THE Pulse

Issue Number 30
April 2007

Norfolk and Norwich University Hospital NHS
NHS Trust

A very special career
My life in the neonatal intensive care unit

New horizons
The Parkinson's patients with a new spring in their step

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The gentle art of breast reconstruction

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INFO

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 Christine McKenzie on ext. 2213

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, 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.

NEWS ROUND

SAIL AWAY DAYS

Kidney patient Keith Riches is enjoying a new lease of life after switching to home dialysis.

Despite suffering kidney failure three years ago, the 58 year-old boatbuilder from Worstead has managed to build his own motor launch for trips on the Broads. He is now lending his support to UNKPA (the United Norwich Kidney Patients Association) to help dialysis patients enjoy holidays at a marina in the Netherlands.

"The holidays organised by Sandy Lines are a real bonus for people who rely on dialysis," said Keith.

• If you would like to support the UNKPA holiday fund, contact Sandy Lines on 01603 782282.

Wanted: Equality Champions

THE TRUST Board has approved a new strategy on Equality and Diversity to incorporate new legislation and ensure that people are treated equally, regardless of age, gender, disability, ethnic origin, religious belief or sexual orientation.

"We need to assess our performance as a service provider and employer and we are asking for your help to keep this issue at the centre of our work," said deputy HR director Lynne Middlemiss. "If you would like to become an "Equality Champion" we would like to hear from you.

"We already take this issue very seriously as part of our strategy for Improving Working Lives (IWL). However, we need your help to make sure our policies on equality and diversity are working for everyone, whether they are patients, staff or visitors."

Please contact Lynne Middlemiss, Carol Edwards or your Divisional General Manager if you would like to get involved.

WELCOME

...to **Dr Caroline Kavanagh**, consultant paediatrician, and **Dr Rahul Roy**, neonatal paediatrician, who have joined the Trust since 1 February 2007.

FAREWELL

...to the following long-serving staff who have recently left the Trust:
Edna Bunkle, medical secretary at Cromer, after 42 years; **Mavis Opperan**, midwife, and **Ann Green**, staff nurse in theatres, after 34 years; **Sandra Ferguson,** sister in the neonatal intensive care unit, after 32 years; **Patricia Meale**, staff nurse on Kilverstone Ward, after 27 years, **Pamela Duffin**, sister in the neonatal intensive care unit, after 24 years; **Alison May**, risk manager, and **Sheelagh Norris**, medical secretary, after 21 years; **Patricia Shubrook**, secretary in the Nelson Day Unit, after 20 years.

FRESH FOOD 'TO GO'

A NEW *'Food to Go' shop opened at NNUH in February selling a wide range of tempting snacks including salads, fruit smoothies, sandwiches, and tortilla wraps. Nayab Haider, front of house manager for Serco, commented: "Feedback among our customers showed they wanted quick service and more variety in their sandwiches and salads, with a greater emphasis on healthy foods."*

• Fresca is situated in the West Atrium and is open Mon-Fri from 8am to 5pm.

Breakthrough for Parkinson's pair

TWO PATIENTS from NNUH are among the first in the country to try a new drug regime to control the distressing symptoms of Parkinson's Disease. The technique involves inserting a tube directly into the small bowel, where the drug L-Dopa is more readily absorbed in gel form.

Consultant neurologist Dr Paul Worth said: "This treatment has been used successfully in Sweden for many years but has only recently been licensed in the UK.

"It is a very exciting development and offers hope for patients whose symptoms cannot be controlled by tablets alone."

PICTURE COURTESY OF ARCHANT

Parkinson's patients Susan Hogger-Chamberlain and Ann Ellis step out after trying out their new medication regime. Initially the drug was passed via a tube from the nose to the small bowel – it was such a success that both women opted for a more permanent tube to be inserted directly through the abdomen.

Pledge for breast cancer patients

WOMEN WHO underwent surgery for breast cancer last year have been taking part in a survey to find out how we can improve services for other patients with this condition.

Sponsored by the charity Breakthrough Breast Cancer, the study canvassed the views of 120 women via questionnaires and face-to-face interviews.

99 per cent of the women who took part thought news about their condition had been sensitively handled and 96 per cent were very happy with the support they received throughout their cancer journey.

With the charity's help, the breast care team is now producing a 'Breast Care Pledge' stating our goals for making further improvements in the coming months.

The goals include increasing the number of outpatient clinics from two to four each week in a bid to reduce waiting times; producing an album of photographs to illustrate different options for breast reconstruction; and auditing dietary and weight changes among women who are undergoing treatment for breast cancer.

"On the whole we are pleased with the results of the survey," said breast care specialist nurse Sandra Griffiths. "However, we are always looking for ways to improve our service and the comments we received will help us to focus our efforts in the future."

• *Turn to page 8 for a feature on breast reconstruction after surgery and the 'tattoo artist' who is adding the finishing touches.*

WELCOME

Facing up to the future

LET ME FIRST extend a warm welcome back to our chairman, David Prior, who has been reappointed to serve for the next four years. His energy and commitment has been much missed in recent months and I know that you are as pleased as I am to see him return.

I would also like to thank the interim chairman, David Wright, for stepping into the breach at such short notice and doing such an excellent job in David's absence – a difficult task in the circumstances but one he embraced with enthusiasm and professionalism.

As we enter a new financial year, I am delighted to report that we have managed our expenditure exceptionally well and we begin the new year in good financial health.

As to the future, there is unlikely to be any new money forthcoming from the Government so we continue to take a critical – but constructive – look at our services. In particular we must focus on the needs of our patients and be aware of the threat we face from private healthcare providers. We live in a society that increasingly expects a seven-day-a-week service and if we cannot deliver on this, the chances are that other providers will step in to fill the gap.

As an acute hospital, we already provide a 24-hour service for emergencies, but when it comes to clinics and routine operations, we expect patients to fit in with our needs. Can this really continue?

Experience elsewhere has shown that the NHS is not immune to competition from private healthcare providers for minor procedures. We also know that, given the choice, our patients would prefer to rely on their local NHS hospital but they also want to have more flexibility on days and dates. We deny them that flexibility at our peril.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Pennies into pounds

I WOULD like to say a big thank you to your staff for choosing Quidenham Children's Hospice to benefit from the Pennies from Heaven charity scheme.

We currently rely on voluntary income for 90 per cent of our funding and regular donations can make a huge difference to the care we provide for life-limited children and their families.

Each person who signs up to the Pennies from Heaven scheme donates less than a pound a month from their salaries, but when you multiply this by the number of participating staff, it soon adds up!

So on behalf of the children, staff and families at Quidenham I'd like to say a huge thank you for your continued support.

Hannah Brown
Corporate Fundraiser, East Anglian Children's Hospices, pictured below with staff and supporters of Pennies from Heaven Scheme

• To sign up to Pennies from Heaven, just follow the link on the Trust intranet and the odd pence from your salary will be donated to the charity.

A giant step for equality

FOLLOWING my Viewpoint article about Serco staff missing out on Agenda for Change ("Pride and Prejudice", *The Pulse*, August 2005), I am delighted to be able to report that all privately contracted staff here at the NNUH (e.g. cleaners, caterers and porters) will now enjoy the same benefits as their NHS colleagues with the full implementation of Agenda for Change.

Not only is this a great morale booster for the privately contracted staff, it is a major step in the right direction for equality within the NHS.

The journey was long and at times very difficult, to say the least. We applaud our UNISON members who continued to show solidarity and courage in standing up for equality.

Our members who work for private contractors are proud to be part of this hospital. They will continue to give 100 per cent commitment to the NHS and will maintain the excellent service they already provide.

Terry Davies,
UNISON branch secretary

New support group for cancer families

AROUND 1,600 new cases of childhood cancer are diagnosed each year in the UK. Now a support group has been launched at NNUH to help families who are caring for children with cancer.

The group has been set up by Danica and Robert Dockray, whose five-year-old son Matthew (pictured) is recovering from Burkitt's lymphoma, and met for the first time at the Big C Centre in March.

Former Norwich City and Scotland goalkeeper Bryan Gunn, who lost his own two-year-old daughter, Françesca, to leukaemia in 1992, commented: "I can still remember the support and understanding we received from other parents, which is why we set up a telephone support line. I'm delighted to know that parents in the Norwich area will now have a support group they can turn to as well."

Dr Jo Ponnampalam, a Consultant Paediatrician at NNUH, commented: "The group will provide an excellent and much-needed opportunity for parents to meet, share their experiences and offer each other support."

• For more information, contact Danica Dockray on 07956 654537

Matthew Dockray is pictured with Bryan Gunn and, from left: Vicky Whitney (CLIC Sargent child and family worker), Rosie Larkins (Paediatric Oncology Specialist Nurse), dad Robert Dockray and mum Danica.

WINNING IMAGES

THE HIGH *quality of images produced by our Medical Illustration team was highlighted recently when three of their clinical photographs won national awards.*

This impressive photograph of a piercing eye injury by Lin Wymer won the 2006 Zeiss competition for the best image of an external eye. awarded by the Ophthalmic Imaging Association.

Helen Rudd received the Wellcome Trust Award, plus gold and silver awards, for two of her clinical photographs in the Institute of Medical Illustrators Annual Awards.

Our Medical Illustration team produce more than 40,000 clinical images every year to assist with diagnosis and patient care.

Message on a tabard

KEEPING FOCUSED during the drug round can be quite a challenge for nurses on a busy, bustling ward. But staff on Hethel Ward have found a straightforward solution – nurses wear tabards printed with the message: "Do not disturb. Nurses on drug round". Student nurse Wendy Parsk came up with the idea after seeing tabards used at Priscilla Bacon Lodge during one of her placements.

"It's terribly important that the nurses concentrate and are not distracted by staff asking questions or being called to answer the phone," explained Hethel Ward sister Karen Loades.

"Wendy used her initiative to source the tabards and get them printed at a bargain price. There's a lilac one for students and a white one for staff nurses. A simple idea, but it works!"

It's estimated that nationally up to 1,200 deaths could be attributed to drug errors. If the tabards help to reduce simple mistakes, they could also save lives.

THANKS FOR HELPING US TO IMPROVE OUR SERVICE

OVER THE last two years endoscopy patients from NNUH and Cromer have taken part in surveys to find out their views on the treatment and care we provide. The response rate was impressive (up to 74 per cent) and the results were very encouraging.

"We are grateful for the many kind comments we received and we are now acting on the suggestions to improve our service even further," said Gaye Franks, clinical governance facilitator at NNUH.

So if you receive a "Patient Experience" questionnaire this summer, please take the time to fill it in. A book is also available in Gastroenterology reception for patients to write down their comments and suggestions.

Bowel screening reveals 41 new cancer cases

A SCREENING programme launched at NNUH six months ago has identified 41 people with bowel cancer and another 90 patients have been treated for pre-cancerous polyps.

Norfolk residents aged from 60 - 69 are among the first to be invited to use a home testing kit which is now being rolled out across the UK. Currently NNUH has one of the highest take-up rates in the country, at 73 per cent.

Although bowel cancer affects more than one in 20 people in their lifetime, 90 per cent survive if it is caught early enough.

Consultant gastroenterologist Dr Richard Tighe said: "For every cancer detected, we are ruling out another two people whose results are normal. We urge everyone who receives a kit to complete the test."

Anyone over 70 can also request a kit by calling a freephone number: 0800 707 6060.

Raymond Middleton (right) had a cancerous tumour removed after taking a test at home

ON WATCH

Recent media reports would suggest that incidents of violence and aggression against hospital staff are on the increase. **Sue Jones** *talked to Serco's security team to see how they tackle this issue at NNUH*

Techniques designed to disarm and restrain violent offenders are are an important part of the self-defence training for security staff at NNUH

IN THEIR high visibility yellow jackets, our security staff are a familiar sight around NNUH. Whether directing drivers to parking spaces, responding to an emergency call or checking that the helipad is clear for landing, they are a constant and reassuring presence for our patients, visitors and staff.

But what happens when someone suddenly becomes aggressive or a violent row breaks out on hospital premises? How can we be sure that the security team will be on the scene quickly to deal with a potentially dangerous situation?

The answer lies in the control room, deep in the heart of the hospital, where digital images from more than 70 CCTV cameras are beamed to a bank of TV monitors 24 hours a day.

The CCTV system has recently been upgraded to digital recording, which means the images can be analysed and tracked via the computer system. This upgrade was generously funded by Octagon, the consortium that built the hospital, and is maintained by Kevin Moss, Serco's security systems specialist engineer.

From the control room our surveillance teams are able to 'navigate' their way around the hospital, following up any suspicious incidents and, if necessary, calling on security colleagues or the police when things begin to look nasty.

"It's a delicate balance because people may seem to be angry when they are emotionally distressed, confused or upset," says Serco's security manager Richard Barrett. "That's where our training in conflict resolution comes in. You can often diffuse a difficult situation by listening to what people are trying to say and not over-reacting.

"Of course, there are times when this approach is not enough and we need to step in and physically restrain people from inflicting serious injury to themselves or others.

"We work closely with the police and Trust managers to enforce a 'zero tolerance' policy against threatening or abusive behaviour. Repeat offenders can be issued with a 'yellow card' which is logged on the patient record system. If warnings continue to be ignored, the Trust has the option to refuse treatment and may even ban the individual from the hospital completely.

"The transfer of the security contract from Chubb to Serco has been extremely positive because there is a good training and appraisal system for our staff and we work more closely with other Serco teams," says Richard.

So has the number of violent incidents increased in recent years? "Judging from my own experience both here and at the old N&N I would say 'No'," says Richard. "But our figures have gone up because more incidents are now recorded and followed up by our security teams.

"Hospital staff may be reluctant to report their experience through official channels because dealing with unpleasant behaviour is seen as part of the job – we are dealing with highly charged emotions, after all. But if the abuse is insulting, or if it's racially or sexually motivated, then it's clearly unacceptable and we have robust guidelines for pursuing such cases."

SECURITY OFFICERS *come from many different walks of life but according to Bill Dye, the Trust's head of security, they share a very special quality: "This is not a job that many people could handle," he explained. "You need the kind of temperament that can adapt quickly and sensitively to many different situations - from dealing with violence to talking to someone who has just suffered a bereavement."*

CRAIG MILNER *(pictured left and above) was a trainee engineer on the NNUH site before joining the security team in 2001.*

"I enjoy the work because there's so much variety," he said. "One minute you are helping someone find their car, the next you can be called to a threatening incident in A&E. It's interesting because you meet so many different people.

"In the control room its a bit like Big Brother with TV monitors covering the whole site. Staff are often surprised when we call them up to say they've left their car headlights on!"

Security facts and figures

DURING 2006, the 24-strong security team at NNUH dealt with:

- 209 physical assaults.
- 312 verbally abusive or aggressive incidents.
- 79 thefts from hospital premises (down from 94 in 2005).
- The security teams patrol and monitor the hospital grounds and 2,800-space car park. They have a duty to promote our no-smoking policy and request that patients, staff and visitors refrain from smoking.
- All security staff receive training in conflict resolution and self-defence techniques - this training is also available to front-line hospital staff.
- Security staff are required to be licensed with the Security Industry Authority (SIA).
- In addition, all security teams receive training in the use of CCTV, including effective surveillance and working within the law.

Tattoos on the NHS are all part of the service for women who opt for breast reconstruction following cancer surgery. We take a look at some of the options for creating a natural-looking breast after a mastectomy

Plastic surgeons from around the world came to watch when Miss Elaine Sassoon demonstrated a new type of breast reconstruction using a 'flap' of tissue from the buttock

THE ART O

WHEN DENISE Elyot had a mastectomy at the age of 39, the last thing on her mind was breast reconstruction.

For the next ten years she made do with a prosthesis and tried her best to forget she'd had cancer: "I just wanted to get rid of the tumour and get on with my life," she explained.

But then she separated from her husband and decided to have a breast implant. Several operations later - including a tuck and reduction in the other breast and a procedure to create a nipple from her own tissue - she is celebrating 20 years of being cancer-free with a nipple tattoo.

"The reconstruction completely changed my life," she says. "The prosthesis was heavy and uncomfortable and it was hard to find a bra to fit properly. Now I'm not a bit embarrassed about getting undressed in front of people and trying on clothes. The nipple tattoo is the icing on the cake as it means my new nipple and areola will look even more natural."

Denise is one of a growing number of women who opt for plastic surgery following a mastectomy. Last year some 87 of our patients underwent breast reconstruction, either at the same time of their operation or some years afterwards

"Guidelines from NICE (The National Institute for Clinical Excellence) recommend that all patients who undergo a mastectomy are offered the chance of reconstruction, either at the time of their initial cancer surgery or at a later date - which can make a huge difference to their psychological recovery," says breast reconstruction nurse Ruth Harcourt.

"I had to smile when one of my patients referred to her tattoo as a 'tittoo' - it showed she hadn't lost her sense of humour along the way"

"Exceptions are when the patient is not fit enough for surgery or if plastic surgery would compromise their cancer treatment. Even so, we would never say never – the oldest patient to have a reconstruction at NNUH was in her 70s and she was delighted with the results.

The method Denise chose was a silicone implant, which initially involved the insertion of a saline-filled 'tissue expander'. With this method, the saline fluid is gradually increased to make room for a permanent silicone implant.

Other techniques involve using a 'flap' of tissue from the back, stomach or buttock, together with arteries and veins, to create a more natural breast.

"We are lucky at NNUH to have top-class plastic surgeons in Miss Elaine Sassoon and Mr Richard Haywood who are able to offer patients a range of different techniques," says Ruth.

"The patients are given the information to help them make their own decisions about which method to choose – and that's where I come in, to explain what's involved with each technique, show pictures and maybe introduce them to other patients who have undergone similar procedures.

"Everyone is different. Some women prefer to defer any decision about reconstruction until after the operation,

RUTH HARCOURT *(pictured left with patient Denise Elyot) is the only nurse at NNUH who is qualified to provide a tattooing service for women following breast reconstruction.*

"Many women choose to have nipple reconstruction because their breast feels incomplete without one," she explains. "If they don't want more surgery we can provide a false nipple and areola which they can put on and take off as required.

"With tattooing I can create a trompe l'oeil effect which looks very like a real nipple - I've learned a lot from experience about how to mix the pigments and create a more natural, textured appearance.

"If necessary I can apply a local anaesthetic so there is no pain involved - in fact it can be therapeutic because I have time to chat to the patient and listen to any concerns they may have. Many of the patients already have body tattoos so they're not afraid of the process - some even ask for bright colours and designs, but I'm afraid the NHS doesn't run to that!"

F reconstruction

while others know straight away what they want - or don't want. You have to be quite sensitive because they are often just digesting the news that they have cancer and may not want too much information too soon."

A nurse for 26 years, Ruth works closely with the breast care team at NNUH and part of her role is to educate students about the importance of good nursing care. "It's crucial to monitor these patients closely in the early days after their surgery to ensure that the blood supply to the transplanted tissue is maintained. In a very small number of cases the transplant doesn't 'take' and the patient may need further surgery.

"I feel lucky to be able to follow these patients right through from diagnosis to recovery - it's great to see them when they are cancer-free and feeling more positive about life. I had to smile when one of my patients referred to the tattoo as her 'tittoo' – it showed she hadn't lost her sense of humour along the way."

Facts about breast reconstruction at NNUH

- **IN THE** last ten years, the number of women offered breast reconstruction has grown significantly. Patients are increasingly choosing to have this done at the same time as their cancer surgery.
- Last year surgeons at NNUH carried out 446 mastectomies and 87 breast reconstructions. A total of 59 reconstructions were carried out at the same time as the cancer surgery.
- As techniques improve, more women are choosing to have breasts created from their own tissue, transplanted from the back, abdomen or even the buttock.
- At NNUH we have a highly skilled team of plastic surgeons who offer a full range of options. We also have an oncoplastic surgeon who combines cancer surgery with reconstruction techniques.
- Nipples can be reconstructed from an existing nipple, from ear lobes, local tissue, or from the labia. Alternatively, patients can choose to have a false nipple which is applied with special adhesive.
- Tattooing can create the appearance of a nipple and areola (the coloured area around the nipple) through a trompe l'oeil effect. Tattoos can also make a reconstructed nipple and areola match the appearance of the other breast.

MEMORIES to

Sandra Ferguson, *a sister in the Neonatal Intensive Care Unit, looks back on more than 40 years of nursing sick and premature babies in Norwich*

Sandra then and now, and (right) two of her former charges with their mother, Michelle Moore. "Sandra became a real friend to me when she was nursing my first son, Aran, who sadly died after five months in special care," says Michelle. "She's a fantastic nurse and I will never forget her kindness and compassion." Sandra is godmother to Michelle's younger children, Bradley and Paige, who both spent time in special care.

MY CHILDHOOD dream of becoming a nurse began in June 1963 at the old Jenny Lind Children's Hospital in Unthank Road, where I did my training.

I can still recall the excitement of becoming a newly qualified staff nurse and looking forward to the challenges ahead.

The hours were long – 48 per week – and the work was hard, but the environment was a happy one.

On the 16-bed 'baby block' we cared for premature babies along with infants up to a year old. In those days it was unheard of for babies to survive at less than 30 weeks' gestation. The ones who did make it were the fighters.

Parents were not allowed to stay with their children, except during visiting hours, and hospital stays were much longer. It wasn't until I had my own daughter, Andrea, in 1971 that I realised just how painful and frightening this must have been for the families.

It was a huge responsibility to be in sole charge of a seriously sick child but it was also very rewarding. There was no sophisticated monitoring equipment and any small change in the patient's condition had to be noted and reported to the doctors.

Transfer of sick babies to Great Ormond Street Children's Hospital meant a train journey from Thorpe Station, to be met by ambulance in London with a police escort to the hospital doors.

At the end of each shift I would stand at Sister's large polished desk with my hands behind my back, wearing the regulation white apron and collar, frilly hat, grey dress (a statutory 12 inches from the ground), black shoes and stockings. Hand-over would begin with Sister carefully turning over the pages of the report book. If all was in order, I would then excuse myself from duty.

Christmas at the JLH had a magic all of its own as many of the children remained in hospital over the festive period. Donated presents would arrive by the hundred and there would be a large Christmas tree in the centre of each ward. Dr Quinton, a consultant paediatrician in the 60s, would don a large white apron over his suit before carving an enormous turkey for patients and staff to enjoy.

"Christmas at the Jenny Lind had a magic all of its own . . . Dr Quinton would don an apron and carve an enormous turkey for everyone to enjoy"

Over my 42 years as a nurse, I have seen massive advances in the treatment and care of premature and sick babies. Technology has advanced dramatically and the use of lung surfactant, antenatal steroids and sophisticated ventilators has revolutionised the care of the tiniest of babies.

For me, the greatest reward has been to support families on a sometimes difficult journey, knowing you are part of a team that could make a crucial difference.

I was for many years involved with the

cherish

families of babies born with cleft lip and palate, supporting parents before and after the birth and helping with feeding in the early days. More recently I helped to launch of local support group, the Norwich Cleft Lip and Palate Association.

I am sad to retire but I have many happy memories of a wonderful career. I've made some very special friends and feel honoured to have looked after some very special babies, along with their extremely brave parents and families.

I hold out the hope that nurses will be able to maintain personal contact with their charges as technology marches on. The touch of a hand, a smile or a quiet word can make all the difference to the patients and families in our care.

THE TB TIMEBOMB

We know how to prevent tuberculosis and we know how to treat it. So why has the number of new cases doubled in the last year? Respiratory consultant **Simon Watkin** *argues for a more effective way to stop TB from spreading*

BY THE MID 1980s, tuberculosis had fallen to an all-time low in this country, thanks to a combination of improved housing conditions, effective antibiotics and a programme of BCG vaccinations in our schools.

In the ten years to 2005, however, the number of new cases rose from 5,000 to 7,000, and all the indications are that the disease is now spreading rapidly. In central Norfolk alone, the number of people diagnosed with TB has doubled (from 20 to 40 last year) while a single case of drug-resistant TB in London resulted in 200 new, associated cases.

"Measures to identify those at risk among people arriving in the UK are known to be inadequate"

The rate of TB in the population of Norfolk is still fairly low (only four in 100,000 compared to 10 in 100,000 nationally) but among East London's community of recently arrived African immigrants it is more than 400 in 100,000.

The Chief Medical Officer has taken the decision to discontinue BCG vaccination for teenagers and instead he has introduced it for children born to parents or grandparents from countries with a high incidence of TB.

We do not know if this will be successful. Meanwhile, thousands of teenagers are not receiving the BCG vaccine and in a few years' time, when they leave home to spread their wings, they will not be immune to TB.

We do not know if this matters. We do know, however, that BCG is not very effective for adults but it is effective (and safe) for babies. In fact, neonatal BCG is now the most common method of TB vaccination across the world.

Measures to identify those at risk among people arriving at 'ports of entry' in the UK are known to be inadequate and in need of a radical overhaul.

TB can lie dormant for many years before it becomes active. Preventive treatment is more straightforward, less toxic and more cost-effective than treating an active infection, so early intervention is vital if we are to identify those at risk, to prevent them from developing the disease and inadvertently spreading it to others.

Here at NNUH we are equipped with 'negative pressure' rooms on Hethel ward to cut the risk of airborne infection, and staff work closely with our teams in Occupational Health and Infection Control to ensure they are prepared and protected.

Nurses in the chest clinic carry out TB skin tests and BCG vaccinations, the paediatric team provide TB services for children, and nurse specialists in the community provide support and advice for TB patients and their contacts, explaining the importance of regular daily treatment for a full six months and supervising those who have difficulty adhering to this regime.

We know how to prevent TB and we know how to treat it. However, we need to increase our efforts to identify and engage those at risk from this important infection.

New hospital will go ahead as planned

WORK ON on the new Cromer Hospital could begin by the end of the year after residents expressed their support for plans to redevelop the existing hospital site.

More than 70,000 questionnaires were sent to local residents to canvas their views on the new proposals. Nearly 3,300 were returned to the Communications team and 78 per cent were in favour of plans to make the new hospital a centre for outpatient treatment, day surgery and diagnostics.

The proposals involve the demolition of buildings currently occupied by the Davison, Endoscopy and Barclay units, with the loss of 12 inpatient beds. However, the plans will enable more patients to be treated and diagnosed closer to their own homes.

Many of the respondents voiced concerns about community care beds in the North Norfolk area and these comments have been passed on to the Norfolk Primary Care Trust.

Other concerns about car parking and the look of the new building will be addressed during the design process.

New children's diabetes clinic

A SPECIALIST out-patient clinic for children with diabetes and endocrine problems has been set up at Cromer and District Hospital, to provide a service closer to the children's homes.

The clinic is a team effort involving consultants Dr Nandu Thalange and Dr Vipan Datta, specialist nurses Gill Ward and Debbie Upton, and dietitian Lucy Findlay, as well as the nursing and clerical staff in Cromer out-patients.

Paediatrician Dr Nandu Thalange commented: "In Norfolk there are currently 375 children with diabetes who need to attend hospital frequently for check-ups. For those who live in North Norfolk, a trip to NNUH often means missing a whole day of school and perhaps a whole day of work, too, for their mums or dads.

"Cromer Hospital is a great place to see children. We have all the facilities we need – X-rays, scanning, blood tests, retinal photography – and we have the sea air thrown in! I think it will make a big difference to North Norfolk families to be able to come and see us at Cromer, rather than having to trudge down to Norwich."

Specialist diabetes nurse Gill Ward demonstrates the new portable analyser, watched by Dr Nandu Thalange

Children with hormone, growth and other endocrine problems are also being seen in the clinic, making the most of the specialist expertise available.

Some minor works have been carried out to provide a dedicated waiting area for the children. A donation from North Norfolk Diabetes UK has also enabled the team to provide on-the-spot measurement of diabetes control using a portable analyser.

THE PULSE

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New INR checks bring instant results

FOR PATIENTS on blood-thinning warfarin, it is vital that we know exactly how long their blood is taking to clot before any surgical procedure goes ahead.

Until recently, warfarin patients undergoing surgery at Cromer would need to have their blood-clotting (INR) levels tested in advance, either at a GP surgery or in the hospital on the morning of the operation, to allow time for laboratory tests to be carried out at NNUH. Now the hospital has acquired two INR machines which give instant results, saving time and trouble for the patients.

Endoscopy sister Anita Martins said: "Since we started using the INR machine last year around 50 patients have benefited. It means the decision about whether to go ahead with the procedure can be taken there and then, instead of having to wait for the results of laboratory tests."