

THE Pulse

Issue Number 3
September 2002

Norfolk and Norwich University Hospital

NHS Trust



Better by design

Why NNUH is among the Prime Minister's top eight public buildings



Happy landings

The radiographers who dared to raise £3,890

Helen's 'little miracle'

Teamwork saves mother and baby



The diabetes epidemic

How the NNUH is helping patients to cope



Gift of life

Why we're after your blood at the NNUH

Better by design

NNUH IS one of eight new projects shortlisted for the Prime Minister's Better Public Building Award. They include (from left) Persistence Works, Sheffield, Earth Centre, Doncaster and Tamar Bridge, Plymouth. The panel of judges commented: "The design of the hospital makes good use of natural light and contains airy volumes within the building. Others chosen from the 65 projects to be nominated were: City Learning Centre, Bristol, Gateshead Millennium Bridge, Memorial Gardens, Hendon and Juniper House, King's Lynn. Cover picture of NNUH by Lin Wymer



Trust leads the way in treatment of asthma

PIONEERING CLINICAL research into severe asthma undertaken at the Norfolk and Norwich Hospital is helping to improve standards of care for asthma sufferers across the UK.

A Confidential Enquiry into Asthma Deaths (the first involving a medical condition in the UK) was introduced in

Norfolk in 1988 and extended to East Anglia in 1992. In addition, studies have been carried out into the management of patients presenting with acute asthma attacks.

East Anglia has one of the highest rates of asthma in the country, but the number of deaths from the disease in those under 65

years of age has fallen dramatically in the Norwich Health District - from a peak of 10 in 1989 to just one in the last three years. One of the main reasons for this fall, which is sharper than in the rest of Britain, is that the important messages from the confidential enquiry have been implemented by physicians and nurses in primary and secondary care in Norfolk.

Dr Brian Harrison, a consultant in respiratory medicine at NNUH, has also been instrumental in developing national guidelines for the management of asthma following the progressive rise in asthma deaths in the 1980s. These guidelines incorporate the studies into severe asthma carried out on Mancroft ward at the old West Norwich Hospital and on Hethersett ward at the old N&N over the last 20 years.

Many of the problems encountered in life-threatening asthma attacks are linked to adverse psychological, social or behavioural factors including severe stress. This has led to the combined clinic run by a chest physician and a psychiatrist, who see patients together.

The latest evidence-based national asthma guidelines are soon to be published, following a collaboration between the British Thoracic Society and the Scottish Intercollegiate Guidelines Network.

Dr Harrison and his colleagues would like thank the many patients who have willingly participated in this research.

The Pulse

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LETTERS

PLEASE SEND YOUR CONTRIBUTIONS TO: SUE JONES, EDITOR, TRUST MANAGEMENT OFFICE, NNUH

Happy landings

I'd just like to say thank-you to everyone who contributed to our sponsored parachute jump in aid of the Big C appeal. The team raised £3,890 and, despite delays due to bad weather, all six of us managed to complete the jump and land in one piece!

*Kevin Brundle, radiographer
(pictured below with fellow fliers Rachael Forton, Clare King and Karen Reid)*



Familiar faces

One of the nurses pictured in your 1932 photograph of Cromer Hospital staff (*The Pulse*, July) was among those who attended Cromer's annual nurses' reunion in July.

Mrs Joan Hurst, 87, was a theatre sister at Cromer before moving to Yorkshire and now lives at North

Walsham. To my surprise, she was able to name all the staff in the photograph, with only one exception.

*Brenda Stibbons,
Cromer Hospital Telephonist*

Lunchtime exercise?

As a newcomer to the NNUH I was surprised to find there were no facilities for exercise in the lunch hour. At my last hospital (Royal Hampshire County Hospital, Winchester) there were fitness classes as well as massage and beauty treatments to choose from. Would anyone be interested in organising lunchtime fitness classes here at NNUH?

*Linda Davidson,
Medical Secretary, MFE*

Wheelchair sweep!

A number of wheelchairs have apparently gone missing from the NNUH.

To deter people from taking them away, why not follow the lead of supermarkets such as Sainsbury and attach a vertical pole to each one, similar to their kiddies' shopping trolleys? This would make it impossible for wheelchairs to fit into the average boot space.

*Will Doncaster
Site Services Assistant*



Heart campaign gathers pace

IN JULY the Eastern Daily Press launched a campaign lobbying the Government to create a cardiac centre at the NNUH. Currently all cardiac patients in Norfolk who require heart surgery face a long journey to Papworth Hospital in Cambridge for treatment.

Trust chief executive Malcolm Stamp says: "We already have the commitment, knowledge and experience to deliver a cardiac centre here."

MPs and health professionals in Norfolk have offered their support. If you would like to add your voice to the 'Have a Heart Campaign', the EDP would like to hear from you.

PALS is off to a great start

NEARLY 100 patients and relatives have made contact with the Patient Advice and Liaison Service (PALS) since it was introduced in April.

"It can be very rewarding to help overcome the often simple but frustrating issues which may lead to conflict," says PALS manager Mike Lee. "The developing role of our Modern Matrons is clearly supportive and we work together to address problems more quickly and effectively."

Director of Nursing and Human Resources Margaret Coomber says: "PALS is proving to be a valuable source of communication and support for patients and their relatives."

"We are continuing to work closely with the Community Health Council, who are acting increasingly in the role of a shadow Patient Forum while we wait for guidance on how the Patient Forum will be introduced."

"As we collect and analyse information about the patient experience, we will increasingly be able to use that knowledge to improve patient care."

If you would like to know about PALS or contribute suggestions, call Mike Lee on ext. 5035 or by email.

Sweet memories

THE SUMMER

seems to have passed very quickly this year but I hope those of you who have been able to get away have had a good holiday.



There used to be a time, not so very long ago, when the summer brought with it the opportunity to 'catch our breath' as the number of emergency admissions would be reduced. This is clearly no longer the case as we continue to witness high levels of emergency referral, irrespective of the time of year, matched by the requirements to achieve targets across all aspects of elective care.

These developments will continue to put pressure on all our available capacity, not just in terms of beds but also in terms of diagnostics, clinical support and, of course, our staff.

We are continuing a dialogue with our commissioners, the Primary Care organisations, to seek ways of improving capacity in the local health community to help with these pressures. I do not believe there are any quick solutions.

We have also seen the loss of one of our three stars in the recent Department of Health ratings and this is disappointing for all of us given the tremendous efforts made during the recent move and settling-in period. I am very confident that we shall bounce back to three-star status next year.

It is with mixed feelings that I have announced my departure from the trust to become Chief Executive at Addenbrooke's Hospital from December this year.

While this new opportunity presents new challenges and new colleagues, my memories of my time here in Norwich will always be very special.

I will miss you all.

MALCOLM STAMP
Chief Executive, Norfolk and Norwich
University Hospital NHS Trust

Group to tackle domestic violence

A NEW 'Confidential Enquiry into Maternal Deaths' revealed that, nationally, 12 per cent of cases were found to be associated with domestic violence. Now the Obstetrics and Gynaecology directorate has set up a steering group to see what staff can do to help.

The Government recommends that:

- All health professionals should make themselves aware of the implications of domestic violence in their practice.
- They should be non-judgemental and supportive.
- There should be guidelines for the identification and provision of support.
- There should be an appropriate referral system.

The steering group will aim to gather statistics for domestic violence in obstetrics and gynaecology at NNUH, working alongside other agencies. It is anticipated that evidence-based guidelines will be



Eastenders' Cat Slater suffers at the hands of her brother-in-law, Trevor Morgan. Sadly domestic violence is not confined to TV drama

introduced similar to those used by the child protection team, with training provided for all staff.

If you would like to be involved with the steering group or would like information about dealing with domestic violence, contact Janie Pearman, Project Midwife and Domestic Violence Trainer, on ext. 3110.

Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY

Tel: 01603 286286

Website: norfolk-norwich-hospitals.net

Restaurant

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

Coffee bars

Outpatients West and Outpatients East,

open Mon-Fri, 9am - 5pm

Plaza (East) open Mon-Fri, 8am - 6pm

WRVS shops

East Atrium, 8am - 8pm

Plaza (West) 7am - 7pm (9 - 4pm Sundays)

Serco (for housekeeping issues, porters,
catering and maintenance)

Call ext. 3333

McKesson (For telephone / computer faults)

Call #6464

Security

Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458,

West Atrium Level 1: ext. 5462 or 5463

Outpatients East Level 2: ext. 5474 or 5475,

Outpatients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

Car parking

For information about permits, call

Site Services on ext. 5789

Bus services

Call 08456 020121, 8am - 8pm, Mon-Sat.

For Park and Ride, call 01603 223800.

Cycle sheds

West (near staff entrance) and East (near

A&E). Keys available from Patient Services

Bank

Cash dispenser in East Atrium Level 1

Chapel

Always open for staff, patients, visitors.

Holy Communion: 10.30am on Sundays and
1pm on Thursdays

Evening Prayer: 5pm on Sundays

Chaplains can be contacted on ext. 3470

Sir Thomas Browne Library

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

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

Playscheme

At Blackdale Middle School during school

holidays for the children of Trust staff.

Contact Debbie Sutherland on 2202

Cromer Hospital

Mill Road, Cromer NR2 3TU

Tel: 01263 513571

Restaurant

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

• The following departments are based at **Norwich Community Hospital**, (formerly West Norwich Hospital) Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 286286: Breast screening, Physiotherapy and Occupational Therapy outpatients Health records library, Diabetes research, Pain management clinic

• The **Central Family Planning Clinic** is moving to Grove Road, Norwich.

Tel: 01603 287345

Look out, Arnold is about

IF HOSPITAL art is designed to stop you in your tracks, then Arnold (located in the east atrium) definitely fits the bill. "We have never had so many comments about a painting before," says hospital arts co-ordinator Emma Jarvis.

Painted by the Leeds-born artist John Greenwood, it was bought for the Saatchi collection and donated to the London based organisation Paintings in Hospitals. It is on loan to the NNUH for two years. 'Arnold' would appear to be hidden inside



an eggshell, looking out at the world through a small telescope. The significance of the animal-print frame is not clear.

Do you have a view on this or any of the artworks on display? Write to Sue Jones The Pulse, Trust Management, West Block, NNUH.

Lottery funds sci-art project

THE NNUH Hospital Arts Project has received £28,500 from the National Lottery for a collaborative project involving the Norwich School of Art and Design and the Inspire Science Centre in the city.

Working as a research fellow at the School of Art, a selected artist will create a series of 'sci-art' shows and workshops for children, making use of new technologies, photography and printmaking. The children's own work will then be adapted by the artist to create an eye-catching piece of art for display in the Jenny Lind children's department.

"We're delighted to have been successful in our lottery bid," says hospital arts co-ordinator Emma Jarvis. "The great thing about this programme is that it is designed

to take the Hospital Arts Project into schools and the wider community, helping to break down children's fears of coming into hospital."

Staff surveys

THIS MONTH sees the distribution of two separate surveys into staff attitudes. The first is about Improving Working Lives (IWL) and will go out attached to *In Brief*. It will also be available on the Intranet and will be handed out to staff by IWL team members.

The second is our annual staff survey, to be distributed with payslips towards the end of October. Last year only 22 per cent of staff returned questionnaires and the Human Resources team is keen to get a good level of feedback in order to help identify areas for improvement and establish an action plan.

Phase 2 move is now under way

PLANS ARE in progress to move all departments out of the old Norfolk & Norwich Hospital over the coming months.

Phase 2 of the move to NNUH began in August with the transfer of the Emergency Assessment Unit at NNUH to a brand new 62-bed ward block adjacent to the A&E department. Medicine for the Elderly is due to move from Ashby Ward at the old N&N site to Dunston Ward on 21 September, to be followed by theatres and cancer services. The new Colney Centre at NNUH will have £20 million worth of state-of-the-art equipment to help diagnose and treat cancer patients. Early in 2003, renal services will move from the old West Norwich Hospital to the NNUH, where there will be 30 kidney dialysis stations compared to 20 at the West.

• **A SERVICE** of thanksgiving for the Norfolk & Norwich Hospital is to take place at Norwich Cathedral on 13 October 2002 at 3.30pm. Space is limited so if you would like an invitation contact Hayley Gerrard on ext. 5821 by 1 October. Invitations will be issued on a first come first served basis.

Teamwork saves mother and baby

PROUD MUM Helen Davies cradles her 'little miracle' in her arms, nine days after giving birth to baby Rebekka. A diabetic since she was six years old, Helen was rushed to NNUH after developing complications during her pregnancy. For five days a team of doctors and nurses worked to save her life, keeping in mind the additional risk to the baby.

Helen, who is assistant financial controller at Dunston Hall Hotel, underwent a series of emergency procedures. She was found to be suffering from vasculitis, a condition from which her father had died almost a year to the day earlier.

"The fact that both mother and baby are doing so well is a tribute to the teamwork of all the doctors, nurses and midwives involved - in particular the renal physician Dr Calum Ross and the staff in intensive care," says consultant obstetrician Dr Katherine Stanley. "It is also down to Helen's fighting spirit and the support she received from her family."

Amazingly Helen went on to have a normal delivery - baby Rebekka weighed in at 4 lb 6oz and seems none the worse for her mother's ordeal.

The medical team also included respiratory consultant Dr Simon Watkin and diabetes consultants Dr Rosemary Temple and Dr Mike Sampson.

"The care and attention I've received has been fantastic," says Helen. "We're both really lucky to be alive."



WE WELCOME the following consultants who have joined the trust since 1 July:

Dr Mark Sanders, Anaesthetics (specialising in pain relief) **Dr Roger Garforth**, Anaesthetics (specialising in paediatrics) and **Dr Hilary Pavis**, Palliative Medicine.

WE ARE SAD to say farewell to staff who have retired from the trust. Among them are:

Gillian Robinson, medical secretary (after 39 years' service) **Margaret Brown**, auxiliary nurse (32 years) **Bruce Muirhead**, Cromer groundsman (32 years with the NHS) **Barbara Gardner**, medical records, Cromer (31 years) **Georgina Hicks**, A&E receptionist (29 years) **Dawn Neave**, staff nurse (29 years) **Lynne Nickerson**, auxiliary nurse (25 years) **Susan Moore**, staff nurse (25 years) **Dr John Latham**, Radiology consultant (23 years) **Wendy Cardy**, auxiliary nurse, (22 years) **Carole Francis**, radiographer (21 years).

We're going global

THE NHS in Norfolk has been chosen to take part in a £1.6 million international programme designed to achieve major improvements in health and social care through the sharing of ideas, knowledge and expertise.

Four health communities in the UK have been chosen to take part. They are Norfolk and Norwich, Bradford, East and North Devon, Lambeth and Southwark.

In the first part of the pilot, up to December, the programme is focusing on chronic obstructive pulmonary disease and fractured neck of femur. It brings together the NNUH Trust, Social Services, the local PCTs (Primary Care Trusts) and the Norfolk Mental

Healthcare Trust to bring about significant improvements for patients in the community. Another five target areas will be agreed in the autumn.

Within the NNUH trust the programme is led by Dr Simon Watkin, respiratory consultant and deputy medical director, and Garry Shays, the trust's modernisation programme manager (see 'Profile', page 10).

Announcing the Pursuing Perfection programme in July, Health Minister Philip Hunt said: "We expect this programme to show how organisations working together can significantly improve performance and demonstrate what is possible in a modern and reformed NHS."

More people than ever before are living with diabetes and the numbers are set to double over the next 10 years. NNUH consultant physician Mike Sampson reports on the latest initiatives to keep pace with a disease that has reached epidemic proportions throughout the western world

DEALING WITH diabetes



UNLIKE OTHER common chronic diseases, there is no 'mild' form of diabetes. Any sort of diabetes at any age can lead to life-threatening circulatory problems and the disease is a major cause of blindness, visual loss, amputations and kidney failure. A large proportion of our vascular surgery, coronary care and ophthalmology workloads are diabetes related.

It is now so common in the general population that last year 14,281 bed days in this trust were occupied by diabetic patients, many on surgical and orthopaedic wards. Diabetes is also very difficult to deal with in childhood and pregnancy, and the NNUH has one of the largest antenatal and paediatric diabetes services in the UK. The risk of getting complications can be reduced by well-organised care to detect, prevent and treat complications at an early stage

Around 18,000 patient contacts are made by the The Elsie Bertram Diabetes Centre every year. Specialist Diabetes Nurses operate a drop-in and call-out service for patients with diabetes, which helps to reduce the number of patients who need to be admitted to hospital. In addition, we provide a mobile screening programme that takes digital photographs of the eyes and checks the circulation of all 8000 diabetics managed in local general practice. This

helps us to identify and treat those at increased risk of blindness and amputation.

Unfortunately, the increased number of patients with diabetes means that this programme can now screen patients only every two years (rather than the mandatory 6 - 12 months). Also, many patients are having to wait up to six months to be seen

"The NNUH has one of the largest antenatal and paediatric diabetes services in the UK"

for treatment after referral by their GP.

This is especially disappointing as in the past we have been awarded two Charter Marks for the wide range and high quality of our services. The imminent Diabetes National Service Framework will also add to diabetes workloads in the trust and in primary care.

There has been some progress to help deal these problems. Funding for a further consultant diabetologist has been agreed, which will take local consultant staffing levels almost to the UK average and allow us to deal with long waiting lists. A Diabetes Nurse Facilitator has been appointed to work between the Trust and primary care.



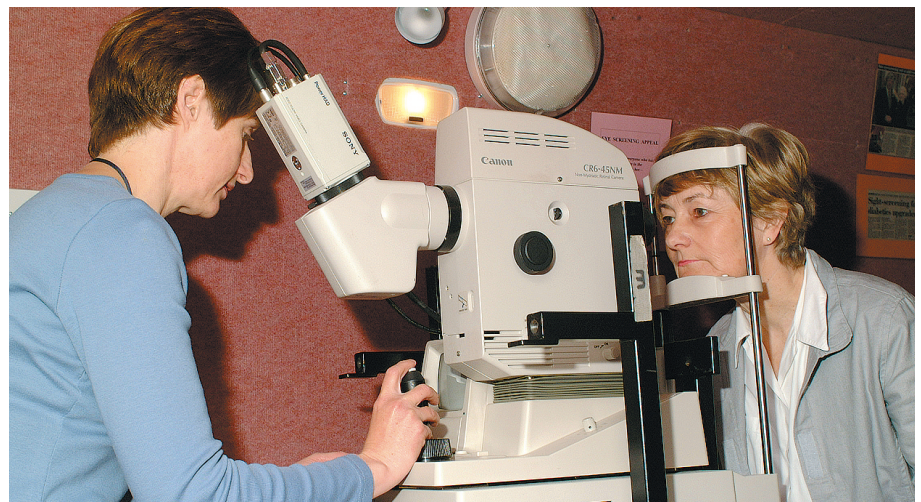
Managed by the central Norfolk Integrated Diabetes management (NIDM) group, this programme is designed to support integrated diabetes care, education and insulin conversions in general practice.

An Inpatient Diabetes Nurse Facilitator is also being appointed to support the management of all patients with diabetics in our hospitals. It is hoped that this will reduce diabetes-related bed occupancy by



DIABETES FACT FILE

- In Type 1 diabetes, the body stops making insulin completely - Type 2 is much more common and usually develops in middle age or beyond, when the body can still make some insulin but fails to use it properly.
- Prior to the 1920s, anyone suffering Type 1 diabetes would die. Advances in the treatment and management of diabetes since 1970 mean that more patients can be helped to lead a full and active life.
- Several factors put people at higher risk of developing diabetes, including a family history of the condition and a sedentary lifestyle.
- The risk of complications and hospital admission can be substantially reduced with well-organised diabetes care.
- In this trust, more than 14,000 bed days are occupied each year by people with diabetes
- The Elsie Bertram Diabetes Centre deals with about 18,000 patients a year and screens a further 8,000 patients in general practice for eye and circulatory complications.
- Growing numbers of patients with diabetes and increased referral rates have put enormous strain on the Elsie Bertram Diabetes Centre and on primary care diabetes services.



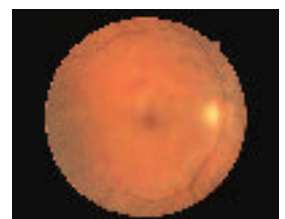
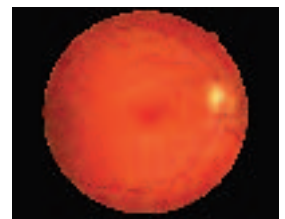
Top Patient Sonia Turner receives expert tuition in how to inject the right amount of insulin from NNUH specialist diabetes nurse Caron Hill

up to 4000 bed days per annum.

Finally, we hope also to establish a satellite retinal screening unit at Cromer Hospital. The Norwich and Norfolk Diabetes Trust, a charity that has invested more than £1 million pounds in local diabetes services, will contribute £150,000 towards this development, which should reduce screening intervals across Norfolk to acceptable levels.

Above left Ulcers are a common and painful condition arising from diabetes. Here, consultant physician Philip Heyburn and podiatrist Rachel Redgrave help to make patient Michael Burt more comfortable

Above and right Looking for evidence of retinopathy helps to prevent the onset of blindness. A mobile team screens patients in the community for signs of the disease in eyes and feet. Contrast the image of a healthy eye with that of a diseased retina below



The demand for blood is greater than ever, yet only six per cent of the population are currently donors. As the NNUH prepares to host one of its regular blood donor sessions, The Pulse reports on the race to keep vital blood supplies in circulation

The gift OF LIFE



WITHOUT DONATED blood, the work of our hospitals would soon grind to a halt. As it is, more than 24,000 units of blood are used by this trust every year.

Transfusions are kept to a minimum as research shows that most people function well with a lower blood count than was previously thought to be safe. In cases where blood loss is likely to be severe, the patient's own blood can be suctioned from the wound during surgery, then filtered and reinfused using a 'Cell Saver'.

The National Blood Service (NBS) is responsible for testing, processing and storing donated blood. But the testing does not end there. At the NNUH, up to 120 patient samples are prepared each day and many go on to be crossmatched with donor blood of the same group.

"There are four main blood groups and red cells have another 650 blood groups which can cause patients to produce antibodies against transfused blood and make testing for further transfusions complex," explains Deborah Asher, chief biomedical scientist at NNUH. "This occurs in about three per cent of our patients.

"In such cases we may carry out up to 38 different tests on one patient's blood. If we cannot find a suitable match we call the NBS reference centre in Cambridge to see if they can help. There is also an international reference laboratory in Bristol for the very rare cases where a local match cannot be found."

While new technology has gone a long way to remove human error in the testing

procedure, blood processing is still very hands-on. After blood samples are taken from patients, they are screened and crossmatched in the laboratory using automatic analysers. The blood is then issued and labelled by hand before being collected and taken to the ward. Patient wristbands will in future be bar-coded so their details can be logged electronically.

Deborah is always delighted to see a new delivery of blood. "It's very reassuring to have our National Blood Service," she says. "My most stressful and frightening experience was working in Saudi Arabia where each hospital was responsible for its own blood supply. It was dreadful to watch blood leave the fridge knowing that you couldn't phone for more!"



How blood is used at the NNUH

OUR THREE largest users of donated blood are General Surgery, Trauma & Orthopaedics and Clinical Haematology. Between them they account for 43% of all blood components used by the trust.

Nationally, 30% of blood components are used for A&E, 20% for general surgery, 15% for orthopaedics, 10% for maternity and 25% for non-surgical cases such as cancer treatment.

The blood is spun down to separate the components.

RED CELLS carry oxygen around the body and are given to trauma or

surgery patients, or those who become anaemic due to chronic disease.

As many as 20 units of red blood cells may be needed for one vascular operation, whereas a single donation could be divided between eight babies in neonatal intensive care.

PLATELETS are vital for blood clotting and are widely used for transfusions and in cancer treatment.

FRESH FROZEN PLASMA is kept on hand for patients who suffer massive blood loss or liver disease. Last year, NNUH used 3,000 units of FFP (Fresh/Frozen Plasma)



Can you help by giving blood?

The National Blood Service aims to recruit 40,000 more donors in the Anglia region to replace those who have retired or can no longer donate.

- The whole procedure takes about an hour, though it takes only 10 minutes to collect one unit (or pint) of blood.
- Regular blood donor sessions are held at NNUH - the next is on 10 September 2002. To book an appointment call 01223 548043/ 548051/ 548056 or contact.anglia@nbs.nhs.uk.
- To become a blood donor you must be aged between 17 and 60 and weigh over 7st 12lbs (50 kg). You will not be able to donate if you are unwell, if you have been pregnant in the past 12 months, if you have certain medical conditions or

are taking certain types of medication. You may also be precluded if you have visited a foreign country within the last six months, if you have a lifestyle which could put you at risk of HIV or hepatitis or if you have had body piercing in the last year.

- All blood is routinely tested for HIV, hepatitis B and C and Syphilis. Blood packs and test tubes are bar coded so they can be tracked for patient records.
- The need for blood donations is endless as the components have a limited shelf life. Red cells last for only 35 days and platelets for a mere five days.
- For further information call 0845 7711 711 or log onto the NBS website at www.blood.co.uk. Details can also be found on Ceefax page 465.



Blood is delivered daily to the NNUH, where samples are screened and crossmatched in the laboratory. It takes four donors to provide just one bag of platelets, says Deborah Asher (above left). The platelets are kept constantly on the move in special containers to prevent clotting. Even so, they last for just five days.





A TASTE OF THE Good Life



Sharing our ideas is the way forward for the NHS, says Garry Shayer. He talks to Sue Jones about Modernisation, Pursuing Perfection and how we can all play a part in the future of the health service

GARRY SHAYER leads something of a double life. By day he is the trust's businesslike, sober-suited Modernisation Programme manager, while at home he likes nothing better than to change into 'scruff kit' and tend to his sheep.

"As a family our aim is to be self-sufficient. We grow all our own vegetables and most of our meat. It's quite a contrast, but that's my form of relaxation," he says.

The son of a North Norfolk fisherman, Garry now lives near Dereham with his wife Gill, a biomedical scientist at NNUH, and their three children aged 14, 12 and 7. His new role has been created as part of the Government's controversial modernisation agenda, though he is not keen on labels and believes the term 'modernisation' is misleading.

"It's really just service improvement," he says. "Every organisation has a system in

place to continually develop and modernise its services and this Trust is no exception. I see my role as a facilitator, to make sure that we share information across the whole of the local health community so there is no unnecessary duplication of work. There is always a danger with modernisation initiatives that they operate with too much independence and may come adrift from the organisations that provide our health services.

"People are right to be wary of 'modernisation madness' - this is not just about Government targets and we are not about to reinvent the wheel. But at the same time we have a lot to learn from each other.

"We are all guilty of being territorial, of keeping our good ideas to ourselves. I strongly believe that the way forward for the health service is for us to be more open, to be driven as much from the bottom up as

from the top down. We need to create an environment in which staff from across the whole organisation have a real input into directing the modernisation agenda.

"After all, most people join the health service because they want to do their best

"There is still a culture of competitiveness and insecurity in the NHS. Are we brave enough to share our failures as well as our successes?"

for patients, so if we improve our services to our patients the knock-on effect will be that we improve the quality of life for our staff too."

Garry started his working life in Pathology at the N&N, having abandoned his A level studies at 17 to pursue a career in the laboratory. "I'm a practical person and I enjoyed the satisfaction of seeing a job well done," he explains. After taking ONC and HNC qualifications, followed by a Fellowship in Biomedical Sciences, he studied for a Master's degree in clinical biochemistry before becoming operational manager for chemistry and haematology.

Five years ago, at the age of 39, he became service manager for Oncology, a role he

Are you making a difference?

HAVE YOU taken the initiative to implement new ideas in your area or department? Could others learn from your experience? If so, Garry Shayer would like to hear from you.

"I am currently gathering information from around the health community to

determine what is being done to improve our services. I am keen to hear from any individual who has ideas and suggestions," he says. "Feel free to give me a call on 5980 or contact me via email to arrange an informal discussion."



Growth industry: Garry Shyes at home near Dereham (above) and at the NNUH
Left: Garry's seven-year-old son Alfie shows off a giant cabbage from this summer's crop

eventually combined with managing the embryonic Norfolk and Waveney Cancer Project. When it was developed into the Norfolk and Waveney Cancer Network in April 2001, he became its full-time lead manager. "My role then, as now, was largely about communication. It was an ambitious and challenging time for cancer services."

A significant component of Modernisation within the trust is the Pursuing Perfection* programme. News that the Trust had been chosen to take part in this initiative came just a week after Garry took on his new job. A few days later he travelled to Boston with three colleagues to take part in the programme's first international conference involving the UK partners.

Garry is looking forward to assisting Dr Simon Watkin in his role as programme director for Pursuing Perfection. "I see this as a tremendous opportunity to involve the whole of the local health community in changing our services for the better, rather than simply measuring outcomes.

"Interestingly, the Americans are keen to involve the UK because they are fascinated by the NHS and believe there is much they can learn from us. The challenge is for us to be able to share our knowledge and expertise and learn from them too.

"There is still a culture of competitiveness and insecurity in the NHS. Are we brave enough to share our failures as well as our successes? Most people are also too busy to spend time searching out information which could be useful to them, on the web or elsewhere. I would like to promote a culture where people feel free to 'thieve' information and share their own."

* For more on the Pursuing Perfection programme, see 'We're going global' on page 5

NO SMOKE WITHOUT TEARS

Simon Watkin, consultant in respiratory medicine at NNUH, argues the case for a complete ban on smoking in and around our hospitals

IMAGINE IF a new drug was discovered which was found to be more addictive than heroin. Imagine if it was known to cause cancer and coronary artery disease and would lead to an early death.

Imagine if people had to pay for this drug themselves - up to £1,500 per year - that it would be used

by primary schoolchildren and that the government would make no serious attempt to stop its manufacture, advertisement or distribution. In fact, the government would have a



vested interest in the drug because it would bring in billions of pounds in taxes.

If this sounds like the twisted plot of a science fiction film, think again...

Despite its undeniable adverse effects on our health, tobacco remains the single most important cause of ill health in this country today. Measures to reduce its consumption, such as nicotine replacement therapy, remain inaccessible and expensive yet methadone substitution for heroin is an accepted and long-standing prescription drug.

Many of our patients have illnesses entirely attributable to tobacco use and it is estimated that, at any given time, the number of inpatients with tobacco-related illness would fill 20 average-sized hospitals. Despite this, and despite our no-smoking policy, we continue to facilitate smoking by providing shelters in the hospital grounds.

This is not about civil liberties. Non-smokers and those who vote against smoking in hospital believe just as passionately in civil liberties as those who

think it should be allowed. At issue is the message we send to the community about our commitment to their well being.

The facilities we provide for smokers openly advertise our approval by staff, patients and visitors. In fact, since moving to the new hospital we have

"Nicotine replacement therapy remains inaccessible and expensive, while methadone substitution for heroin is an accepted and long-standing prescription drug"

spent public money on improving those facilities. We know that environmental tobacco smoke leaks into wards, departments and stairwells, yet nothing is done about it. This is on the grounds that it is too difficult and unreasonable to stop people smoking because of the pressures that individuals in hospital endure.

Surely the time has come to follow the example of others, such as health conscious American States, and put aside our political correctness to develop a truly no-smoking hospital? We should direct our energy and resources to helping smokers to stop.

Implementing an effective no-smoking policy would save lives and, at the same time, would help us to feel confident that we had done our best for our patients and our staff.

• Do you have a viewpoint on a subject you feel strongly about? Send your contribution to Sue Jones, Editor, Trust Management Office, West Block, NNUH

INJURY TIME

It may be a long way from 'Casualty' but the Minor Injuries Unit in Cromer has its fair share of summer visitors. Sue Jones reports on how staff are adapting to the demands of patient care in the 21st century

FOR AN unfortunate few, a day out in North Norfolk can lead to Cromer's Minor Injuries Unit. The summer months are particularly busy as the number of falls, cuts, sprains and stings swells in proportion to the rising tide of holidaymakers.

The Unit is gearing up to being predominantly nurse-led, which means that many patients can be treated and discharged by qualified nurse practitioners rather than doctors. This one-stop approach will soon be extended to the plaster clinic, as two nursing auxiliaries are studying for further NVQ qualifications to become plaster technicians.

If necessary, patients can be transported by ambulance to the NNUH for more detailed investigation. Most are happy to be able to have their injuries treated closer to home.

Andrea Fiske is one of two nurses at Cromer to undertake a course at the UEA to become an Emergency Nurse Practitioner (ENP). By the end of the year there will be three qualified ENPs working at the Unit.

"The usual reaction from patients is

Cromer MIU fact file

The Minor Injuries Unit at Cromer is not an Accident & Emergency department, which means it cannot deal with major injuries or serious illness. Last year, attendances rose to 7,229 (the NNUH A&E dept. had nearly 66,000). The vast majority of attendances were during the day.



Emergency nurse Andrea Fiske attends to patient Chis Seeley after an accident with a nailgun



"Thank God you are here'. They really appreciate being able to drop in at Cromer without having to make the 25-mile journey to Norwich," says Andrea.

"We are not a full-blown accident and emergency department so we can only deal with minor injuries. However, if someone turns up late at night we would provide life support and emergency transfer to the NNUH."

There is an X-ray department at Cromer and minor surgical procedures can also be carried out there. A welcome development is the introduction of PACS (Patient Archive and Communication System) which enables X-ray images to be viewed on screen instead of film. If necessary, images can be beamed electronically to the NNUH to be interpreted by expert radiographers, which reduces delays and inconvenience for all concerned.

"New technology is making a big impact here in Cromer," says Senior Nurse Sally Bridle. "It means we can extend our range of services and provide a better standard of care for our patients."



Team effort, clockwise from above left: Cromer receptionists Brenda Stibbons and Rosemary Farrow; Dr Alex Pillainayagam examines an X-ray on-screen; and staff nurse Fiona Bradley checks out supplies