

THE Pulse

Issue Number 32
August 2007

Norfolk and Norwich University Hospital

NHS Trust



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Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY
Tel: 01603 286286 www.nnuh.nhs.uk

Restaurant

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

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 Log a call using the computer icon 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 cycle sheds, use of pool cars and Trust bicycle, information about buses and other transport

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 open 7.45am-6.45pm

Other Trust departments are based at:

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

- **Francis Centre** (Health Records Library) Bowthorpe Industrial Estate, Norwich NR5 9JA. Tel: 01603 288652

- **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU, Tel. 01603 776776: Breast Screening, Pain Management.

Also Microbiology: Tel. 01603 288588

- **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.



Open day puts fun into learning

OUR FIRST-ever open day to celebrate Adult Learning Week was a great success at NNUH in May. Taster sessions in Spanish, Tai Chi, reflexology and Indian head massage were offered throughout the day, as well as information about opportunities available through TULIP (Trade Union Learning in Partnership), Next Step and Adult Education.

Visitors took part in literacy and numeracy quizzes, a 'guess the fruit' competition and a series of increasingly difficult chess problems, while Serco posed the question of how many cups of tea and coffee are drunk by patients at the NNUH in the course of a year.

The open day resulted in Spanish classes being held at NNUH and the learning reps are hoping to generate interest in a book club. Several people put their names down to join a chess group.

- For more information contact Martin Woolnough or Debra Wright by emailing learning.zone@nnuh.nhs.uk

WELCOME

...to **Dr Michael Crawford**, radiologist, who has recently joined the Trust

FAREWELL

...to the following long-serving staff who have left the Trust since 1 June:

Jennifer Howes, staff nurse, after 28 years; **Bridget Briant**, telephonist, **Patricia Stockwell**, workflow co-ordinator in Radiology, and **Sally Tipple**, admin team manager at Cromer, all with 23 years' service; **Margaret Whiley**, receptionist on Blakeney Ward, and **Anita Osborne**, community midwife, after 21 years; and **John Nicholas**, technician in Audiology, after 20 years.

- **Frances Dixon** has now returned to work part-time following her retirement.

CONGRATULATIONS

to cardiologist **Liam Hughes** and his intrepid team for succeeding in their challenge to row the North Sea.

The crew arrived safely in Southwold on 10 July, having braved thunderstorms and sea-sickness during three long days and two nights at sea, to raise funds for angioplasty at NNUH.

Liam commented: "We received a tremendous amount of support and it was the thought of all those well wishers that helped keep us going in the dead of night when the fatigue was setting in." So far the **Balloons4Hearts** appeal has raised £600,000 to help equip the new angio suite at NNUH. To find out more, go to www.balloons4hearts.co.uk

GOOCH PRIZEWINNER

THE WINNER of this year's Benjamin Gooch prize for the best original research by a junior doctor was Dr Yahya Alabed (Vascular) whose presentation showed that



a change in arm positions during CT scans could have significant implications in CT staging examinations of lung

cancer and in classifying goitres. The runner-up prize was awarded jointly to Dr Pancras Felix (Cardiology) and Dr Karolina Stepien (Diabetes).

HOSPITAL RADIO Norwich is looking for volunteers to chat to patients at NNUH for their request programme, which is broadcast between 7.30 and 9.30 each evening. If you can spare approximately two hours a week, enjoy meeting people and have reasonable music knowledge, please contact the Station Manager on 01603 612686 or e-mail studio@hospitalradionorwich.co.uk for more details. Full training is provided.

Taking health and safety to a new level

OUR HEALTH and Safety team received the top Healthcare Sector Award from RoSPA (Royal Society for the Prevention of Accidents) in May. The award follows a number of recent improvements, including the achievement of level 4 (out of a possible 5) in our external health and safety audit, and a significant reduction in the number of serious incidents reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

A total of 16 serious incidents were reported during 2006 compared to 26 in 2005, and our incidence rate was less than half the national average, having dropped from 431 to 279 per 100,000 employees.



"We always follow up every one of these incidents and take steps to prevent them happening again," says team leader, Lynne Ainge. "For instance, we supported the move to provide new self-loading hydraulic trolleys in the Mortuary after a number of injuries, including a wrist fracture, were caused to technicians when they were manually loading body trays into the fridges using the old-style trolleys.

"Health and Safety is really all about people. If you can stop people from being injured at work you are helping them and their families, while reducing the time lost to the Trust while they are absent from work."

Above: H&S Team leader Lynne Ainge shows off the RoSPA award with (clockwise from top left) manual handling adviser Graham Deakins, H&S adviser Mark Hughes, fire safety adviser Mark Farley, H&S co-ordinator Marion Hall and H&S adviser Janis Baugh.

Left: Technicians in the Mortuary demonstrate the new automatic hydraulic trolleys, which can be raised to heights of up to 6ft and safely carry loads of up to 50 stones (320kg).

A sense of perspective

WITH ALL the recent talk of climate change, floods and acts of terrorism, it is all too easy to imagine that the news is all bad and we have little or no control over our own destiny. But I would urge you to take heart and look at the bigger picture.



I am constantly inspired by the heroic work being done in our hospitals (the stories in this magazine are good examples) and I remain convinced that things can and will get better for the NHS.

Take the announcement of a review by our new Health Secretary, Alan Johnson... Mr Johnson has asked the Health Minister, Sir Ara Darzi, a practising surgeon, to consult with patients and staff on a new constitution for the NHS, setting out our core values, priorities and lines of accountability. I believe this is an encouraging step and I will make sure that you all have an opportunity to contribute to the review.

Another way in which we, as a Trust, can have greater control over our own destiny is by achieving Foundation Trust status. Consultation on this issue has now closed (see page 5) and we are hopeful that our application will be accepted. So watch this space.

I am greatly relieved that we can move forward with plans to redevelop Cromer Hospital, now that questions about its architectural importance have been resolved (see page 12). While we are justly proud of our heritage, we are equally determined that the new hospital will create a model of healthcare for generations to come.

Finally, the holiday season is upon us and if you are planning a break some time soon I hope you enjoy some good weather and a well deserved rest.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Night staff benefit from new ways of working

AFTER 9pm, the majority of people are winding down for the day, but for the doctors and nurses on night duty on our hospital wards, the work is only just beginning.

This month (August) sees a new way of working at NNUH for our junior doctors and senior nursing staff. A multidisciplinary team of doctors and operational practitioners, known as the CHIPS (Care of Hospital In Patients) team, will now be responsible for patient care between 9pm and 8.30am. This model of care ensures that a team is available with all the skills and competencies required

to meet patients' immediate needs. To achieve this, competency levels have been enhanced – in particular the identification and management of the acutely ill – and working patterns have been improved to incorporate more rest periods and more appropriate allocation of workloads and tasks.

The project follows a successful pilot scheme in four other hospital trusts.

Initially there will be two clinical teams on duty, broadly covering Medicine and Surgery, with separate arrangements for Paediatrics, Gynaecology and Maternity, Critical Care and Anaesthesia.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

Worthwhile journey

TEN YEARS ago we started on what seemed like a very long orthodontic journey with our eldest daughter Sophie. Mr David Tewson and his team in the Oral and Maxillofacial department here at NNUH were honest and upfront about what needed to be done, and they have encouraged Sophie every single step of the way.

As we come to the end of this particular journey we wanted to say a huge 'Thank you' to Mr Tewson and his team for their excellent care and expertise – Sophie is truly beautiful, both inside and out, and we thank them wholeheartedly for everything they have done for her.

I would encourage anyone who is embarking on this pathway, whether adult or child, to stay focused and go for it – Mr Tewson and his team won't let you down.

Annie Cook, Gastroenterology

(The work of the Oral Health team at NNUH is featured on page 6)

From old to new

DO YOU have a story to tell about the old Norfolk and Norwich Hospital? We want to celebrate the part played by the hospital over the last 200 years in a new Hospital Arts Project.

The aim is to create a written history with pictures, text and images etched onto glass. It will tell the story of the hospital and some of the characters who made it what it is today.



For example, one of the founding surgeons, Edward Rigby (*above*), was Lord Mayor of Norwich and ran a small Norfolk farm, as well as initiating many new developments in eighteenth century obstetrics and dermatology. He even wrote a book describing one of the first balloon flights in the world.

If you have any stories from the war or from the early days of the NHS, please write and tell us.

All the art on display in our hospitals has been purchased or commissioned

through fundraising and donations. Those of us who are involved with the hospital art project believe that creating a friendly, uplifting environment is an essential part of the healing process.

If you would like to donate to hospital art or contribute to this project please contact Emma Jarvis, hospital art project co-ordinator, on 01603 287870

*Nick Levell,
Consultant Dermatologist and Hon.
Hospital Curator*

Run Radiology run

RADIOLOGY staff took teamwork to a new level when we took part in The Norfolk Coltishall Run this year. The event is a relay race involving teams of three with each person running 3.2 miles – not a marathon perhaps, but far enough for those whose idea of exercise is changing the TV channel.



Our group ranged from the swift and experienced (Paddy 'Speedy Gonzalez' Wilson, Graham 'Linford Christie' Hurst and Fran 'Kelly Holmes' Barton), to the more leisurely 'you put the left foot in front of the right' sort.

The atmosphere was great and the weather glorious. Encouraged by cheers from the gathered supporters, families and marshals, we all managed to finish the race, and after a medal ceremony for the winners there was just enough time for a quick sprint to the nearest pub for and a well deserved cold beer.

*Swamy Gedela, Specialist Registrar
Diagnostic Radiology*

Marathon woman

THE FIRST time I ran a marathon was in Norfolk in 1984, when to my surprise I was the first woman to cross the line. This year, I decided to tackle the London Marathon to raise money for research into rheumatoid arthritis. Why? Because I wanted to show my appreciation to Professor Scott (pictured) and his team at NNUH for all they have done for my son, Thomas.

Tom was a national standard swimmer, studying hard for his A levels, when he began to suffer high temperatures and painful joints. He was eventually admitted to NNUH in the summer of 2005, two weeks before his exams were due to start.

Following a traumatic month of tests, he was diagnosed with Stills disease, an extremely rare form of arthritis for which there is no known cure. He was prescribed a high dose of steroids and soon started to improve.

Although his studies had to be put on hold for a while, he was accepted by Swansea University, where he is now studying sport science. The Stills disease is



in remission but we do not know for how long.

I am so grateful to Professor Scott for diagnosing my son's condition and for helping him to recover. Arthritis can strike anyone – young

or old – at any time and I want to raise awareness of the condition.

I was pleased to finish the marathon in less than five hours, raising a total of £2,442 for arthritis research. I would like to thank everyone who sponsored me.

Margaret Middleton, Swardeston

Normal service resumed

KATE AND JAZZ would like to apologise to their respective theatre teams for their vagueness, frazzled looks and short tempers over the last three years. They have at last successfully completed their BA (Hons) Degree course in Policy, Planning and Leadership. So normal service will resume shortly. (Will you spot the difference?).

*Kate Booth and Jazz O'Neill,
clinical leaders, Main Theatres*

A brighter look at patient meals

COLOURFUL NEW menus that give more information about the nutritional content of our patient meals have been introduced by Serco after seeking the views of patients, dietitians, speech therapists and nursing staff at NNUH.

Designed by Anne Lush in Medical Illustration, the eye-catching new menus provide a key to meals that are suitable for patients with special nutritional needs, such as those who require a high-fibre diet or who find it difficult to swallow.

The move follows a survey of patients to find out what they think of our catering service. Nearly 90 per cent were happy with their meals and feedback has shown they prefer traditional meals to the more exotic dishes available. Serco have now modified the menus to take account of this feedback.



NNUH tops trusts for news ideas

INNOVATIONS

developed at NNUH, including a procedure that 'cooks' tumours and a web-based booking system for our emergency operating theatres, have won prestigious prizes in the annual Health Enterprise East awards.



A new technique for destroying inaccessible soft tissue tumours was developed by Dr John Cockburn and Mr Simon Wemyss-Holden, who won the Weigao Group Corporation Award for Medical Technology.

A team comprising Dr David Wilson-Nunn, Jane Strivens, Huw Purcell-Jones and David Chapman won The Scott York Innovation Award for Software with a web-based programme that allows clinicians to

book emergency cases directly onto an electronic theatre list. They had previously been named team of the year in a national competition for this innovative new system, which features an

automatic risk score, traffic light status and links to external internet resources.

Both teams received cheques for £3,000. The NNUH Trust also won a special prize for entering the largest number of submissions for the annual HEE competition, which commends ideas for products, software and services that will benefit the patient experience. This year's awards attracted 81 entries and BBC Look East presenter Stewart White presented the awards.

Nine out of ten say yes to Foundation Trust

THE THREE-MONTH public consultation on our plans to apply to become an NHS Foundation Trust ended in July with more than 1,000 responses received from across Norfolk, Suffolk and Cambridgeshire.

Only the best performing hospitals can apply to become NHS Foundation Trusts. Foundation Trusts are free from central Government control and are directly responsible to their local Members and Governors who are drawn from our hospitals patients, staff and the local community.

The consultation results showed:

- Nine out of ten people agreed that we should become an NHS Foundation Trust
- More than 90 per cent supported our service plans for the future
- More than three quarters agreed with our proposed Council of Governors, made up of public, staff and partner governors.

The next step is to apply in August to the Secretary of State for Health to become an NHS Foundation Trust. If that stage is successful, the application will go to the Foundation Trusts' regulator, Monitor, and if it is approved we could become an NHS Foundation Trust in January 2008.

Staff with over 12 months' service will automatically become members (unless they opt out) and the public can apply for membership through forms available in reception areas and online at www.nnuh.nhs.uk/page/ft



A GIFT FROM the wife of a former patient has resulted in the purchase of new equipment to reduce the risk of cross-infection on Hethel Ward. Mrs Wendy Cox raised more than £600 for the ward in memory of her late husband, Brian. The cash has now been used to help pay for separate pulse-oximeters and blood pressure machines for each of the 10 side rooms on the ward.

"Before, we would need to clean the equipment thoroughly each time it was moved, which was very time-consuming," explained Chris Parfitt, senior nurse in Respiratory Medicine. "Now we just need to clean it between patients."



CHANGING FAC

It takes courage and a lot of patience to submit to facial surgery in your forties. But for Lynne Bond the results speak for themselves. Sue Jones explains how patients are benefiting from new techniques and teamwork in Oral Health

LYNNE BOND, from Barnby near Beccles, was 40 years old when she saw a medical programme on TV and realised that treatment might be available to deal with a facial deformity that has dogged her all her life. She is now coming to the end of a two year journey to correct a severely protruding lower jaw.

"As a child I was horse-mad and didn't pay much attention to my appearance but people would stare and their comments could be unintentionally hurtful," she recalled. "I was also embarrassed to eat in public because biting and chewing was so difficult.

"When I finally plucked up the courage to see a maxillofacial specialist I was thrilled to be offered surgery on the NHS and I couldn't wait to get started, even though I knew it would be a long and painful process and there would be risks attached."

Nearly two years of orthodontic treatment was followed by a four-hour operation to break and reset both her upper and lower jaw. Because of the complexity of her surgery, she was also required to have her teeth wired together for six weeks after the operation – she lost 19lb as a result – so it was only when the wires were removed and she was handed a mirror that she could really appreciate her new appearance.

"It's amazing... fantastic," she said. "I'm just so grateful to the hospital team for all they have done. I can't wait to be able to



bite into an apple for the first time in my life!"

Like many patients who find their way to our Oral Health department, Lynne's problem was complex and required the skills of at least two specialties, Orthodontics and Maxillofacial surgery, to bring about the desired result.

"The great buzz about working here is that we plan the treatment together to get the best-possible outcome for each patient," says consultant orthodontist David Tewson. "It's a real team effort and it's a privilege to see the patients grow in confidence as their appearance begins to change."

Around 90 per cent of the population have some anomaly in teeth or bone structure but only 10 per cent are eligible



for specialist treatment. Most orthodontic work is carried out in the community with only the most extreme cases being referred to a hospital consultant for treatment.

"We have a very long waiting list and the treatment itself can take many years to complete so we have to be very selective about the patients we take on," David

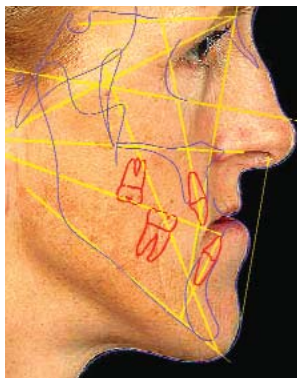
FACTS ABOUT THE ORTHODONTICS TEAM AT NNUH

- Orthodontics is part of Oral Health, which deals with problems ranging from congenital abnormalities to cancer. Other specialties within the department include maxillofacial surgery, restorative dentistry and plastic surgery – all supported by highly skilled technicians and dental nurses.
- Demand for orthodontic work has

increased considerably and the team now deals with 5,000 attendances a year.

- While the nearest dental school is in London, Norwich is a specialist training centre for orthodontics. Dentists from the community are able to gain experience as clinical assistants, working under the supervision of a consultant and practising in our clinical skills lab.

CES



LYNNE BOND before and after her surgery and (clockwise from centre) a computer image mapping the original bone structure and 'bite'; revealing Lynne's 'new' face for the first time after the wires are removed, watched by maxillofacial surgeon Miss Sharon Prince and dental nurse Julie Nobbs; orthodontist Mr David Tewson with a model of Lynne's jaw; taking measurements using a 'face bow' with the help of dental technician Huw Jones; Bo Williams co-ordinates all the combined clinics for Oral Health

explains. "We see a lot of children but even if their problem is severe we will usually defer treatment until their second teeth are established and they are undergoing a growth spurt.

"It's important that families are aware that the treatment is long and often uncomfortable, and patients need to be completely co-operative if they are to get the most out of this process."

David is one of only 250 consultant orthodontists in the NHS, having completed a dental degree (the nearest dental school is in London) followed by three years' specialist training in a hospital setting and a further three years' study to become a consultant. David is also

chairman of the board of examiners for the Royal College of Surgeons (orthodontics section), Edinburgh.

Patients who benefit from the combined skills of the Oral Health team include cleft palate patients who require continuous assessment and may need a series of operations involving plastic surgery, bone grafts and complex mechanical appliances.

"It's considered quite 'cool' these days to wear a brace but the problems we see require much more elaborate masks and mechanical devices which have to be individually made and worn at night for a number of years," says David.

"Demand for our services is growing all the time, particularly from adults who see

their children benefiting from orthodontic work and want the same for themselves. There are strict guidelines in place to ensure that NHS treatment is restricted to those who really need it.

"In recent years there have been some significant technical advances - including a computer programme which can 'map' the face and help us to plan the most appropriate course of treatment or surgery. In the past, we would need to trace around X-ray images and draw the changes in by hand.

"Of course, we cannot predict the effects of a growth spurt for every patient, but that is what makes this job so endlessly fascinating and challenging."

Please hold the line...

Telephony has come a long way since the days of the old GPO exchange in Norwich. Meet the switchboard operators who are a vital link in the communication chain at NNUH



YOU MAY not have seen our switchboard operators but you will almost certainly have heard them. Tucked away at the very heart of the hospital, they handle up to 30,000 calls a week, from life-threatening emergencies to enquiries about how to find a nearby hotel room.

So anonymous are the operators that it's easy to overlook just how important a role they play. Even with the benefit of computer technology, the team is central to the smooth running of the hospital – a fact well illustrated by their pivotal role in an emergency or MAJAX (major incident).

"Most people have no idea about what we do," says the manager, Sue Smith. "To them we are just a voice at the end of the line – they expect us to know everything about the hospital and they can get quite agitated if we don't."



Fortunately, the department is able to draw from a deep well of experience – their combined length of service is 225 years – and they enjoy the challenge of working in a busy, buzzing atmosphere.

"It takes a certain kind of person to work here," admits Sue. "The calls are relentless and you have to keep on your toes. For



instance, emergencies can happen anywhere on the hospital site, whether on a ward or on a Number 21 bus. It is our job to get a doctor or a whole emergency team to the scene as quickly as possible, so a sound knowledge of the hospital site is essential.

"We can only go by the information we are given so we need to be kept informed of

SWITCHBOARD FACTS AND FIGURES

A TOTAL OF 21 staff – of which five are full-time – handle up to 30,000 calls per week, including 16,000 external calls, 11,000 internal calls and 1,300 calls from GPs.

Switchboard is the first point of contact for emergencies, with a duty to inform key staff in the event of cardiac

arrests, helicopter landings, MAJAX (major incident) alerts and bed shortages. Other duties include:

- **Calling out the fire service** and informing a list of key staff about the location of the fire
- **Paging staff** Switchboard hold numbers for 1,300 bleeps and 160

long-range pagers. They do not store batteries or issue new bleeps if they are lost – broken machines can only be replaced if the old one is returned.

- **Contacting on-call staff** from lists which are updated each day
- **24-hour service** – Switchboard also takes calls for Cromer after 8pm.



any changes (see 'How you can help', right). Doctors naturally take exception to being called by mistake in the middle of the night!

"Another huge frustration is the use of answerphones. We encourage callers to leave a message but often they complain that no-one ever rings back. We apologise and tell them we understand their frustrations, but often they go on to make a complaint.

"Sometimes you have to laugh or you'd cry," says Jean Bacon, who has been part of the team for 20 years. "With many outside calls, you have to be a detective. One caller asked to speak to 'that nice bloke in Urology with the black hair'. Another asked for the 'Arthur Daley Procedure Unit'."

The team is on duty 24-7 and night staff have the unenviable task of waking staff when they are on call. "Most people respond quite well but you can imagine the reaction if we get the wrong number," says

Fingers on the buzzers, clockwise from above left: the old telephone exchange in Norwich where some of our staff were trained; the Switchboard team today; making a call on the emergency phone; all lines lead to the control room, where this small box is now the hub for all calls going to and from Switchboard; manager Sue Smith

Pat Stiff. "We try to deal sensitively and professionally with each call but anxiety levels may be high and callers can become aggressive or confused, or they may just want to chat. If they are very distressed we can put them straight through to the Samaritans.

"We do build a good working relationship with staff on the phone and it can be quite a surprise when we meet them face to face... the image we have in mind can be quite different from the reality!"

How you can help

- Always use the intranet telephone directory – this saves time as external calls take preference over internal calls.
- Keep a list of frequently used numbers instead of relying on switchboard to put you through.
- Inform switchboard of any change in rotas and on-call arrangements.
- Make sure you give out the correct direct-dial numbers: For extension beginning with:
 - 2 – dial 286 + last three digits
 - 3 – dial 287 + last three digits
 - 4 – dial 288 + last three digits
 - 5 – dial 289 + last three digits
- Doctors who are on holiday or leave the trust MUST leave their bleep in switchboard to be collected.

*Medicine for the Elderly consultant
Dr Magdi Naguib talks to Sue Jones
about recent health reforms and the
role of the Consultant Staff Committee*

FOR SOMEONE who is neither a “committee person” nor a political animal, Magdi Naguib is learning to adapt to being both. As the first geriatrician to chair the Consultant Staff Committee (CSC), he is also, as he points out, the first ethnic minority consultant to be voted into the role by a traditionally conservative professional group.

“This is certainly a progressive step but my predecessor was a woman and my successor is a woman too (Anaesthetist Lorna Kerr will take over as chair from next April), so you could say we have moved on a great deal in recent years,” he says with a smile.

“I’m not politically motivated, more of a mediator... I see the CSC as an important forum for discussion, to encourage consultants to air their concerns and give them a voice in the wider community.”

There are now 250 consultants at NNUH compared to around 80 when Magdi joined the staff 25 years ago, a change that reflects an increasing demand for specialist services and the health needs of our ageing population.

His own specialty, Medicine for the Elderly, has grown from a low-profile department to the largest medical specialty in the Trust, with the greatest number of consultants, admissions and beds, and with an important role to play in undergraduate education and nurse training.

Since he became chairman of the CSC last April, Magdi has been much exercised by the possible impact of recent health reforms.

“Consultants are often accused of being anti-progress but we are not averse to change – far from it, we are constantly being exposed to change in our training and in our clinical practice. However, we are also scientists and we want to see scientific evidence that the changes will be beneficial.

“Some new initiatives have been good for patients but the problem is that politicians have been trying to force the pace and often their ideas are not sufficiently thought out.



“I want to encourage consultants to come out of their shell and look to the wider community”

BEYOND THESE

“For instance, we believe that setting strict targets can distort the picture when assessing clinical need. And while we are all for developing services closer to patients homes, we don’t agree that our specialties should be dismantled with the consequent loss of training opportunities and expertise. Size really does matter when you are providing increasingly complex treatments that require round-the-clock medical support.

“Many of my colleagues take a fatalistic

approach to new health reforms but two recent issues have caused them to come out fighting. One is the idea of independent treatment centres setting up shop and taking work away from our hospitals, an initiative which is entirely untested, unnecessary and may well cause problems in the longer term when the health service is left to pick up the pieces.

“Another is the introduction nationally of an online recruitment process for junior

Facts about the Consultant Staff Committee

- The CSC meets once a month to air any concerns and disseminate information. All consultants are welcome to attend
- The committee meets regularly with hospital managers, patient groups, MPS, GPs, the Primary Care Trust and Strategic Health Authority, to get feedback and share information.
- The CSC chairman and vice chairman, who are both unpaid, have a pastoral role in supporting colleagues and ensuring that job descriptions are fair to new consultants and trainees.
- They also support important sub-groups such as the Drugs and Therapeutic Committee, the local negotiating committee, the education and training committee, library committee and infection control group.
- They arrange social events and work with HR to ensure that new consultants are welcomed into the hospital.

doctors which has resulted in many of our best junior doctors being overlooked for training posts.

"In future we will have some leeway in being able to recruit our own home-grown medical students from the UEA. However, in the short term there is likely to be a lot of doctors out of work, at all levels, despite a national shortage of doctors in training.

"Many of these doctors are now considering taking their skills abroad, and who can blame them? Our international medical market comes at a price - it's a sad fact that some countries will suffer a 'brain drain' as doctors move away from their own country to get jobs abroad."

Magdi himself was trained in Egypt and came to the UK in the 1970s to specialise in Medicine for the Elderly: "Originally my plan was to go the States, but I met my wife in Manchester, where she was a nurse, and we eventually put down roots in Norwich with our two young daughters."

The son of a Cairo paediatrician, he found life as a junior doctor in Manchester and Edinburgh extremely tough: "We were

WALLS

on call every other night so we frequently worked 36 hours without a break.

"I'm pleased to say that times have changed a great deal since then. In fact, part of our role in the CSC is to ensure that job descriptions are fair and trainees are not overburdened.

"Consultants have always been teachers, managers and research specialists in addition to being clinicians, and our mentoring role is especially important now that we are a teaching hospital.

"The role of politician was never high on my list but that's where the CSC can help, to stand up for our clinicians and encourage them to come out of their shell.

"The move to become a Foundation Trust should allow us to enjoy more control over our destiny and help us to mobilise support in the community for new local health initiatives.

"I want to raise the profile of the CSC and encourage my consultant colleagues to look beyond these hospital walls and work with patients and stakeholders to uphold the integrity of the NHS."

OUR PLAN FOR SUDAN

NNUH chairman David Prior explains why he is so enthusiastic about our programme to provide training and practical help for health teams in the Sudan

I HAVE always been deeply sceptical about the benefits of Overseas Aid, so much has been wasted or siphoned off into Swiss bank accounts. Africa, especially, has been the graveyard of many good intentions.

So why am I so enthusiastic about the link that we have established between our hospitals and Wad Medani Hospital in the Sudan?

It is not enough to state that many millions of Sudanese live (or die) on less than a \$1 a day; that civil war in the south has left two million dead and that many more are now dying in Darfur; that healthcare is virtually non-existent in refugee camps and in rural



PICTURE COURTESY OF ARCHANT

Visitors from the Wad Medani Hospital in the Sudan were impressed by the standard of care offered at NNUH

"In the words of the old Chinese proverb, 'It is better to light one candle than to curse the darkness'"



areas; that malaria, AIDs, TB and malnutrition ravish the whole population and especially the children. This we know to be true and our heartstrings are constantly pulled by harrowing and tragic film footage on our televisions.

There is no question about the scale of the problem, only the solution. Our solution is not to give money or technology or fancy new equipment. Our solution is far less eye-catching: It is to provide education and training and in particular training for Sudanese nurses. We have agreed a two-year programme to do the following:

- Train four paediatric diabetes nurses and to establish a nurse-led diabetes clinic and outreach service
- Develop nurse curriculum protocols and guidelines
- Introduce effective infection control practices
- Increase the number of trained ophthalmology nurses

- Develop a certificate in field epidemiology and health protection
- Explore the feasibility of establishing physiotherapy training
- Participate in the neurology component of the teaching curriculum
- Provide training for treating a wide spectrum of ophthalmology conditions.

There is no starry eyed "do-goodery" in this programme. It is down to earth and practical. It is focused on teaching and training. It is about enabling Sudanese doctors and nurses to deliver healthcare rather than becoming dependent upon us.

This programme is not going to save the world. It is going to improve in a small way the delivery of healthcare in Gezira, from where we hope it will spread to other parts of Sudan. In the words of the old Chinese proverb, "It's better to light one candle, than curse the darkness."

Plans continue after move to list hospital fails

DURING AN unseasonably chilly spell in Cromer, we had some news to warm our hearts when English Heritage decided not to list any part of Cromer Hospital. This means the Trust can now forge ahead with plans to demolish parts of the building to make way for the hospital's long-awaited redevelopment.

The English Heritage report states that:

- The original hospital design was not in itself innovative
- The Cape Dutch-style architecture is a late copy and of lower quality than other examples

- The architect was of local but not national importance
- The hospital no longer has its original character and has been substantially extended since the 1950s
- There is little historic interest surviving in the interiors

This welcome news has brought cheer to staff, patients and local residents in North Norfolk who have been very supportive during the last few months of uncertainty about the hospital's future.

Meanwhile, the closure of Barclay Ward means that Cromer Hospital no longer has

any Inpatient Beds and is closed every night after 8pm. We look forward to developing day case services at Cromer in line with our stated aim to provide patient care closer to home.

Finally, for those who thought they had missed it the Cromer Hospital Fete was postponed due to the weather and was rescheduled for Sunday 5 August. I hope to see you there!

Helen Lloyd,

*Service manager,
Cromer and District Hospital*



A fond farewell to Barclay Ward

THERE WERE smiles but also a few tears when staff said their final goodbyes to Barclay Ward on 6 June. Night staff joined forces with daytime teams to mark the ward's long history of patient care in Cromer.

Over a buffet lunch and a large cake baked by the hospital's catering team, they swapped stories about life on the ward... such as the time when the hospital was cut off by snowdrifts and the local GP turned up on his horse to check on the patients ...or when the ward was flooded and staff had to step in and mop up. One of the patients had spent more than a year on the ward and staff baked a cake for him on the day he finally left.

"At one time we dealt with everything here, from shootings and stabbings to babies being born," recalled staff nurse Ann Holman, who had worked at the hospital



for 29 years. I remember Christmas times were really special - the staff would dress up and all the patients would get presents."

Nicky Land, who joined the nursing team in 1981, talked about the strong bond that developed between night staff over the years: "We share a similar sense of humour and our children have grown up as we've been growing older... it's like belonging to a big extended family. It will be strange to leave the ward after all this time."

Trust chairman David Prior said the hospital was built for just £25,000 in 1932 after the land was donated by Frank Barclay, a member of the Barclays banking family.

"This hospital is completely embedded in the local community and the quality of care has been absolutely superlative," he said.

"The traditions of the past can be an incentive for the future - in this brave new world of financial targets we must never

forget that, first and foremost, we are here to look after the patients."

The 12-bed Barclay Ward has been closed to make way for more day surgery at Cromer. A total of 19 staff are affected by the closure, including six employed by Norfolk County Services. So far, nine of the staff have been redeployed in other areas and eight are being made redundant, while a catering assistant employed by NCS has left to take up another job.

THE PULSE

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*Ward sisters
Elaine
Gooch and
Beryl
Bentley cut
the cake
during the
farewell
lunch*

