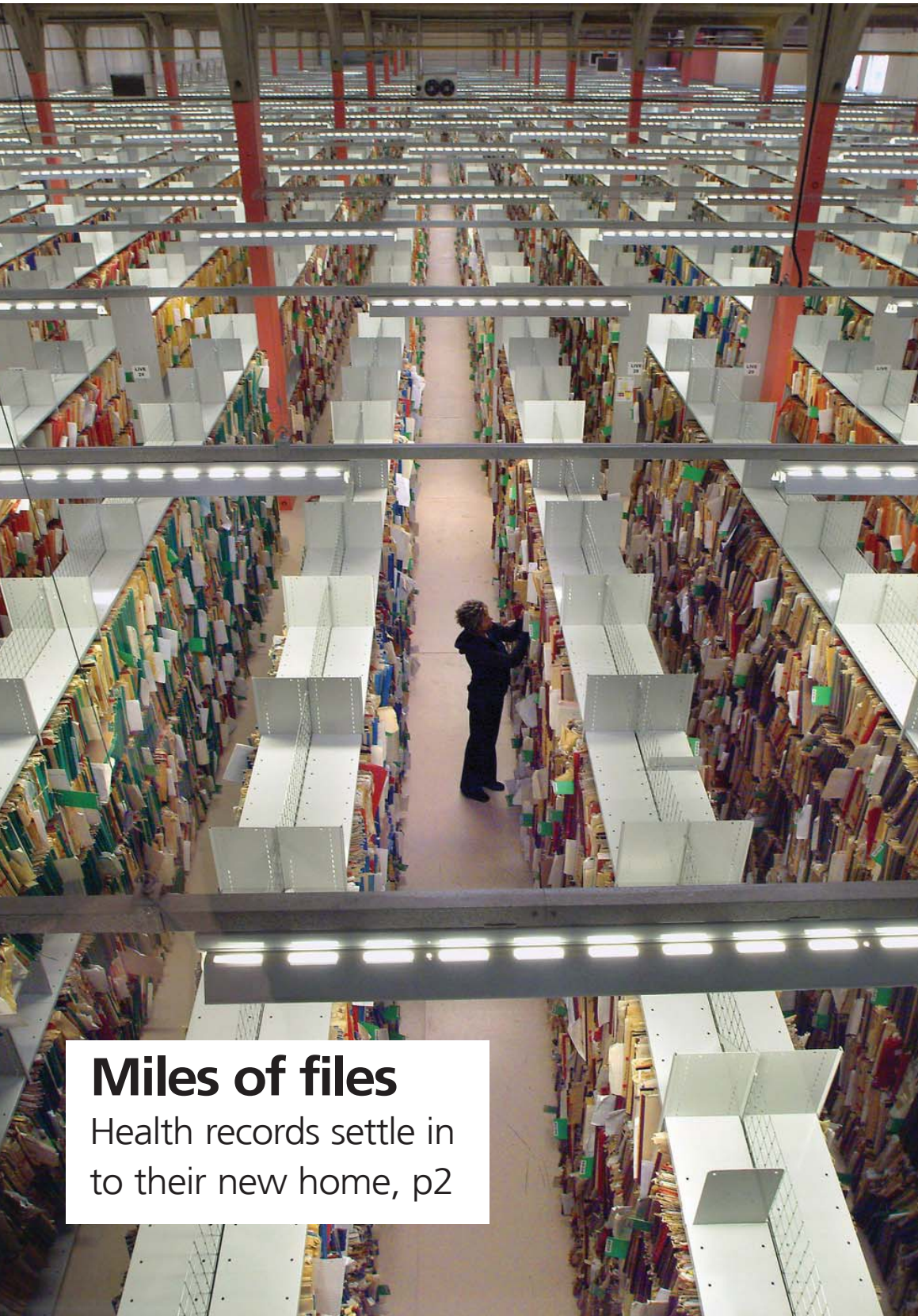


THE Pulse

Issue Number 31
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Norfolk and Norwich University Hospital

NHS Trust



PICTURE MICHAEL SMITH



Our vision for Cardiology

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Viewpoint:

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Focus on epilepsy

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History in the making

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Miles of files

Health records settle in to their new home, p2

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

Out-patients West and Out-patients 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

Out-patients East Level 2: ext. 5474 or 5475

Out-patients 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 0BQ

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, 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.

- **Francis Centre** (Health Records Library) Bowthorpe Industrial Estate, Norwich NR5 9JA. Tel:

New home for health records

MORE THAN 26 miles of steel went into the construction of our new health records library on Bowthorpe Industrial Estate. The move from the old West Norwich Hospital laundry building, on the site of Norwich Community Hospital, was carefully planned and executed by Pickfords, with help from the team who moved the British Library. In all, some 800,000 patient records were rehoused, along with 470,000 A and E cards, 320,000 X-rays and more than 1,000 metres of archive records.

The new library extends over 4,200 sq.m and has been named the Francis Centre after its location in Francis Way.



EQUALITY IS FOR ALL

REPRESENTATIVES from across the Trust have been undergoing training to assess the impact of new legislation on the services we provide. The aim is to ensure that all our patients and staff are treated equally with regard to their race, religion, beliefs, disability, gender, age or sexual orientation.

"It's important that we keep this issue at the centre of our work, both as a service provider and employer," explains deputy HR director Lynne Middlemiss.

Our new equality and diversity strategy is now available on the Trust website: www.nnuh.nhs.uk/TrustDoc.asp?ID=235. For information on how you can get involved as an 'equality champion' call Lynne Middlemiss on ext. 2211.

FAREWELL

...to the following long-serving staff who have recently left the Trust:

Vivienne May, medical records clerk at Cromer, after 40 years' service; **Jennifer Frost**, telephonist at Cromer, after 33 years, **Frances Dixon**, sister in oral medicine, after 26 years, **Carole Allen**, staff nurse, after 21 years; **Linda Asker**, healthcare assistant, after 21 years, and **Gilleon Lee**, healthcare assistant, after 20 years.

99 per cent of patients would recommend NNUH

NNUH IS among the top 20 per cent of hospitals in the country for patient satisfaction, according to the latest survey from the Healthcare Commission.

A total of 595 adult in-patients at NNUH and Cromer took part in the survey in November 2006, answering questions about various aspects of their hospital stay.

A total of 99 per cent said they would recommend the hospital to friends and family, a one per cent improvement on 2005.

Chief executive Paul Forden said: "We have continued to see sustained improvements in patient satisfaction year-on-year and we are delighted this latest survey once again puts us among the top performing hospitals nationally in such a wide variety of areas."

News of the survey came as NNUH was also named as the hospital with lowest mortality rates in Norfolk and Suffolk by leading healthcare analyst Dr Foster in the 2007 Hospital Guide.

Need investment advice?

ST ANDREWS Financial Planning, based on Level 2 West Out-patients, is holding a seminar at Park Farm Hotel in Hethersett on Tuesday 19 June 2007, when guest speakers will present on a variety of different topics, including pre-retirement and investment planning, home equity release, pension provision and the property market – should you put your money in to a Buy to Let property in the UK or invest abroad? For more information tel. 01603 457775 or email info@standrewsfp.com

Everest highs and lows

AUDIO VISUAL

manager David Knights was on top of the world when he arrived at Mount Everest Base Camp in March, raising £2,500 for the British Heart Foundation. The sponsored trek lasted 14 days and reached a height of 5,364 metres.

"Although I'd trained hard I was amazed by the effects of extreme altitude on the body," says David. "Walking is extremely difficult with only 50 per cent oxygen and I was lucky to suffer only headaches and the occasional nosebleed."

"Other members of the group suffered gastroenteritis and chest infections and one even had a heart attack and had to be



carried down the mountain to a height where it was possible to land a helicopter.

"In all, the trip raised £140,000 and I'd like to thank everyone who contributed to the appeal."

"To be able to say that I was only two miles from the highest point on the planet gave me a real sense of achievement – it was an amazing and life-changing experience but one that I won't be repeating for a while."

Proof that we are valued by our patients

HOW ENCOURAGING

to learn that 99 per cent of our patients would recommend NNUH to their friends.



According to the latest survey by the Healthcare Commission (see page 2), we are in the top 20 per cent of hospitals for patient satisfaction and the results for 2006 show a one per cent improvement on 2005. What better indication could there be that we are succeeding in our aim to put patients first?

Behind these stark statistics is a tale of dedication, innovation and teamwork and I do not underestimate the contribution made by all our staff to achieve these impressive results. Indeed, the desire to put patients at the heart of our work continues to be a driving force throughout this Trust.

At the end of June, several medical specialties are planning a pilot project to see if patients would prefer to attend clinics on a Saturday rather than take time out of their working week. As I explained in my last column for *The Pulse* (April edition) we must be more flexible if we are to pay more than just lip service to patient choice. It will be interesting to see what the patients themselves have to say about this one-off experiment.

Meanwhile, waiting times continue to come down and we are striving to meet the 18-week target for all patients by the end of 2008. Hard to believe that only a short time ago some of our patients were waiting up to two years for routine hospital treatment.

Another goal for us is to be able to treat more patients closer to their own homes. With our plans for Cardiology (see page 6) and the redevelopment of Cromer Hospital, we are determined that this too will be more than just a pipe dream.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Bikers ride in with a Big C cheque

A FLEET OF 100 Harley Davidsons made a spectacular sight when their owners arrived at NNUH with a cheque for £1,000 for the Big C cancer charity. The trip was arranged by the Fenland Harley Owners Club to coincide with the funeral of one of their members, Christopher 'Sticky' Hodgson, who died from cancer at the age of 54.

The club chose to raise funds for the

cancer charity at the suggestion of another member, Phil Turley, from Eaton, who has himself been treated for myeloma.

"The Big C Centre offers somewhere to sit, think and be alone if that's what you need," said Phil. "They took the time to explain to my family what was wrong with me without all the technical jargon that doctors might use."





Liam's North Sea challenge

CARDIOLOGIST DR LIAM Hughes, 54, is putting his own fitness to the test this summer when he rows across the North Sea in aid of the Balloons4Hearts appeal.

He will be joined by his wife, Claire, 31, for the 140-mile trip, which he hopes will raise £500,000 to equip the new angioplasty suite at NNUH (see page 6).

Among his sponsors are Olympic gold medallist Matthew Pinsent and several patients have offered generous donations.

Liam admits he had never tried rowing before taking up the challenge: "I was a serious rugby player in my youth but a neck injury cut short my playing career and I really hadn't done anything since," he said. "I knew it was going to be hard but if I say I'm going to do something then I have to see it through."

Liam's training

programme includes a daily two-hour workout on a rowing machine at home.

"I find the training surprisingly enjoyable – you get to think about all sorts of things and it's a great way to wind down."

He is setting off from the Hook of Holland at the end of June and hopes to arrive at Southwold in 48 hours.

• If you would like to sponsor Liam or find out more about Balloons4Hearts, call 01603 782190 or visit www.balloons4hearts.co.uk

William Fellowes prizewinner

THE PRESTIGIOUS William Fellowes prize for the best presentation by a junior doctor at NNUH was won this year by Dr Alexander Cho. His presentation included a case history of a child undergoing spinal surgery, highlighting the importance of a multidisciplinary approach. Four presentations were short listed from a large number of high calibre entries and the runners up were Dr Nikolaos Burbos, SHO in Obstetrics and Gynaecology, Dr Rehan Quadery, SHO in Medicine and Mr Iain Smith, SHO in General Surgery.



LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Excellent standards

AS A REPRESENTATIVE of the Patients' Panel I was pleased to be part of the Patient Environment Assessment Team (PEAT) which carried out this year's inspection at NNUH.

We visited several wards and waiting rooms, ranging in specialty from neonatal intensive care to medicine for the elderly, to assess conditions for patients and the quality and choice of food on offer.

We found the condition and cleanliness of all these areas to be excellent, with high standards throughout. During our inspection we also noted areas where further improvement could be made but which remain adequate to meet the required standards.

We were also very encouraged by the enthusiasm we encountered and the determination shown by staff from the hospital, Octagon and Serco to work together to improve standards even further.

Lilian Hodgson, NNUH Patients' Panel



Disturbing message

I AM SHOCKED that nurses on Hethel ward are being encouraged to wear tabards printed with the words 'Do not disturb - nurses on drug round' (*The Pulse*, April 2007).

As a sister in A&E, I am well aware of working under pressure and the frustrations of being interrupted while trying to administer medication.

However, it is an integral part of our role to multi-task and prioritise. Wearing a tabard like this gives a very negative message to patients, relatives and other

staff. After all, we are the patients' advocate and we need to be available to answer their questions and administer care at all times.

There are many occasions in a shift when staff in A&E would love to wear a 'do not disturb' sign. However, I believe it is neither safe nor practical to do so. As nurses, it should be possible to delegate and prioritise the care we give.

Lucy Brown (sister, A&E)

• **Note from Chris Parfitt, senior nurse in Respiratory Medicine:** These tabards are worn by only one nurse during the drug round (plus a student, if relevant). It was never our intention to put up any potential barriers to patients, visitors or other staff. We are simply trying to reduce the number of non-urgent interruptions – mostly from members of staff – which are known to be a contributing factor in numerous drug incidents. We remain "available to answer patients' questions and administer care at all times", wearing a tabard or not.



A RECORD number of staff have achieved NVQ awards this year with the support of colleagues at NNUH. A total of 36 certificates were awarded for levels one and two, and another 37 staff received the A1 award for assessors. Pictured are some of the award winners who received their certificates from Trust Chief Executive Paul Forden in April.



TRUST CHIEF Executive Paul Forden took time out to talk to members of the public about our plans to become a Foundation Trust, as part of the ongoing consultation exercise which ends on 13 July. The proposals include a Council of Governors with six elected staff governors, together with representatives from the local community.

More than 100,000 consultation documents have been distributed throughout Norfolk and parts of Suffolk and the responses so far are overwhelmingly in favour of the idea.

You can find the consultation document online at <http://www.nnuh.nhs.uk/TrustDoc.asp?ID=241>. Copies are also available in all reception areas, along with details of how you can get more involved as a member of the new Foundation Trust.

Parkinson's champion

CONSULTANT NEUROLOGIST Dr Paul Worth was invited to the House of Commons to address MPs about the needs of patients with Parkinson's Disease.

He pointed out that the number of Parkinson's patients is set to increase as the population ages, in much the same

way as Alzheimer's disease: "We need to make sure that GPs are well informed, that patients are properly diagnosed and have access to consultant neurologists and geriatricians. We also need to ensure that there are enough nurse specialists nationally to provide support for Parkinson's patients."

Dr Worth is part of a multidisciplinary team at NNUH which was shortlisted for last year's Hospital Doctor awards. He is also one of the first specialists in the UK to introduce a new treatment regime for patients with an advanced form of Parkinson's.

Our neurology team runs education sessions for local GPs three times a year.



Team commended for social care

THE INTEGRATED Discharge Team at NNUH has been commended in the *Municipal Journal's* Local Government Achievement Awards for their efforts to help patients leave hospital safely.

Based at NNUH and made up of social workers, health visitors and specialist nurses, the team can arrange support for adults with a range of different needs, from cancer patients to alcoholics, the homeless and people with learning difficulties or mental health issues.

They can organise care at home or in a community setting, arranging placements in residential and nursing

homes, community hospitals and rehabilitation centres.

Chris Mowle, Cabinet Member for Adult Social Services commented: "This is an excellent example of health service professionals and the local authority working together to make services better for the people of Norfolk."



A new **VISION**

More patients with coronary heart problems will soon be treated at NNUH, thanks to a campaign to expand our cardiology services

CORONARY HEART heart disease is still the most common cause of premature death in the UK, resulting in more than 100,000 fatalities a year.

The good news is that increasing numbers of patients are benefiting from medical advances that not only increase their life expectancy but also reduce pain and help them to enjoy a better quality of life.

One such development is balloon angioplasty, a procedure first performed in 1977 (see box, right). Combined with stenting (percutaneous coronary intervention, or PCI), this has now become a routine option for dealing with narrowed coronary arteries.

Until June 2006, patients from Norfolk who needed such treatment would be referred to the specialist cardiac team at Papworth Hospital in Cambridge. But a new PCI service, launched at NNUH in June 2006, is expanding fast and by 2011 it's hoped that around 1,000 patients a year will benefit from the technique.

Last year a long-awaited plan to create a second angio suite at NNUH was finally approved - the result of close collaboration between our commissioners and healthcare partners in Norfolk and Papworth.

This has been boosted by the Balloons4hearts charity appeal, launched by Norfolk Heart Trust in 2006, which has so far raised an impressive £600,000 to equip the new suite.

The £2 million project is part of an exciting new vision for cardiology that will see many more patients being treated closer to their own homes. Already more than 300 patients have undergone balloon angioplasty



ONE OF THE first patients to benefit from the PCI procedure at NNUH was 74-year-old Derek Webster, from Sprowston (pictured left with his wife, Edith). "I watched the whole thing on the monitor and I was surprised how easy and straightforward it was," he recalled. "In fact I've had worst times going to the dentist! It was a great relief that I didn't have to make special arrangements to get to Papworth."



TIM ALEXANDER (pictured with Dr Leisa Freeman) is one of a number of patients whose congenital heart problems are kept under review at NNUH

at NNUH, although there will always be a small minority who need to undergo more complex heart surgery at Papworth.

As clinical director for cardiology, Dr Leisa Freeman heads a growing team of specialists whose diversity of skills is making a big difference for our patients.

The team has long been in the forefront of pacemaker technology, while a proactive approach to patient care ensures that many more people with congenital heart disease are now leading active and productive lives.

"This is a particularly exciting time to be involved in cardiology as treatments are



Going with the flow, cardiologist Dr Tim Gilbert uses digital technology to follow progress through the blood vessels



for cardiology



RADIOGRAPHER Sheila King (left)

controls the 'C-arm' radiology equipment that provides digital images of the coronary blood vessels from every possible angle. She is also responsible for making sure the team is kept safe from harmful X-rays: "I do tend to nag a lot, but it's very important the team wears protective clothing and makes full use of the lead shield provided – even when it gets in the way."

Other key members of the theatre team are the specially trained nurses who prepare the instruments and radiographic contrast (top right) which is used to highlight the blood vessels, and the cardiac physiologists monitor the patient's aortic and coronary pressures, ECG and other vital signs.

Meanwhile, an army of nurses, admin staff and specialist cardiac technicians work hard behind the scenes to ensure that cardiology patients can rely on a high-quality service with first-class equipment.

WHAT IS ANGIOPLASTY?

A BUILD-UP of cholesterol within the coronary arteries can reduce blood flow, leading eventually to angina and heart attack. In angioplasty, a tube with a tiny balloon attached is threaded through a blood vessel in the arm or groin to the site of the blockage, where it is inflated with fluid.



In most cases a metal stent is fitted around the balloon and remains in place when the balloon is deflated, to help strengthen the artery walls.

For some patients, drug-eluting stents are used to treat damaged blood vessels.

improving all time," said Leisa. "I am proud to be part of such an enthusiastic and innovative team at NNUH and believe that, with the right support, we can go on to expand the variety of services we offer so that only cardiac surgery is undertaken at Papworth."

Emma Harris, Macmillan nurse and a member of the palliative care team at NNUH, explains why end-of-life care should play a fundamental role in the education and training of all health professionals

'DYING WELL' means something different for everyone but it generally includes maintaining dignity and autonomy, having choices and receiving appropriate pain relief, as well as emotional and spiritual support.

As a Macmillan nurse and a member of the palliative care team at NNUH, I am truly passionate about this whole subject – not just for the sake of the patients but also for the relatives who must wait and watch as their loved ones die.

Esther Rantzen drew attention to this issue in her BBC documentary *How to have a Good Death*. She highlighted the work of a palliative care team in Liverpool who devised a way to ensure that end-of-life care is the best it can be. Taking a lead from the hospice model of care, the 'Liverpool Care Pathway' (LCP) is designed to prepare staff, patients and their loved ones for the inevitable time when death will occur.

Although contained in a written document, the key to this model of care is clear and honest communication, to avoid misunderstandings and ensure that patients



Let's talk about

and their relatives are given the care they need, in a timely fashion, by empowered staff.

As soon as a patient is judged to be near death – a decision taken by the entire multidisciplinary team – the LCP guidelines come into play. Staff have a duty to check on the patient regularly, talk to the relatives and give prescribed medications for symptom control, without waiting for a doctor.

The Liverpool Care Pathway has made a huge impact in hospitals where it has been introduced, both in the UK and internationally.

Here at NNUH, we first adopted the guidelines on Guist Ward a year ago and the results have been impressive. The LCP is being rolled out to 11 wards and by January 2009 the goal is that all our wards will be using the guidelines and that all staff will be aware of how they, as individuals, can make

What is the Liverpool Care Pathway?

DEvised BY a palliative care team in Liverpool, the Liverpool Care Pathway is now being followed by a growing number hospitals in the UK and abroad. The main aims of the pathway are:

- To provide better communication between patient, family and health

care professionals involved in the care of the patient, to help them become more aware of the typical features of the dying process.

- To promote guidelines for the facilitation of a 'good death'
- To encourage discussion suggesting that death is part of 'normal' life.

- To give practitioners more confidence to prescribe medications that may have associations with sedation or other side effects.
- To encourage team working to ensure that the care of all dying patients is the 'best it can be' (NHS Cancer Plan 2000).



ESTHER RANTZEN will be at NNUH on Friday 29 June to speak at a study day organised by Emma Harris and the palliative care team. The TV presenter highlighted the taboos surrounding death and dying in a BBC documentary, *How to have a Good Death*, after her husband, Desmond Wilcox, died from heart disease.

"I'm delighted that the Liverpool Care Pathway is having such a positive impact at NNUH as this is a subject very close to my heart," she commented. "No one can be guaranteed a good death but following these guidelines could increase our chances of dying as we would most wish, with privacy and dignity."



CHARGE NURSE Don Baker (pictured with staff nurse Nicola Fryer and Emma Harris) says the Liverpool Care Pathway has made a big difference on Guist ward since it was introduced last year: "It's given the nurses and junior doctors a lot more confidence as they now have clear guidelines on how they can do their best for the patients and families at an emotional and frightening time," he said.

"It's all down to basic nursing care but the guidelines ensure that we communicate with each other and that the patient's care is planned and discussed with everyone concerned. Since we adopted this approach many relatives have made a point of saying thank you for the care and consideration shown by our staff during their loved one's final days and hours."

ut DYING

"Our instincts may be to cure the patient whatever it takes, but there comes a point in everyone's life when death and dying must be contemplated"

a real difference at a highly emotional time.

I have been astonished by the enthusiasm of all the staff I've talked to about this. Death can be a sensitive issue and without the right support and information, both staff and carers can find the experience overwhelming.

In my experience, it is always better to tell it like it is, to say the word 'dying' and avoid euphemisms. With good communication skills (which can be taught), we can explain to the family why it is more appropriate to remove a drip or to discontinue tests or treatment which might be uncomfortable

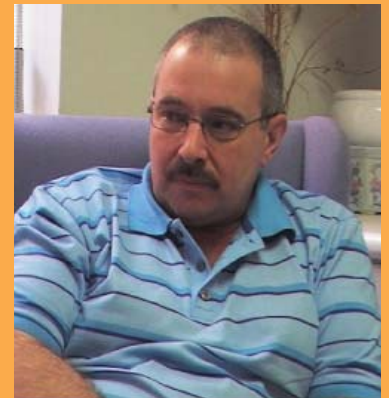
and possibly even traumatic for the patient.

Our instincts may be to 'cure' the patient whatever it takes, but there comes a point in everyone's life when death and dying must be contemplated. Perhaps it takes the death of someone close to us to reduce our anxiety about the process of dying and make us aware of what to expect. Typical features of this process include:

- A diminished need for food and drink
- Changes in breathing
- Withdrawing from the world.

Providing high quality care and support for someone at the end of their life is an important and highly skilled role and should not be regarded as 'failing' the patient.

• IF YOU would like to know more about the Liverpool Care Pathway, come along to the Gooch Hall on 29 June at 10am or 2pm. For details of this and other courses run by the palliative care team, call ext. 3227.



DAVID DRAKE lost his wife Dawn to cancer earlier this year and has nothing but praise for the team who looked after her on Mulbarton Ward.

"Right up to the end the care she received was brilliant and her pain was always kept under control," he commented.

"The doctor took the time to explain to me what to expect, so I knew when her breathing began to change that it was only a matter of hours before she died. That gave me a chance to call the rest of the family so they could be there to say goodbye."

Knowledge is a valuable tool when it comes to dealing with epilepsy. So why is so little known about this very common condition? Meet the team who are helping patients to cope

IT'S TEN TIMES more common than multiple sclerosis and just as prevalent as diabetes, affecting one in every 100 to 200 people. Yet epilepsy remains a condition which many people find mysterious and even frightening.

The Norwich Epilepsy Service is made up of a small but dedicated team of individuals who are determined to not only help improve the quality of care for people with epilepsy but to also raise awareness of the condition through study days, education campaigns and fundraising events.

The Team consists of four consultants – neurologist Dr Jeff Cochius, pediatrician Dr Richard Beach, neuropsychiatrist Dr Ekkehart Staufenberg, clinical psychologist Dr Chris Cull – and three specialist epilepsy nurses, Julia Dawson, Dee Elleray and Sally Tyler.

When someone has had an epileptic seizure they are typically referred to the NNUH for further assessment. After the initial consultation it may be necessary to carry out investigations including an EEG and a brain scan. The EEG records the brain's electrical activity and may reveal abnormalities which give a clue to the location and nature of the underlying epileptic process. The brain scan may reveal an anatomical abnormality which explains why the seizure has occurred.

Treatment is tailored to the individual and the seizure type, from a mild 'absence' lasting only a few seconds to the distressing collapse and convulsions that many people associate with epilepsy.

"Attitudes to epilepsy have changed for the better in recent years but there is still a stigma attached to the disease," says consultant neurologist Jeff Cochius. "At one time seizures were thought to be a sign demonic possession but thanks to basic and clinical research

and advances in technology, we now know a lot more about the condition and we are in a much better position to treat patients due to the development of a large number of antiepileptic drugs.

"The impact for patients may be very significant - they can't drive for a year after having a seizure and there can be serious consequences for their work and social life. While there are now many more drugs available to help control the condition, about 25 to 30 per cent of patients will continue to have seizures. A small proportion of these patients with medically refractory epilepsy may be candidates for epilepsy surgery and are referred to

National Hospital for Neurology and Neurosurgery in London, where they undergo extensive testing to determine if surgery is possible.

"For those unsuitable for brain surgery, a relatively new procedure called vagal nerve stimulation (VNS) became available at



Dr Jeff Cochius repeats the procedure for patient Neil H. Thomas Meredith during a routine E

After the ST

NNUH for the first time in December 2006. Working in a similar way to a pacemaker, the VNS device is implanted below the collarbone and linked by a subcutaneous lead to the left vagus nerve in the neck, sending repeated electronic pulses that help to suppress the brain activity that triggers a



"We can offer support and practical advice"

A TEAM OF three specialist nurses, based at Lawson Road Health Centre, look after around 250 adults and 400 children with epilepsy, but they admit this is only a fraction of the numbers affected by the condition.

"A large part of our role is to educate carers, students and other health professionals

Epilepsy specialist nurses Julia Dawson and Dee Elleray (left) and (above right) children's epilepsy specialist nurse Sally Tyler. Far right: clinical psychologist Chris Cull



programmes the VNS device
Hutton and (right) Marcus and
with their mother, Anna,
EEG test



NEIL HATTON, 36, from Gorleston, has noticed a marked improvement in his epilepsy since he had a VNS device implanted in February: "I'm sleeping much better and I'm a lot more wide awake during the day," he commented. The procedure is carried out by ENT surgeon Dr Paul Montgomery and patients return to the hospital several times to have the level of stimulation adjusted. "We start low and increase the intensity over a period of a few months," explains Dr Cochius.

"Patients also have the option to swipe a magnet over the VNS device to intensify the vagal nerve stimulation and abort a seizure in its early stages. This may give patients a degree of control over their epilepsy that they have never had before."

BROTHERS MARCUS and Thomas Meredith (left) from Garvestone, were both diagnosed with epilepsy at eight years old. Now aged 12 and 14, their

seizures take the form of momentary absences and are well controlled with medication, although Thomas now attends a special school.

"It's been a very strange experience because as far as we know there is no history of epilepsy in the family," said their mother, Anna Meredith. We were devastated when Marcus began having the same symptoms at exactly the same age as Thomas and we half expected our daughter to follow suit. Luckily, so far, she hasn't."

Anna paid tribute to the paediatric team for a swift

referral and diagnosis, and praised the specialist nursing team for their help and support during a very worrying time."

STEPHEN SCOTT (above left, with Marcus) is one of four clinical physiologists responsible for EEG testing at NNUH. "We test up to 12 patients a day, including children, and around 75 per cent are referred because of suspected epilepsy," he said. "We have various ways of triggering an abnormal trace, including flashing lights, deep breathing or sleep deprivation. If that doesn't give the answer, some patients may be tested over a 24-hour period using a portable testing kit that they can wear at home."

ORM

seizure. On average, VNS reduces seizure frequency by 50 per cent in about 45 per cent of patients, although some patients have reported much more dramatic results. "If it improves the quality of life for these patients, it has to be worth it," says Dr Cochius.

cal advice to patients and carers"

about epilepsy. For instance, if you witness a seizure, it's particularly important to describe it adequately so that appropriate treatment can be prescribed. Some attacks may not be due to epilepsy but have some other physical or psychological cause."

Dee was recently awarded a national prize by the charity Epilepsy Action for devising an assessment tool for epilepsy which is now being rolled out across the country.

In around 25 per cent of patients, medication may not be enough to keep seizures under control, and that's where psychologist Chris Cull steps in, to talk to patients and help them develop coping

strategies. As Dee says, "A diagnosis of epilepsy can come as a great shock and it can be very difficult for the carers, too. However, it's not all bad news – we can offer support and practical advice about issues such as transport and how to deal with schools and employers.

"As a qualified nurse prescriber, I can offer different drug combinations for epilepsy patients with learning difficulties."





New delay for Cromer redevelopment



JUST AS we were about to start choosing a

contractor for the long awaited redevelopment of Cromer Hospital, we are faced with yet another delay. . . English Heritage has been asked to recommend that parts of the building are listed for their historical or architectural interest. The features under consideration are the gable entrance and the verandah adjacent to Barclay Ward.

An expert from English Heritage visited the hospital on 3 May and was very knowledgeable about the work of the original



architect and the construction of the hospital. We are happy that a full and comprehensive report will be presented for consideration by the Secretary of State.

Clearly any decision to list the building will affect our plans and so the whole tendering process has now been put on hold. For everyone affected, this is yet another frustration, but our staff at Cromer and the wonderful Friends of Cromer and

District Hospital are once again being very supportive.

Meanwhile, negotiations with the Cromer Town Football ground are continuing

and we hope to be able to provide additional car parking spaces for staff by the autumn.

Figures for the year show we saw nearly 10,000 patients in our Minor Injuries Unit, performed cataract surgery on nearly 2,000 patients and took blood samples from nearly 21,000 patients, in addition to the work done in day surgery, in-patient recovery, endoscopy, renal services, radiology and Out-patients... .Not bad for a small hospital on the coast!

Don't forget the Cromer hospital fete is on Sunday 1 July. All are welcome to attend.

Helen Lloyd,

Service manager,
Cromer and District Hospital



AROUND 50 patients a day are benefiting from Cromer's new X-ray unit, which opened its doors for the first time in November. Senior Radiographer Jill Grimmer (pictured) says waiting times for appointments have been halved and the working environment is much brighter. "It's a bit like the Tardis – much bigger than you would ever believe from the outside!"

Have dialysis, will travel

WHEN MARGARET Butcher's kidneys failed and she succumbed to renal dialysis three times a week, she was determined to continue living life to the full. With the help of a website called 'Globaldialysis.com' she has enjoyed a series of holidays abroad and is now looking forward to a cruise in September.

"It's my fourth trip away from home since I started dialysis 18 months ago," says Margaret, 57, from Sheringham. "So far I've been to Spain and Italy, as well as Stevenage, and all the hospitals I've visited have been really friendly and welcoming.

"Each dialysis session can take a whole day out of my holiday but it's worth it to have a change of scene and see a bit more of the world. My husband died very suddenly eight years ago and that taught me that you have



Bed swap: Margaret looks forward to a change of scene

to think positive and live for the day."

Another bonus of Margaret's travels is that her place in the renal unit at Cromer can be taken by visiting patients.

"We've had quite a few patients come here while on holiday and they've been really appreciative, says senior sister Janet Dickenson. "I am happy to arrange this if the patient's own hospital agrees it is safe."

THE PULSE

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Please send your contributions for the August issue to Sue Jones (Trust Management) by 9 July 2007.

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SHARON'S CAREER MOVE

VOLUNTEER Sharon Harrison will be swapping her red tabard for a different uniform in September, when she joins the ranks of new student nurses at NNUH.

With two children aged 19 and 14, Sharon, 37, started volunteering in the Cromer dialysis unit in January to see if she would like nursing as a career. "I wanted to make sure I wasn't one of those people who faints at the sight of blood," she explained. "And where better to test that out than a renal unit!"

Luckily for us, her fears proved unfounded.

