

THE Pulse

Issue Number 33
October 2007

Norfolk and Norwich University Hospital
NHS Trust



Please take us with you!



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PHOTO BY MICHAEL SMITH, GRAPHICS BY PAUL RODGERS

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, Recruitment, Payroll Liaison and some IT services

- **The Norwich Central Family Planning Clinic**, Grove Road, Norwich NR1 3RH. Tel: 01603 287345.

Radiology in bloom

PATIENTS undergoing radiological procedures at NNUH can now lie back and think of springtime, thanks to a hospital arts project to create decorative ceiling panels in the newly opened radiology intervention unit. The theme was chosen by Radiology staff and Julia Burton (pictured), cellular laboratory manager at the Cotman Centre, was commissioned earlier this year to take the photographs. Rob Middleton, a library clerk in Health Records Department, put the photos together to create the finished design. "It was a real team effort," says Hospital Arts co-ordinator Emma Jarvis, "which all goes to show we have a lot of hidden talent in our hospitals."



WELCOME

...to **Dr Jurgens Nortje**, anaesthetist, and **Dr Rahul Roy**, neonatal paediatrician, who have joined the Trust since 1 August 2007.

FAREWELL

...to the following long-serving staff who have left the Trust since 1 August 2007:

Linda Clapp, ward clerk, after 42 years, **Nancy Adams**, radiographer, after 38 years; **Dr Robert Jarvis**, hospital practitioner, after 35 years; **Marie Clark**, staff nurse in Family Planning, after 32 years; **Rosemary Farrow**, telephonist at Cromer, **Gillian Lee**, healthcare assistant

at Cromer, and **Dianne Watson**, radiographer in Nuclear Medicine, all with 30 years' service; **Jennifer Mindham**, helper at Cromer, and **Ann Holman**, healthcare assistant at Cromer; after 29 years; **Elaine Gooch**, sister at Cromer, after 28 years; **Beryl Bentley**, sister at Cromer, **Kevin Thatcher**, anaesthetics technician, **Vivienne Eagling**, staff nurse in Plastics, **Jean McGinlay**, healthcare assistant, and **Agnes Walsh**, staff nurse in Main Theatres, all with 27 years' service; **Nicole Land**, staff nurse at Cromer, after 26 years; **Judith Lea**, manager in NANIME, after 20 years.

UNIONS BACK OUR KSF PORTFOLIOS

Staff Development is the key to the future of the NHS and the Knowledge and Skills Framework (KSF) is designed to help NHS staff build on the skills they need to deliver top-quality services for our patients.

Personalised folders containing information about KSF are now available, thanks to sponsorship from the health service unions and the Trade Union Learning Link for Norfolk. They are designed for staff to keep a record of their own Personal Development Plans, along with evidence of their achievements. If you would like a copy, call the KSF team on ext. 5049 or go to the HR pages on the Trust intranet for more information.

CLINICAL RECRUITS

GRADUATES from the UEA's School of Nursing and Midwifery have now joined our hospital staff, along with some of the first junior doctors from our joint-venture Medical School. The new recruits include 38 adult nurses, 13 midwives and 13 operating department practitioners (ODPs).

Director of Nursing and Education Christine Baxter commented: "We are in the very lucky position, as a university hospital, to be able to work closely with the UEA's School of Nursing and Midwifery and to recruit the vast majority of their graduates."

Top businesswomen join NNUH Board

TWO NORFOLK

business women, Liz Ollier and Philippa Foster Back OBE, have been appointed by the NHS

Commission to join the Trust Board as non-executive Directors

Liz Ollier (above left) has 25 years experience in the NHS and 11 years in international health development. She was Chief Executive of the Norwich Community Health Partnership NHS Trust before becoming Regional Director for HLSP Consulting, now part of Mott Macdonald. She has strong links with the voluntary sector, having worked with health support groups, national patient representation bodies and local community-based charities.

Philippa Foster Back has been financial controller of two public companies, DC



Gardner and EMI. Since 2001 she has been the Director of the Institute of Business Ethics. She is on the board of the Institute of Directors and chairs the UK

Antarctic Heritage Trust. In 2006 she was awarded an OBE for services to the Ministry of Defence, where she was formerly a non-executive director on the MoD Board and chaired the Defence Audit Committee.

Trust Chairman, David Prior commented: "I am delighted that we have been able to appoint two such high calibre individuals to the board of the NNUH.

Liz Ollier and Philippa Foster Back have no political affiliations and no other ministerial appointments. Their appointments will run from 1 November to 31 October 2011 and carry remuneration of £5,875 a year.

Building for a new generation

NOT SO LONG

ago, the idea of eradicating waiting lists seemed too good to be true. How could it be done without dramatically

increasing our hospital capacity? The answer, as we know, is much more complex and requires a radical new approach to the way we deliver our hospital services.

Traditionalists feared this would be a bad thing for patients, but feedback so far shows the opposite is true.

Take our new same-day admissions unit. From our point of view, this will give more patients access to the treatment they need as they will no longer be admitted on the day before they have surgery. From the patient's perspective, this is much more convenient as it means they can stay in the comfort of their own homes until the day of their operations.

As you will see on page 8, innovations in our busy Orthopaedics out-patient department are making a worthwhile difference, speeding up waiting times and, wherever possible, saving patients the trouble of a return trip to hospital.

These and other innovations throughout our hospitals are proving that the 'patient pathway' can be simplified and improved if we are prepared to challenge traditional ideas and take a more radical approach.

At Cromer, we are about to award the contract for the redevelopment of the old hospital. The new building will incorporate the latest medical technologies and will be designed to adapt to future needs with the minimum of disruption.

If all goes to plan, by 2010 we will have two state-of-the-art hospitals and we could even see our waiting lists consigned to history. We still have some way to go to achieve this dream, but it will certainly be worth waiting for.



Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Life swap

DO YOU recognise your colleagues in this photo? If they look a little different from usual it's because they were all photographed 'in character' during a break in filming for the TV series *Kingdom*.

An episode of the drama, starring Stephen Fry and Richard Briers, was filmed on Brundall Ward in between recent ward refurbishments.

When offered the chance to be extras for a day, NNUH staff were delighted to swap places with patients or don a different uniform for a taste of TV stardom.



Actor Stephen Fry on the set of *Kingdom* and (above) the NNUH staff who swapped roles for a day



THE WINNER of this year's Bicentenary Prize for Research is Jenny Lacey, a psychology graduate whose work with patients in the Eye Clinic was funded by the Glaucoma Research Fund. Her study focused on the psychological reasons why patients fail to use their eye drops as instructed.

"The cost to the NHS is billions of pounds in additional medication and surgery," said Jenny. "More importantly, glaucoma patients are at risk of permanent loss of vision if they don't apply their eye drops every day. Many felt they would benefit from better education in the early days of the disease, when their symptoms are not so obvious." Jenny is pictured with Carol Edwards, deputy director of nursing at NNUH.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

A boost for morale

WHEN I received treatment at NNUH for a suspected blood clot on my lung, I could not have received better care and attention. I was not kept waiting at all and everyone was very kind, considerate and the height of efficiency. After extensive tests, I felt I had been properly examined and left in much better spirits

During my visit, security staff took care of my dog in very hot weather, parking my car in the shade and walking the dog several times. This concern really boosted my morale and I give a heartfelt thank-you to everyone who was on duty in A&E on Saturday 5 August.

Patrick Anderson, Norwich

Diet Italian style

PUGLIA, with its population of four million, is the heel of Italy's boot and I recently spent three days there at a congress in Bari organised by the Italian Academy of Family Medicine.

In Italy there are GPs who specialise in

nutrition and diet and I was interested to learn about their role in supporting patients with chronic diseases, compared to our own community practice.

For undernourished patients they recommend parmesan cheese sauce made with lots of oil, spaghetti with a concentrated meat-based sauce, or meat or hamburger in a sauce with potato and cheese. Instead of adding skimmed milk



powder to milk to boost the calorie and protein content, as we would suggest, it seems patients are advised to purchase a ready-made high calorie, high protein drink in the supermarket.

Many of the day-to-day issues facing Italian dietitians are the same as for us here in the UK and I left the congress feeling I had more in common with my Italian colleagues than I had realised.

Katherine Paterson, Community Dietitian
(For high calorie, high protein recipes go to our website: www.nnuh.nhs.uk)



SUE WHITAKER, whose term of office as non-executive Director of the Trust ends this month (October) is presented with parting gift by Lynne Middlemiss, deputy director of Human Resources. As chair of the Improving Working Lives (IWL) group at the Trust, Sue has helped to drive forward many of the changes suggested by our IWL teams.

WATCH OUR CARBON FOOTPRINT

We are taking part in the the NHS Carbon Management Programme to reduce emissions and improve energy efficiency. If you have any ideas on how we could reduce, reuse or recycle anywhere in the hospital, please contact Mark Page in facilities by email. Alternatively, you can post your ideas on Have your Say intranet chatline.

EAU couple head for the sun

MEDICAL CONSULTANT Dr Paul (PJ) Jenkins and his wife Glynis Dack, senior nurse in the Emergency Assessment Unit (EAU), are saying goodbye to NNUH to embark on a new life 'down under'.

The couple are moving to Perth, where Paul is to be Professor of Medicine at the University of Western Australia.

"It was just too good an opportunity to turn down," says PJ. "The prospect of clinical work in acute medicine, combined with a large teaching and research role, is fantastic. Besides, my two sons have both travelled more than me so this is a chance to redress the balance!"

Paul was the youngest medical consultant in the NHS when, at 31, he was appointed a general and chest physician with the United Norwich Hospitals. He went on to specialise in acute medicine.

"After 25 years in Norwich I am ready for a new challenge – and of course we're looking forward to some seriously good weather," he says.

"We will miss our friends and colleagues but we have many happy memories to take with us," says Glynis, who trained at the Ipswich Hospitals, and joined the trust in 1992 – first in A&E and later managing the nursing team on EAU from 2000.

"I may pick up my career eventually but for the time being I want to try something different. Who knows, *Baywatch* or a fashion boutique may beckon – but I guess it will be nursing."

Both Paul and Glynis paid tribute to the "enormously high quality of the nursing staff at NNUH, and to all the doctors we have worked with over the years – it has been a privilege."



Happy memories: Paul Jenkins and Glynis Dack are heading for a new life in Perth

Mud, sweat and tears

IF YOU HAPPENED to be at Glastonbury or Reading this year you may well have spotted some of our nurses and doctors in the crowd. But they were not all there for the music, some were working as part of the 600-strong medical team who offer their services free of charge in exchange for a front-line view of the festival.

Among the regular volunteers was Emergency Nurse Practitioner Marie Cherry, who co-ordinates the nursing teams nationally for Festival Medical Services.

“At Glastonbury this year we had 90 nurses in total from all over the UK, plus doctors, physios, midwives, podiatrists and a whole psychiatric team,” said Marie.

“We treated 2,500 patients at the festival, which might seem a lot until you consider there were 200,000 people on a site the size of Bristol. “There were two deaths during the five-days, both alcohol related, (despite resuscitation) plus a premature birth.”



Muddy memories: Marie Cherry behind the scenes at Glastonbury

Marie has been part of the nursing team at Glastonbury for the last eight years. “We deal with everything from chronic illness to slips and trips – the mud creates a lot of foot problems and with all those people banging in tent pegs you are going to get a fair number of minor injuries.

“It’s notable that only two of the attendances were caused by assaults when here in A&E we may get as many as 10 a day out of a total 200 attendances.

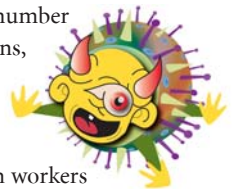
“For the punters, the facilities at Glastonbury are absolutely vile but we have the benefit of hot showers and proper running toilets, which is a real luxury. It can be hard work at times, especially the

organisation involved in co-ordinating the nursing team, but I’ve made lots of friends and it’s great to catch up with them all”.

If you’re tempted to join the medical team for next year’s festivals, you can apply through www.festival-medical.co.uk. But you may be disappointed: “You need to have experience that is relevant to emergency nursing and working with young people,” says Marie.

Beat that bug!

LAST YEAR we were the number one trust for flu vaccinations, with 32.4 per cent of our staff being immunised against the virus after a campaign to urge all health workers to ‘beat the bug’. Much of this success was down to the staff who volunteered to vaccinate their colleagues on wards and in



clinical areas. They included Sara Burdett (pictured), superintendent radiographer in Nuclear Medicine, who was the only radiographer among the volunteers.

Once again we are asking for your help to protect both yourself and others against this potentially deadly virus.

If you would like to take part in the flu clinics, please check first with your line manager and then contact Karen Carpenter in Occupational Health on ext. 3035. Full training will be given, although you must be qualified to inject patients.

Look out for details of flu clinics (from 5 November) on the intranet and in our communication circulars.



Why it’s vital to report violence

LAST YEAR there were 88 physical assaults in our hospitals, of which 86 were by patients with a medical condition (eg when coming round after an anaesthetic).

Head of Security Billy Dye points out that our hospitals have a zero tolerance policy and we will seek a prosecution in all cases of unprovoked violence. A youth who punched two members of staff in A&E was successfully prosecuted and was detained in a young offender’s institution for 10 weeks.

“It is important that all incidents of physical and verbal abuse are reported, so please be vigilant and report any warning signs to the security team,” says Bill. “It is much easier to control a situation from the start than to arrive when a struggle has



ensued or punches are being thrown.”

Please remember:

- Security can be contacted on Ext. 5656 at any time. In an emergency call 2222
- A security officer is on duty from 6pm to 8am in the West Atrium reception.
- Help buttons are located on all car park pay stations and on the car park barriers.
- If you work in an isolated area, a personal attack alarm can be provided. An escort can also be provided if you feel unsafe walking to your car at night.
- Remember to wear your identification badge at all times and to be aware of unauthorised people in restricted areas
- Be sure to secure your personal property while at work.

AMY RUDLING,
from
Wymondham,
watches her baby
on a separate
screen as fetal
medicine
specialist Richard
Smith performs a
routine scan,
watched by
specialist midwife
Alison Evans and
sonographer
Sophie Titmarsh



THE INSIDE

THE SMILES on Kirsty and Matt Martin's faces (*right*) say it all. At last their agonising wait is over and seven-week old baby Lewis is recovering well after undergoing life-saving surgery the day after he was born.

Their worries began when Kirsty was 20 weeks pregnant and a routine scan revealed a swelling in the baby's stomach area, signalling a duodenal atresia, or blockage to the intestine. Sonographer Sophie Titmarsh called our fetal medicine specialist, Richard Smith, for a second opinion and he confirmed her diagnosis.

"We were taken to a private room, where we were offered a cup of tea and left by ourselves to take in the news," Matt recalled. "We were absolutely devastated, especially when we were told that the condition may be associated with chromosome problems.

"We agreed to an amniocentesis (*see box, right*) and to our relief the tests for Down's Syndrome proved negative. However, we were still faced with the prospect that Lewis could die if he didn't have surgery soon after he was born.

"We were referred to a paediatric surgeon, who was very reassuring, and after that we returned to the hospital every two weeks for a scan to check that all was well.

"Mr Smith was absolutely brilliant, taking time to answer all our questions truthfully and sensitively."

The development of an unborn baby is one of the great miracles of life. But what if things go wrong along the way? Obstetrician Richard Smith explains how new techniques are helping doctors to diagnose problems and possibly intervene while the baby is still in the womb

When Lewis was born at 33 weeks, the maternity and paediatric teams were fully prepared and swung quickly into action. Lewis was rushed to NICU (neonatal intensive care) and underwent surgery the following day. He was one of the lucky ones:

at NNUH we have dedicated specialists who can diagnose life-threatening conditions both before and after birth.

Fetal medicine specialist Mr Richard Smith trained in Cambridge, Norwich and Bristol before taking over from Tim Overton

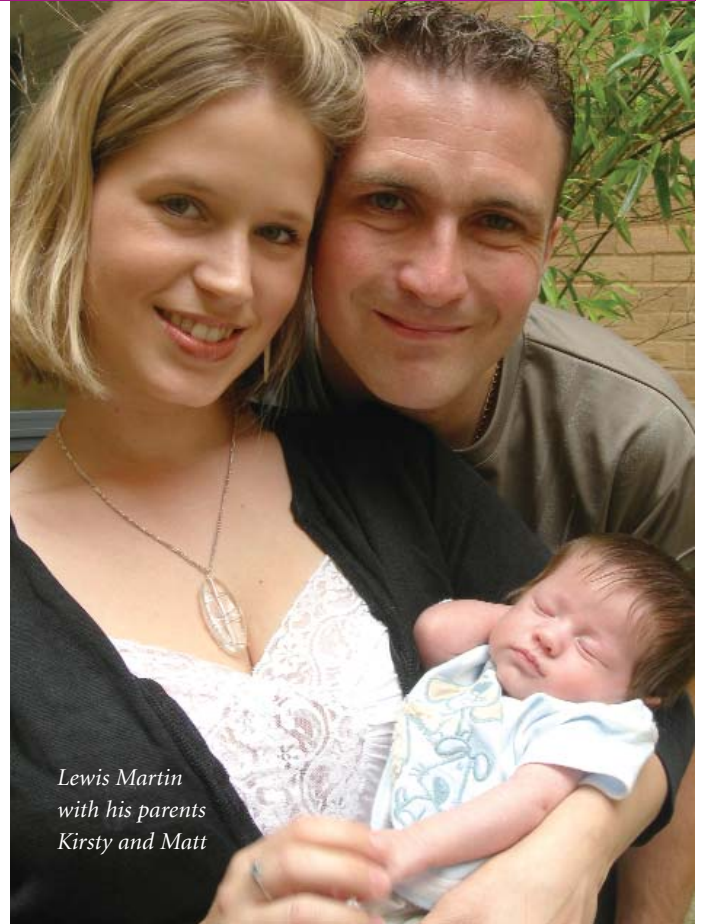
NEW DEVELOPMENTS IN FETAL MEDICINE

In the last 15 years, ultrasound technology has evolved to enable sonographers and doctors build a much more detailed picture of the developing fetus

- For women who may be at risk, samples of amniotic fluid (amniocentesis) can be tested for chromosome disorders, from 15 weeks onwards. Other diagnostic tests include a placental biopsy (also known as chorionic villus sampling) from 10 weeks.
- Needles may be used to inject more fluid into the womb, to aspirate cysts or

remove excess fluid from the baby's body cavities, such as the lungs. In some cases drains may be inserted and will remain in place until the baby is born.

- A relatively new procedure, known as the nuchal translucency test, may be used to measure the fluid at the back of the baby's neck. Combined with a blood test, this has been shown to pick up 90 per cent of fetuses with Down's Syndrome and will in future be routinely offered to women at 11-14 weeks of pregnancy.



Lewis Martin
with his parents
Kirsty and Matt

STORY



Chromosome patterns are analysed in our cytogenetics laboratory at NNUH

at NNUH: "I was planning to be a GP but during my training I found great pleasure in delivering babies," he explained. "It's such a privilege to be present on one of the happiest occasions in people's lives.

"Inevitably there are cases where tests show the fetus may not be viable, or that the baby could have a serious problem. We can never be absolutely sure, but we can tell a great deal from ultrasound and other tests.

"If we detect a serious problem we discuss with the parents any further testing that may be appropriate. In some cases couples have to face difficult decisions about whether or not to continue with a pregnancy.

"We work closely with midwives, geneticists, neonatologists and paediatric surgeons to ensure the delivery is planned and that parents and staff are fully aware of the likely scenario. It is a worrying time for the parents and they may be faced with some difficult decisions. An important part of my role is to counsel them about what they can expect and to give them every opportunity to ask questions so they are comfortable with their choice.

"Having worked in busy hospitals where doctors and midwives were ill-equipped to deal with such cases, I was struck by the difference that honest communication can

make for the patients and their families. I learned a great deal from watching others break bad news in a sensitive way.

"Wherever possible I try to talk to the couples together. We can be so focused on the mother and baby that we sometimes forget the partner is grieving too."

Richard points out that couples often go on to have normal babies and families are very appreciative of the care they receive. "We do our best to look after them during subsequent pregnancies – it's very satisfying to see them go on to have a good outcome when their previous pregnancy may have ended differently."



'By the time the baby is born, the parents are prepared'

AS A NEW mother herself, specialist midwife Alison Evans is passionate about the need to communicate bad news in a sensitive way. "When you are pregnant it always comes as a terrible shock to realise your baby has a serious problem," says Alison. "One of my roles is to counsel and support the parents as they decide whether or not to go through with the pregnancy.

"It sounds depressing but it can be a very rewarding job, helping to prepare people for

what's to come. For instance, the family may be very distressed to be told their baby has a cleft lip and palate but when you introduce them to the team who will be caring for the baby and show them pictures of what surgery can do, it can help to prepare them for what will happen and when. By the time the baby is born they know so much about what to expect that they can concentrate on getting to know their baby like any other mother.

"The good thing is lots of mums do go on to have healthy babies after a sad outcome and they often send us pictures, which is lovely."

Setting the PA



*More than 50,000 patients a year are seen in our Orthopaedic outpatient clinics every year. Charge nurse **Nick Hext** explains how the department is rising to the challenge of cutting waiting times and treating more patients than ever before*

WHEN CHARGE NURSE Nick Hext moved to Orthopaedics Outpatients eight years ago, he was initially sceptical about what his new role would involve.

“I had the idea that out-patients would be the graveyard of nursing ambition, but I couldn’t have been more wrong,” he recalled. “I soon realised I had a lot to learn about skeletal anatomy and that life in this department was never going to be dull.

“One minute we are dealing with a five-month-old baby, the next with a 98-year-old who has fallen down and suffered a fracture. We see a diverse range of patients with a huge range of problems, from broken bones to backache and joint or wound problems.”

Nick’s move to outpatients came about when he suffered kidney failure and was no longer able to work full-time on a ward. In outpatients, he was able to fit self-administered peritoneal dialysis around clinic times. He was busy at work when the

call came to tell him a kidney had at last become available – “you never think it’s going to happen so the call comes as quite a shock” – and within hours he was undergoing transplant surgery at Addenbrooke’s. Two years on, he is fit and well and managing up to eight clinics a day with the help of eight qualified nurses and four nursing assistants.

“There’s no doubt that being a patient gives you a different perspective on your practice as a nurse,” he says. “You start to consider people in the wider aspect and to care to for the whole person, instead of focusing on the part of the body that’s suffered the injury.”

Nick has seen many changes since he joined the Trust 15 years ago and says patients are benefiting from recent initiatives to reduce waiting times (see box, below).

“With more than 50,000 patients coming through our doors each year, including



emergency and elective cases, we are constantly looking for ways to improve patient care.

“When I started there were only eight orthopaedic consultants, now we have 19 including our first female orthopaedic surgeon, which is a landmark appointment for Orthopaedics as the profession is traditionally a male bastion.

“It’s a very different world from the wards, where the nurses have quite a formal

NEW DEVELOPMENTS IN ORTHOPAEDIC OUT-PATIENTS

WAITING TIMES have been reduced dramatically for out-patients in Orthopaedics, thanks to a number of initiatives designed to simplify the patient pathway. Innovations include:

- Trained nurses see patients for their follow-up appointments and they also lead on wound care.
- A same-day service for urgent GP referrals ensures that patients have any blood tests and X-rays on the day of their appointment.
- The plaster room is now equipped

with a full range of knee braces and other equipment so they can be fitted without delay.

- Skilled plaster technicians and nurses see and treat patients suffering from tendo-achilles rupture, a common sporting injury which requires a plaster cast. They are also trained to remove K-wires and to use a range of traction and manipulation techniques aimed at reducing the need for surgery.
- Physiotherapy specialists run

separate diagnostic clinics and provide a 'see and treat' service for patients.

- Occupational therapists work alongside consultants to provide a one-stop therapy clinic for hand surgery patients.
- Nursing assistants are encouraged to study for NVQs - they have an important role to play in running clinics and helping to make patients comfortable.

ACE



relationship with consultants. Here we are working together for anything up to five hours a day so you have to be adaptable and work well as a team.

"We have to be aware of child protection issues and another aspect of working here is that you tend to think more carefully about the implications of having an accident, as a simple trip or fall can do lasting damage. Our workload always goes

up at Christmas when people slip over on the temporary ice rink at the Forum. This summer we had more trampolining and kite-surfing injuries than ever before.

"Many cases involve manual labourers falling from ladders or injuring their hands – it makes you far more aware of health and safety issues and the financial consequences of having an accident at work."

AROUND 300 different aids and devices are stocked in our Fracture Clinic to deal with a diverse range of patients' needs.

"We try to accommodate the requirements of each consultant and to stock a range of sizes so there is no need for the patient to return for a follow-up visit," says orthopaedic technician Stephen Butler.

Recent innovations include thermoplastic splints which are heated up in boiling water before being moulded to fit the patient (far left) and an ultrasound device inserted in

a plaster cast to assist the healing process. These complement more old-fashioned remedies such as the 'Chinese finger trap' (above centre) which is used to provide traction for a fractured wrist.

"Clearly it's best for the patient if they can avoid surgery, so some of these old remedies are coming back into vogue," says Nick Hext. "The key is to be versatile and ready to adapt to the needs of each individual patient."

Mind your MEDICINE

Yung Strawbridge explains how One-stop Dispensing works for patients and staff

DRUG ERRORS and adverse reactions to medicines are estimated to cost the NHS around half a billion pounds in longer hospital stays. In addition, more than £100 million worth of medicines are wasted each year in England alone.

This month (October) sees the launch of a new campaign to encourage patients to bring their own (labelled) medicines with them when they come in to hospital. It's all part of the One Stop Dispensing initiative which is currently being rolled out throughout the Trust.

"We are redesigning the way medicines are supplied and managed within the hospital to provide more patient focused care and give patients a more personal pharmacy service," explains Yung Strawbridge, principal pharmacist for medicines management at NNUH (*pictured front row, second from left*). "Patients really appreciate this system as it means they can continue with their familiar medicines while they are in hospital and there is less wastage.

"If their own medicines are no longer appropriate, we get a chance to talk to them about why they are being discontinued or replaced. We can also discuss dosage changes and explain the benefits and possible side-effects of any new drugs they are being prescribed. This increases the patient's understanding of their own medicines.

"Doctors, pharmacists and nurses are able to see from the labels which medicines the patient has been taking, which is especially helpful out of hours when the GP surgeries are closed.

"Nurses have noticed that the number of missed doses are reduced and it also saves time at discharge as patients no longer need to wait for all their medicines to be

dispensed before they can go home. Instead the patient's own supply can be used, together with any TTOs (to-take-out packs) dispensed by the pharmacy.

"Another benefit of One-Stop Dispensing is that it allows for more teamworking and communication between nurses and pharmacy staff.

"In time we hope to give more patients access to the lockers themselves," says Yung.



At your service: the Pharmacy team are ready to offer advice and support

"Self medication is already happening with new mothers on Blakeney Ward and we hope to extend the option to other hospital patients in the future.

"If patients bring in their own medicines we can provide a more personal Pharmacy service. It also avoids the problem of drugs being hoarded at home when they are no longer needed."



If the patient arrives by ambulance, the paramedic will assemble the patient's drugs in a green bag and bring this into hospital with the patient.



Lockable cabinets have been installed beside the beds on all wards to contain the patient's individual supply of drugs.

Pharmacy staff prepare a minimum 14-day supply of medicines for when the patient goes home. Further supplies can be obtained from the GP in the usual way.



CINES

MIDSUMMER MADNESS

Emergency Nurse Practitioner Guy Fiske takes a light-hearted look at life in Cromer's Minor Injuries Unit



At their pre-assessment appointment, patients are given a green bag to hold all their medicines when they come into hospital. The bag should contain all prescribed drugs in their original packs, including tablets and pills, inhalers, drops, creams and injections, as well as any herbal and homeopathic remedies and over-the-counter medicines that they take regularly.



The patient's own medicines are handed to a nurse on admission and kept under lock and key on the ward. Keys are held by the nurses who open the lockers during regular drug rounds.



Nurses give out the patient's medicine and Pharmacy staff are on hand each day to talk to patients about their medication. The ward pharmacist checks the drugs chart to see that medicines are being prescribed correctly, while pharmacy technicians check the patient's own supplies and order more if required.

HERE IN THE Minor Injuries Unit at Cromer, we are blessed with the same unpredictable workload as our overburdened mother ship in Norwich (A&E), but without the major trauma.

Cromer's population quadruples in the summer, when we get a steady stream of visitors arriving on our doorstep in the mistaken belief that we provide a full A&E service*. Inevitably they include patients who have left their medication at home, car passengers brought to us with suspected heart attacks and strokes, and a plethora of febrile children.

More our cup of tea are the hosts of children from activity camps on the coast

and the campers keen to barbeque themselves along with the local butchers' delicacies, although the "furreners" have some way to go to beat the gentleman who attended after what he described as "a small incident" with a gas stove.

Slipping off his jacket to reveal two badly scorched arms, he then removed more of his clothing to expose burns on his back, chest and legs. When asked if that was the lot, this master of understatement took off his cap, peeling away most of his shiny, scorched crown in the process.

A neighbour in the waiting room gave a rather more accurate account of the 'incident' – the gas fire in his mobile home had apparently exploded, with such force that all the windows came out and the roof was blown off!

This summer we saw a host of kids with cut feet from the beach. (Maybe I could secure funding to become an outreach jelly-shoe seller?) One child had spines from a sea urchin embedded in her foot which turned out to be imported all the way from

Croatia. She is currently under investigation for going through the 'Nothing to declare' line in Customs and Defra are considering placing her in quarantine.

We have had our share of weaver fish stings and in one case a mysterious sea creature had attached itself to a child's foot and had to be prised off by the child's mother. The beast was eventually tracked down by the coastguard and identified by the very helpful Sea Life Centre as a sea lamprey... Just don't magnify any images of this creature's mouth or you

won't sleep for weeks!

On the same day we found more tenacious creatures inside

"A mysterious sea creature had attached itself to a child's foot and had to be prised off"



people's eyelids and the 'moozies' this year appear to be more suited to Jurassic Park than our local Gunton Park.

One lady had broken her ankle getting out of bed while her husband and son were on a climbing weekend in Switzerland. When she jokingly remarked that they'd never believe getting out of bed could be so dangerous, I assured her it could, but spared her my set of anecdotal bedroom misadventures.

I leave you with this little gem... An Emergency Nurse Practitioner (ENP) was taking a history from a 14-year-old holidaymaker, accompanied by an older girl of around 18.

"I assume you're not her mother," said the ENP to the older girl.

"No," she replied.

"Oh, so you are in loco parentis?" enquired the ENP.

"No, we're camping in East Runton."

**Patients arriving at the MIU with more serious conditions are redirected to the A&E department at NNUH.*

BLOOD SERVICE CLOSER TO HOME

PATIENTS NEEDING venesection (the removal of 450mls of blood to lower their iron levels) are now able to have this procedure at Cromer instead of travelling to the Weybourne Unit at the Norfolk and Norwich University Hospital.

More than 42 patients have benefited from the service since it became available at Cromer at the end of December.

Two staff nurses who were already qualified to perform venepuncture, Sarah Philpotts and Sally Sellex, have completed further training to enhance their skills in venesection. They were mentored by lead haematology nurses over several sessions at the Weybourne Unit at NNUH.

Venesection is becoming more

common as more patients are being diagnosed with conditions such as polycythaemia and haemochromatosis.

Patients are referred by their GPs to haematologists at NNUH, who decide on treatment and the regularity of venesection. The procedure takes from 10 to 30 minutes and some patients may need to return weekly at first, then every two to four weeks depending on their blood results. They are then monitored every three months.



Peter Lovelock, from Saxlingham Holt (pictured with staff nurses Sarah Philpotts and Sally Sellex), says Cromer is a friendly little hospital that is more convenient for local people. "It is nice to have excellent care so close to home," he commented.

Drop-in service for north Norfolk

DEMAND FOR phlebotomy (blood testing) at Cromer has increased in recent months as fewer tests are now carried out in GP surgeries.

In response to this demand, the phlebotomy clinic is now open all day, from 8.30am to 4.30pm Monday to Friday, without a break for lunch. The four qualified staff have adjusted their shift patterns to take account of the new working hours.

Patients with diabetes who need to fast before their blood test can now make an appointment in advance. (This option has always been available for patients with severe learning difficulties.)

Three new reclining phlebotomy chairs have been ordered to make the process of



taking blood more comfortable and relaxing for patients.

The phlebotomy clinic itself was extensively refurbished three years ago to provide more space and privacy for patients.

The latest improvements have been welcomed by both staff and patients, including phlebotomist Karen Fox.

"The patients may have to travel a bit further for their blood tests but they know they will get a very good service here as we are all very experienced in taking blood," says Karen, who has been doing the job for five and a half years.

"Virtually everyone will need to have a blood test at some point in their lives so we meet a huge variety of different people. You

'If I had a pound for every time someone has mentioned Tony Hancock and *The Blood Donor* I'd be very rich!'

can never tell which ones are going to be affected by the experience – you get little old ladies who don't blink an eye but you can also get big strapping rugby players who faint at the sight of the needle.

"Nowadays we use a 'vacutainer' which is much better than the old-fashioned syringe. Some people – particularly ex-servicemen – have brutal memories of blood being taken using a syringe, but you can't get away from the fact that we still need to use a needle.

"The good thing about our new chairs is that they are fantastically comfortable and can be reclined to a lying position, which is much safer and more relaxing for patients who may be feeling a bit faint."

Karen says she has heard every joke in the book about taking blood: "If I could have a pound for every time someone has mentioned Tony Hancock and *The Blood Donor* I'd be very rich – not to mention all the references to blue blood and vampires. Yes, you do need a sense of humour in this job!"

THE PULSE

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Please send your contributions for the December issue to Sue Jones (Communications) by 9 November 2007.

• The Pulse is funded entirely from donations and not from NHS funds