book.

Short-stay parking is available with the use of a special card available from the nursery. Parents using Busy Bees may also pick up a pass for the staff car park at NNUH for a fee of £1 per day.

• Places are still available at the Busy Bees nursery - if you'd like to know more, come along to the fun day on 9 June or contact the nursery on 01603 507776.



HELEN KING is a qualified chef who takes a pride in the home-cooked food she prepares for the Busy Bees children. "All the meals we serve are cooked on the premises using fresh ingredients," she says. "None of the food comes out of a packet - I even make my own pizza bases.

"We cater for vegetarians and provide special diets for religious or medical reasons. The children are often shy when they first come to the nursery, but once they get used to sitting down with the other children and eating together, they soon settle down and enjoy their food."

'Poppy loved it right from day one'

RUTHANNE MIDDLETON was forced to rethink her childcare arrangements at very short notice when her childminder announced she was giving up the job last summer.

"We were about to go on holiday so I had very little time to make alternative arrangements," recalled Ruthanne, a deputy service manager in the Medical Division.

"Luckily the Busy Bees nursery was due to open in September, so we decided to give it a go. Poppy loved it from day one and I must say I'm really pleased with the care they

provide. The facilities are wonderful and the children have lots of care and attention from the staff.

"I particularly like the fact that the children are all together at the beginning and end of the day, then split into three age groups so activities can be geared to their particular level of development.

"It's also a nice idea that each child has a turn at being singled out for special attention, with 'day in the life' photos and comments that are put on display for everyone to see."



Ruthanne Middleton with Poppy

MINOR INJURIES UNIT PREPARES FOR A LONG HOT SUMMER

AT LAST we are warming up here in Cromer. It's amazing how much a blue sky and a warm breeze can add a spring to your step.

Work on the MRI Scanner building and the Renal Unit is now completed. The Renal unit was handed over from the contractors early this month so hopefully, by the time you are reading this, we will know when Janet Dickerson and her team will be ready to receive their first patients. I am very impressed by the high standard of internal fittings and decorations in the new units and I know the Cromer

community will offer the team a very warm welcome.

Plans for the redevelopment of Cromer hospital are still under discussion and we hope to have news about this in the next few months.

Recently I have managed to spend some time in our Minor Injuries Unit, (MIU) watching the staff at work and meeting patients and their families. For those who are unfamiliar with the Cromer MIU, it is entirely nurse-led, with experienced Emergency Nurse Practitioners treating nearly 10,000 patients a year. The unit is

staffed by Cromer-based staff as well as senior staff on a rotational basis from Norwich, a really good example of teamwork and an excellent local service for Cromer



Remember the Cromer Hospital Fete at 2pm on Sunday 18 June. I can't guarantee the weather but I can guarantee a warm welcome, with a raffle, tombola and lots of cakes. Hope to see you there!

Helen Lloyd

Service Manager, Cromer Hospital

Patients benefit from micro technology

A procedure that would once have involved a general anaesthetic can now be carried out safely in an outpatient clinic at Cromer

A NEW TECHNIQUE for investigating the lining of the womb is proving to be a great success for patients at Cromer Hospital. Known as an 'outpatient hysteroscopy', it uses the latest technology to allow surgeons to 'see and treat' patients in one-stop clinic.

"This new technique is an updated version of a D&C (dilatation and curettage) but is much less painful because the equipment we use is small enough to pass through the cervix without the need for a general anaesthetic," says consultant obstetrician and gynaecologist Eddie Morris.

"In a straightforward examination, we take a sample of the womb lining and the whole procedure is over in about five minutes. If polyps are discovered, we can remove them at the same time.

"Only around 20 per cent of cases show evidence of cancer and the pictures are so good that we can usually give patients

Kirstie Pearce, from Overstrand, with consultant gynaecologist Mr Eddie Morris and Cromer staff nurses Scott Curson and Sue Wass



feedback straight away – although it may take up to a week to have the diagnosis confirmed by histology results."

One of the first 100 patients to take advantage of the new technique is Kirstie Pearce, from Overstrand, who was referred by her GP to investigate very heavy periods.

"I've had a D&C before and it completely wiped me out," she said. "This procedure was so much simpler – I was able to take my two children to school first and it was all over by 11am. I'd been warned to take some ibuprofen before I came in case I suffered from stomach cramps, and I did experience some discomfort afterwards, but no worse than my usual period pains.

"I've been very impressed by the staff here at Cromer Hospital. Everyone is so warm and friendly - it was a bit like having a chat with strangers in a café. You can't help but

relax when people go to such trouble to explain everything to you."

The £50,000 cost of the hysteroscopy equipment was met by the Sagle Bernstein legacy. However, research over the past year has shown that the technique is extremely cost-effective and is less risky for the patient as it does away with the need for a general anaesthetic.

So far, 98 per cent of patients at Cromer who have undergone the procedure said they were very happy with the process.



Small is beautiful: the tiny telescope, located within a flexible steel tube, is small enough to pass through the neck of the womb

THE PULSE

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Please send your contributions for the August issue by 9 July 2006.