

THE Pulse

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Norfolk and Norwich University Hospital
NHS Trust



PHOTO BY DR VIKRAM DATTA

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Cancer project is first for innovation

PATIENTS at NNUH could be the first to benefit from a new form of cancer treatment that literally ‘cooks’ cancer tumours in the liver. The procedure is currently in the experimental stages but early indications are very positive and if all goes well the treatment could become available to patients in the next five years.

Consultant radiologist Dr John Cockburn and surgeon Mr Simon Wemyss-Holden developed the technique together and their joint project recently won a national award for innovation. The

award means that NHS funding is now available for them to continue with their research, both here and in Australia.

“The technique is a form of ablation that is much less invasive than normal surgery and could be done under local anaesthetic,” explained Simon. “We are expecting a rise in primary tumours in the liver due to hepatitis C and increased alcohol consumption. If all goes well, this new technique could become a real alternative to radical surgery or a liver transplant for many cancer sufferers.



PHOTO BY ARCHANT

“Our award is a tribute to innovative teamwork and I am proud to be able to raise the profile of this fantastic hospital.”
Mr Simon Wemyss-Holden is pictured above, left, with Dr John Cockburn

Sarah takes gold (again) in World Transplant Games

SARAH SMITH has triumphed for the second time in the World Transplant Games, winning two gold medals, for the long jump and badminton doubles events, and two silver for high jump and badminton singles.



Sarah, 32, was born with only one kidney and had her first transplant in 1995 when her mother donated one of her own kidneys.

After suffering renal failure for a second time she spent six years on dialysis at NNUH before a suitable kidney became available.

Now Sarah, from Stalham, is determined to make the most of her good health by keeping as fit as possible. She took gold in three events in Ontario in 2005 and was delighted to be successful again in Bangkok last year. “It was hard work in such hot and humid conditions but it was a great opportunity and I enjoyed meeting up with all the other athletes,” she said.

• To join the transplant register, call 0845 6060400 or register online at www.uktransplant.uk

Sandy is honoured with an MBE

SANDY LINES has been awarded an MBE for her services to kidney patients at NNUH. As chair of UNKPA (the United Norwich Kidney Patients Association), Sandy has worked tirelessly over the past 11 years to raise funds and organise holidays in the Netherlands for renal patients and their partners.



Trust Chairman David Prior commented: “I am so pleased that Sandy has received this recognition. Her hard work on behalf of our patients has made a real difference to the quality of their lives.”

Sandy, a support worker in the Jack Pryor Unit, said: “I feel I am collecting this MBE on behalf of all my colleagues at the NNUH

and at UNKPA who have given me so much support.”

Sandy recently graduated with a BA (Hons) in Professional Studies from the UEA after studying in her spare time.

She is currently very concerned about the future of UNKPA holidays after the health centre which played host to our patients announced last year it was closing down. “It’s very disappointing because the centre was located near a marina and it was perfect for our patients,” says Sandy. “However, I am hoping to find an alternative holiday destination in Holland in time for this summer.”

• If you would like to support UNKPA, please call Sandy on 01603 782282.

Liam rows to a new Atlantic record

NNUH CARDIOLOGIST Dr Liam Hughes, 54, took on the challenge of a lifetime when he joined a 14-man crew to row the Atlantic in record time. The British and Irish crew shaved an impressive two days off the previous world record, completing the journey in 33 days, 7 hours and 30 minutes. Remarkably, the 3,000-mile feat was carried out in a secondhand vessel, *La Mondiale*, which set the previous record in 1992. Since then there have been 60 unsuccessful attempts to steal the French crown.

Last year Dr Hughes, rowed across the North Sea in a bid to raise funds for our new angioplasty suite. (see www.balloons4hearts.co.uk)



OUR DIALYSIS patients learned how to cook up a healthier Christmas when the dietitians prepared a delicious spread of festive fare for them to sample.

“Traditional Christmas goodies are out of bounds for some renal patients who need to keep to a low-potassium diet,” explained Bridget Reasbeck, specialist renal dietitian. “We wanted to show that food prepared with the right ingredients can be just as delicious – and healthy too.”



PHOTO BY HERMIONE MACFARLANE

Elections are under way for our Council of Governors

WE HAVE now received the go-ahead from the DoH to progress to the next stage of becoming an NHS Foundation Trust. Elections for our Council of Governors are now under way and you have until 19 March to cast your vote.

In all, the Trust will have 25 Governors who fulfil an advisory and stewardship role. They will include 15 Public Governors elected by public members, six Staff Governors elected by staff members and four Governors appointed from local agencies. The Board of Directors will

continue to run the Trust on a day-to-day basis.

Chief Executive Paul Forden said: "We are delighted to be on track to become an NHS Foundation Trust. Only the best performing hospitals can achieve this status so getting DoH approval for our plans reflects the hard work and dedication of our staff."

So far, more than 6,000 people have joined as public members in addition to the 5,500 staff members who are automatically 'opted-in'. The six Staff Governors on the Council will include two representing nursing and

midwifery, one for medical and dental, one for admin. and clerical, one for clinical support and one for facilities management contractors (Serco and NCS) and volunteers.

The election process is being run by the Electoral Reform Services to ensure fairness and impartiality.

Please note that only members of the NNUH Trust are eligible to vote or stand in the elections.

• For further information about Foundation Trusts visit www.nnuh.nhs.uk/page/ft.



PHOTO BY PHIL SCOTT

• **A TOTAL OF 70 staff** received long service awards after clocking up an impressive 1,750 years with the NHS. Among them were Sandra and John Meaden, who are both celebrating 25 years' service. The couple (pictured with chairman David Prior) met in Neath when Sandra was a night sister and John was an SHO. Sandra has worked in various management roles for the Trust, most recently for Cromer Hospital and Choose and Book, while her husband John is the lead clinician for genito-urinary medicine at NNUH.

Norfolk women will benefit from HPV tests

PATIENTS AT NNUH are among the first in the country to benefit from a national programme to test for the human papilloma virus (HPV). Only six hospitals in the country are involved in the project, which aims to ensure that women at risk of developing cervical cancer are referred for treatment without delay. Local women with mildly abnormal smears will have their samples sent to Bristol for HPV testing. If the results are positive they will be referred immediately for a hospital appointment.

Our cytology team took part in the first trials of HPV testing in 2001. Numerous studies have shown that the virus could be significant in the development of cancer of the cervix.

NEWS FROM OUR HOSPITAL VOLUNTEERS

Irene's 25-year labour of love

FOR 25 YEARS Irene Howard has kept a leather-bound book of remembrance in memory of babies who have died in our hospitals. Every page tells its own story as Irene carefully copies out the words written by bereaved parents and illustrates them with garlands of flowers.

"I started the first book at the request of the hospital chaplain and I am now on the fourth volume," explains Irene, a retired home economics teacher from South Lopham in Norfolk. "I learned to do calligraphy at school and I love plants and flowers so it seemed quite logical to combine the two.

"We ask the parents to name their favourite flower and I try to include this in the design. There are more than 200 plant varieties featured in the books and they are all documented in the pages at the back.

"The parents' words are very moving but



sometimes they can be hard to understand. One of the tributes was written in broad Norfolk – I discussed it with my husband and we decided to keep it just as it was."

Irene was one of 23 hospital volunteers who received certificates from Chief Executive Paul Forden in recognition of their service to the Trust. Her book of remembrance is on display in the hospital Chapel.



A WILD AND WONDERFUL DAY

A GROUP of youngsters from the Jenny Lind Children's Department enjoyed a visit to BeWILderwood on a snowy day in December. The children, all of whom have a variety of orthopaedic or rheumatological conditions, received gifts from Father Christmas before exploring the grounds.

"It was especially rewarding to see whole families enjoying themselves together as many of the children have mobility problems that make some family activities difficult," said orthopaedic specialist nurse Jan Wilkins.

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 11am-5pm

WRVS shops East Atrium, open Mon-Fri 8am-8pm and weekends 10am-6pm.

Plaza (West) open Mon-Fri 7am-8pm, weekends 8am-6pm

The Stock Shop (ladies' fashions) open Mon-Fri 9am-5.30pm and Saturdays 12-5pm

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 0BQ

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, Choice team, Norfolk Research Ethics Committee, some IT services

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

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH



Come up and C us

and run on a booked appointment system. We welcome cancer patients, families and friends, including children, from Monday to Friday, 9.30 to 4.30 (7pm on the first Wednesday of each month). No appointment is necessary because we believe it is our flexibility that makes the Centre a success. People can plan their visit or be completely spontaneous, whichever is right for them.

Cancer patients are also welcome to use the Centre to sit down and relax if they have a long wait between appointments.

Our team of three staff and ten volunteers deal with all sorts of queries, from helping visitors to use our library to finding information, community help and support groups. We are also here to listen if people just want to talk.

If you would like to come and look around, or to see a timetable of our activities, please call 01603 286112 (ext. 2112) or email:

cancer.information@nnuh.nhs.uk

Jill Chapman, Big C Centre manager

(pictured, centre, with colleagues

Daphne Skinner and Shirley Goldring)

THE BIG C CENTRE at NNUH is going from strength to strength and we're delighted that the cancer charity is to fund our activities for the second year running. So far we have had more than 7,000 visitors and dealt with more than 1,700 telephone enquiries.

For cancer patients we are now able to offer counselling, complementary therapies, Citizens Advice Bureau, a relaxation group, wig clinic, plus regular Look Good, Feel Better make-up sessions and scarf-tying workshops. All are free

Our miniature 'scanner' was a team effort

A RECENT article in the *The Pulse*, 'Playtime with a Purpose', mentioned that I had designed a 'toy' MRI scanner to help prepare children who come to hospital for a scan. Although I instigated this project at NNUH, I would like to point out that it was not an original idea and that I cannot take all the credit as the wooden model was made by Alan Cullingford, who worked in the Radiotherapy Lab at the time. It even has moving parts so it looks like the real thing.

The original idea came from the MRI departments at Alder Hey Children's Hospital in Liverpool and the James Paget Hospital in Gorleston.



MRI scans can be extremely daunting for children (and adults) as they need to keep very still during the procedure. We use the model and a photo album to explain what happens, which can help to reduce their anxiety.

The photo album was compiled with input from the play specialists, my colleagues Louise Reilly and Sue Sharpe, and our children's epilepsy specialist nurse, Sally Tyler.

I would like to give credit to the play specialists and the radiographers who do an exceptional job in getting the children through their MRI scans.

*Agnes Davy,
paediatric lead radiographer*

Patient choice: the watchword for success in 2008

THE NEW YEAR

heralds a new era for our hospitals as we head towards the next stage of becoming a Foundation Trust (see p3). The result is by no means a foregone conclusion as the final decision will rest with Monitor. However, the fact that the Health Secretary has allowed us to go ahead and hold our elections for a Council of Governors is a great achievement and I am grateful to everyone who has helped us to achieve this success.

One of the reasons we want to be a Foundation Trust is to involve our members (6,000 public members at the last count, plus 5,500 staff members) and to seek their views on how we can improve our services.

In every other service industry the customer experience is hugely important and our hospitals should be no exception. The emphasis is increasingly on competition and choice, so we need to ensure that our patients leave hospital feeling satisfied with the care they receive.

A key influence on patient choice is our record on controlling hospital-acquired infection. We continue to reduce our rates of infection month by month. However, we cannot afford to be complacent about this important issue and we should never relax our efforts to find ways of reducing the risk to our patients even more.

Finally, no matter how bleak and wet the winter may seem and however busy our hospitals, it is worth taking a look at the conditions suffered so cheerfully by patients and staff in the remote Wad Medani area of Sudan. The NNUH staff who volunteered to spend a week teaching there, as part of our professional Link programme, returned home exhausted but also invigorated by the experience. You can read what they have to say on page 10.



Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Alison takes our temperature

ALISON MORRIS, a third-year environmental sciences student from the UEA, is spending a year at NNUH to help identify ways to cut down on our carbon emissions.

She is working with our partners, Serco and Octagon, in a joint project with Carbon Connections, an organisation that aims to encourage local industries and organisations to save energy.

"Almost every week there are new products launched for energy saving and part of my remit will be to research these products and see whether they are suitable for a hospital environment," says Alison.

She is conducting a series of workshops at NNUH to share ideas and encourage staff to be 'energy champions' both at home and at work.

"We have received more than 280 suggestions for energy saving from across



Seeing the light: Alison uses a lux meter to check out the lighting levels in the East Atrium

the Trust and these are currently being evaluated to create a feasible action plan. However, we can all make an immediate impact by remembering to switch off lights and equipment when they are not in use."

• *The next energy workshops will be held on 11 March. If you would like to take part, email Alison: amorris@norwich.serco.com.*

Communications 'team of the year'

THE NNUH

communications team beat off strong competition to be named 'Outstanding in-house team of the year' in the regional CIPR (Chartered Institute of Public Relations) annual awards. They won three gold awards for their work, including best crisis communications (for the PVL infection outbreak in neonatal intensive care unit) and best PR campaign (for the launch of our bowel cancer screening programme).



Head of communications Andrew Stronach commented: "Winning these awards is a fantastic achievement and a real tribute to our small but excellent team. It is ever more important

that the NHS communicates well with the public and media and these award-winning projects all involved communicating important, complex and difficult issues." *Pictured with Andrew Stronach are (from left) Sue Jones, Janice Bradfield and Hayley Gerrard.*

WELCOME

...to **Dr Ajay Kamath**, consultant in respiratory medicine; **Mrs Rachael Hutchinson**, orthopaedic surgeon; **Dr Stephen Hutchinson** and **Dr Jackie Raskovic**, anaesthetists; **Dr Samir Dervisevic**, consultant virologist; and **Dr Raj Logansundaram**, histopathologist, who have joined the Trust since 1 January.

FAREWELL

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

Daphne Sweatman, healthcare assistant in out-patients, after 35 years; **Gwenneth Whitehouse**, deputy co-ordinator in Phlebotomy, after 28 years; **Philip Heyburn**, consultant endocrinologist, and **Andrew Logan**, plastic surgeon, with 21 years' service; and **Lorraine Newstead**, healthcare assistant on Blakeney Ward, **Charles Holmes**, porter, **Susanne Martin**, support worker in Sterile Services and **Angela Rumble**, staff nurse on Buxton Ward, all with 20 years' service.



AFTER COMPLETING NVQ Levels 2 and 3, Dawn St Quintin went on to study for a nursing diploma, alongside our first cohort of cadet nurses.

“When I started the NVQ I was completely new to academic work and wrote everything out by hand,” she says. “It was daunting but it was also very satisfying because it gave me a much greater understanding of the skills I was using in my day-to-day work.

“On the diploma course I was the oldest in the group but it worked out very well because we all helped each other. I had the practical skills while they were much more adept at using computers.”

At 49, Dawn is now a staff nurse on Gateley Ward, where patients are benefiting from many technical improvements in patient care. “I’ve seen lots of changes since I started working in orthopaedics in 1976,” says Dawn. “Many of our patients have spinal injuries and need a high level of nursing care on both a psychological and practical level.”



PHOTO BY MEDICAL ILLUSTRATION

JOY PEPPER (second from left, above) embarked on our in-house NVQ programme after 14 years as an auxiliary nurse. She went on to complete the assessor course and a national diploma in health studies and is now part of the Practice Development team, helping new Health Care Assistants through their competency assessment programme.

“I was lucky to have the support of nursing sisters who encouraged me all the way,” she says. “I like to think I can do the same for the staff I come into contact with. Many newcomers already have care home experience but we want to ensure all our Health Care Assistants are competent in the basic skills they need in an acute care setting.”

Are you itching to climb the career ladder but don't know where to start? If so, the Practice Development team might be able to help.

Paula Balls explains the role of the team and Sue Jones meets some of the staff who have dared to take the plunge

CLIMBING

the

CA

DAWN ST QUINTIN (left) is living proof that it's never too late to learn. After leaving school she was initially rejected for nurse training because the course was oversubscribed. Instead she settled for a role as a nursing auxiliary and it wasn't until 23 years later, at the age of 41, that she took her first tentative steps towards becoming a qualified nurse.

Dawn was one of the first to take advantage of in-house NVQ training that set her on the path to a nursing diploma. Since then the Trust has forged academic links with City College and the UEA to create training schemes designed to meet the ever-changing needs of the NHS.

Our Nursing Practice Department – now renamed 'Practice Development and Education' in recognition of its multidisciplinary role – has evolved to create a variety of opportunities for career progression. As facilitator Paula Balls explains: “We want people to look beyond the stereotypes and realise that roles within health care can be flexible. You can develop your skills and climb the career ladder, stepping on and off at any stage along the way. How far you go is entirely up to you.

“From our point of view it's not just about nursing, it's about developing a multidisciplinary workforce that is competent to deliver good quality patient care right across the Trust.”

THE PRACTICE Development team at NNUH works closely with the Training department, local further and higher education providers and colleagues across the Trust to provide help and support for those who wish to develop their roles. Pictured, from left, are administrator Trisha Drewery and department staff Joy Pepper, Julie Boyd, Nynke Hardy, Paula Balls and Stevie Read.

• For more information about the opportunities available, see the Practice Development and Education pages under Departments on the Trust website.



“My motivation is to become better at what I do”

SUE BURT (pictured left) is one of three nurses who are taking their roles to the highest level in the Trust, matching hands-on clinical experience with academic knowledge.

All three are in the process of completing the Advanced Practitioner programme through the UEA, a new master’s qualification and a major stepping stone towards the role of nurse consultant, currently the pinnacle of nursing achievement in the NHS.

“The opportunities available to nurses have come on leaps and bounds since I qualified in 1976,” says Sue, an emergency nurse practitioner (ENP) and practice educator in A&E. “For me the motivation is to become better at what I do. For instance, I am now qualified to prescribe

drugs which would previously have been beyond my remit.

“In a fast-paced department like A&E, the demands on our staff are high and nurses need a broad range of knowledge to do their job well. We have developed a structured career pathway, supported through post-graduate study at the UEA, to help our nurses qualify as minor injuries nurse specialists, ENPs and non-medical prescribers.

“In many ways we are ahead of the game nationally as many of our services, such as analgesia at triage, minor injuries treatment and X-ray requesting are innovative roles undertaken by nurses in A&E. I am a great believer in academic study if it helps nurses to develop their roles and become ‘fit for purpose’”

CAREER ladder

MARY ROLPH, a staff nurse in theatre recovery, returned to nursing at the age of 45 after a gap of 15 years. She first qualified at the old N&N, then spent two years nursing in Australia before coming back to Norwich and going to the UEA.

“There was no such thing as a nursing degree in those days so I chose to study environmental science instead,” she says. “I’d always hankered after going to university and I did enjoy the experience of being a student.

“Afterwards I worked in the environmental health department of Norwich City Council while bringing up my two daughters, but I really missed nursing and I realised that if I didn’t take the plunge then I probably never would.

“It took about six months to re-register and it was time well spent because a lot has changed. I like the one-to-one aspect of recovery nursing so this was definitely the right choice for me. The paperwork has increased enormously but the basics of good nursing have stayed the same.”

“It’s done wonders for my self-confidence”

NIGEL REEVE, 27, recently qualified as an Assistant Practitioner after completing NVQ training and a two-year Foundation degree (see below). “I didn’t enjoy school and I wasn’t sure I could cope with the academic demands of nurse training so I became a care worker instead,” he said.

“The Foundation degree has done wonders for my confidence – I understand the theory behind the practice and I am able to take on many of the clinical tasks done by nurses, such as taking blood samples, doing ECG tests, inserting nasal gastric tubes and catheterisation.

“I spent two days a week studying at City College and I also completed work placements in different disciplines, such as physiotherapy and occupational therapy, which helped me to understand the needs of other team members on the ward.

“It was good to have the support of my mentors at NNUH and to consider things like ethical issues in relation to patient care. It’s made a big difference to how I communicate with both patients and staff.”



Steps to success

- **NVQ** is a nationally recognised qualification which gives healthcare assistants the opportunity to demonstrate their skills and competence within a work situation, both at Level 2 and 3.
- **FOUNDATION DEGREE** in Health Studies (Science) integrates academic and work-based learning to equip students with the knowledge, understanding and skills relevant to their role. They attend City College from a variety of health care disciplines, including nursing, radiology, physiotherapy and occupational therapy.
- **DIPLOMA AND DEGREE**

PROGRAMMES, and an increasing number of Master level programmes, are available to registered healthcare professionals employed by the Trust. Some go on to qualify as nurse prescribers, endoscopists or other specialists in their chosen field.

• **ADVANCED PRACTITIONER MASTERS PROGRAMME** has been available at the UEA for two years and registration may soon be available at this level with the Nursing and Midwifery Council. Some of our nurses are developing pivotal roles in specialties such as dermatology, cardiology, diabetes and endoscopy.

PHYSIOLOGY

It's defined as "the science of the functioning of living organisms." But what exactly does Physiology mean for our patients? Richard Lowndes unravels some of the mysteries and explains the role of the Norfolk Physiology team

SET UP AT the old West Norwich Hospital in 1996 and now based at NNUH, the Norfolk Physiology Unit performs diagnostic physiology tests on the oesophagus, anus, rectum and bladder, investigating problems ranging from heartburn and chest pain to incontinence and difficulties with urinating.

In the past few years 'over the counter' remedies for these sorts of complaints have become widely available. However, it should be remembered that they usually address only the symptoms, not the underlying cause – that is where we come in.

All of our tests involve passing catheters into the area under investigation, usually with the aid of an anaesthetic lubricant and usually far less traumatic than the patient expects!

Understandably, our patients are often worried and anxious about their tests and some are suffering with distressing and embarrassing symptoms. It is our policy to try to reassure and allay their fears at every level of contact, from the initial booking of the appointment to the procedure itself.

Tests for oesophageal problems involve the patient swallowing a catheter via the nose down into the stomach. During swallowing, the pressures in the oesophagus are monitored and, importantly, the co-ordination of swallowing with the relaxation of the sphincter muscle at the entrance to the stomach is assessed. Weakness of this muscle is often responsible for reflux and

heartburn problems, whereas failure of this muscle to relax properly can result in severe swallowing difficulties.

Patients may need to undergo a further 24-hour study to monitor the amount of stomach acid 'leaking back', to help determine whether surgery would be a possible alternative to medical treatment.



The Physiology team, from left: co-ordinator Janet Body, senior support nurse Lesley Stallard, receptionist Angie Wickham, manager and clinical scientist Richard Lowndes, urodynamics specialist nurse Brenda Fuller and clinical physiologist Yvette Wright

Disorders of the oesophagus may be responsible for chest pain which can seem very much like angina. Following appropriate cardiological tests to eliminate a cardiac cause, oesophageal tests can often reveal the underlying problem.

Anorectal tests are used to assess the

competence of the anal muscles, the efficiency of the anorectal reflexes and the sensitivity of the rectum to distension.

Ultrasound imaging of the anal muscles, performed in the Unit by consultant radiologist Dr Peter Preston, can assess structure in more detail, while specialised neurological tests can help to determine whether nerve damage or dysfunction is causing incontinence or constipation.

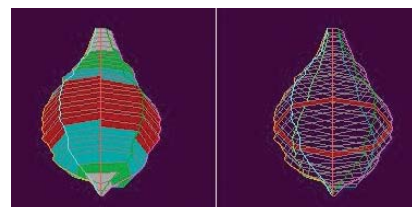
We work closely with Caroline Gill, superintendent physiotherapist, to develop bowel retraining programmes for many patients, sometimes involving biofeedback techniques and perhaps using electronic training devices at home.

Yvette Wright, clinical physiologist (pictured right) is currently engaged in an MSc research project with the UEA looking at a way of altering bowel function via nerve stimulation in the leg. This method has already proved valuable in the treatment of some bladder disorders and is offered as a treatment for suitable

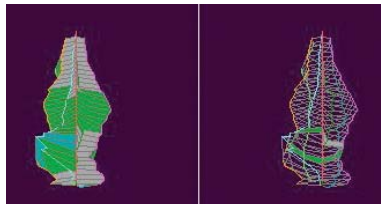
patients by the urology continence advisers.

Urine incontinence is a very common, disabling and distressing condition but the underlying causes are varied and require different treatments, so establishing the correct diagnosis is vital.

Bladder function studies (urodynamics) look at the way the bladder behaves as it is filled and during its efforts to empty. This involves passing two sterile catheters into the bladder, one to fill the bladder and the other to measure bladder pressure. In order to remove false signals caused by abdominal pressure, a small catheter is also placed in the rectum. Patient symptoms



Y in focus



'IT'S ALL ABOUT PRESSURE,' explains clinical scientist Richard Lowndes (**right**). "Individual tests will vary in complexity but basically they involve measuring pressures in specific areas of the body and recording how they change with function. We then analyse the tracings and send a detailed report to the patient's consultant."

"Measurements taken from the anal canal can be processed to provide 3D 'pressure profiles' (**pictured above**) which highlight defects in the anal sphincters compared with a normal result (**above left**). Such injuries can occur during a vaginal delivery and may be amenable to surgical repair at the time. However, they often come to light many decades later, causing faecal leakage."

can then be correlated with changes on the traces.

Many patients who attend for bladder tests will be referred to the continence advisers who play a vital role in the management of many bladder problems and are expert in such areas as catheter management, diet and lifestyle advice.

More complicated problems can be evaluated using radiographic video studies,

performed in the Unit using a C-arm, or in ambulatory studies where the patient is able to walk around and allow the bladder to fill naturally while special catheters record data on a hand-held device (**pictured left**).



For patients with mobility problems we are grateful to the Friends of Norwich Hospitals for generously purchasing a £15,000 electro-hydraulic couch which minimises the physical manoeuvres needed during tests.

While we cannot offer the patient a definitive diagnosis at the time of the test (that is the domain of the consultant), we can discuss the various treatment options and offer diet and lifestyle advice that may give the patient better control of their symptoms.

PHYSIOLOGY: THE FACTS

- **THE NORFOLK** Physiology Unit is the only one of its kind in this region to provide an integrated service for diagnostic investigations involving the oesophagus, anus, rectum and bladder, and is one of

less than a dozen in the country able to do so. Accredited staff ensure that tests are performed to the highest standards.

- Around 1,500 investigations are carried out in the Unit each year, approximately two-thirds of which are for bladder problems. Other tests involve the oesophagus (for investigating heartburn, chest pain or difficulty swallowing), anus and rectum (for faecal

leakage, severe incontinence or perhaps constipation).

- We take referrals from more than 35 consultants across the region in such disciplines as surgery, gastroenterology, urology, gynaecology, cardiology, respiratory medicine, ENT (ear, nose and throat) and paediatrics. We are a specialist referral centre for video and ambulatory urodynamics studies.
- The Unit was part of a DoH pilot study into waiting list reduction and has also featured in a number of research publications and presentations in national and international meetings.
- The Unit is supported clinically by colorectal surgeon Mr Chris Speakman, clinical director of the Unit, urologist Mr Ralph Webb, uro-gynaecologist Miss Frances de Boer, surgical gastroenterologist Mr Michael Rhodes, gastroenterologist Dr Hugh Kennedy and paediatric surgeon Mr Azad Mathur.
- *Information leaflets are available in the Physiology department pages on the NNUH website: www.nnuh.nhs.uk*

FOCUS ON OUR LINKS WITH SUDAN



ON HER second visit to the Wad Medani hospitals, deputy nursing director Carol Edwards (*above*) was impressed by how far the nursing team had come in the year since she was last there. "For those of us who were involved in drawing up the Link programme action plan it was heartening to see how determined the Sudanese were to take up our suggestions and make changes for the better. In some ways it was like going back to the seventies – it made me realise how much our working practices in the NHS have changed."

Carol spent four days teaching senior nurses the principles of general nursing, in particular the need to encourage best practice by having simple instructions on display for all to see. "The nurses I met were all well versed in theory but on a practical level there was no model of best practice for them to follow," she explains. "On the plus side, they are all really keen to learn from our experience."

"**IT WAS** incredibly humbling to see people begging in the streets and living in dwellings made of cardboard," says Trisha Drewery, who co-ordinates the Link programme at NNUH (*see photo, page 6*). "On the other hand it was very rewarding because you could see that people were prepared to act on our advice and bring about improvements in patient care. It made all the voluntary hours I have spent on this project worthwhile!"



Our link programme with Sudan took a step forward in November, when six of our staff took time out to travel to Gezira, a remote area in the east of the country, to help 'teach the teachers'. Here some of the volunteers talk about their impressions and explain why this was an experience they will never forget

OPHTHALMIC NURSE Dianne Logan (*pictured below left*) first saw the benefits of voluntary service when she worked for VISION 2020 in Zambia and Swaziland. Keen to encourage twinning arrangements with a developing country, she joined forces three years ago with fellow enthusiast Nick Astbury, an ophthalmic consultant at NNUH, to lead the push for a formal link programme with the Wad Medani hospitals in Gezira.

On her return from Sudan, Dianne commented: "It's very upsetting to see young children and adults going blind from treatable conditions. We were not there to tell the staff what to do but to share our experience as friends and suggest ways they could improve patient care."

"I believe everyone would benefit from spending time in a developing country. Seeing patients queuing up in the heat outside without a word of complaint makes you realise how privileged we are to be part of the NHS."

MATT HAWKER, a specialist registrar in ophthalmology, is considering spending a year or two in Sudan with his young family after an 'empowering' experience with the Link team. "We set up a specialist glaucoma clinic and suggested a three-year plan to help tackle the disease in the community. It was good to demonstrate effective teamwork and to show that early diagnosis can help to prevent blindness."



• **OUR LINK** programme with Sudan is funded by grants and donations from a variety of sources, including private individuals and educational organisations. If you would like to get involved call Trisha Drewery on 01603 286630.

LINKING LI

SO MUCH TO CELEBRATE

Infection control nurse Sarah Morter explains why the hardships she witnessed in Sudan helped to put the problems of the NHS into perspective

EVER SINCE I returned from Sudan I've had a spring in my step. I just feel so lucky to be working in this lovely clean, bright hospital.

As an infection control nurse I guess you'd expect me to be depressed by what I saw while teaching in the Wad Medani hospitals. It's certainly shocking to see two women having just given birth in the same bed with their new babies, without any sheets, and to realise that washing your hands is not a simple task when a sink with running water is a luxury.

So why do I feel so optimistic? Well,



that's due to the health workers I met who, despite the hardships they have to face, have a real determination and commitment to improve patient care.

Last year I was lucky to be one of the first NNUH staff to visit Gezira, along with colleagues from the UEA, and I was touched by how friendly and cheerful the people were. Of course, there are many things that could be improved, but the link they have forged with our hospital is a good start to making changes.

Take a simple thing like hand-washing... I found their technique to be excellent, in many cases better than I see at NNUH. But perhaps that's not so surprising when water is expensive, soap is a luxury and one washbasin has to be shared between two or three wards.

Colleagues in Sudan are acutely aware of the importance of water and in the Wad Medani Children's Hospital they are digging bore holes so as to have their own water supply. But that may not be an option for other hospitals in the area.

Whilst alcohol hand rub is not the complete answer to infection control, in

the absence of water it would be a great help. The World Health Organisation (WHO) have a project where alcohol hand rub can be made incredibly cheaply from locally sourced ingredients. There are some barriers to overcome but I am confident this could be achieved in Sudan.

Going from NNUH, where policies and protocols are so much part of our working lives, it was surprising to see staff working without any guidelines or indeed anything written down. That is certainly an area where some of our Sudanese colleagues would like to link

“Water is expensive, soap a luxury and one washbasin has to be shared between two or three wards”

with NNUH staff. One of the problems is the lack of well qualified nurses, particularly in the poorer hospitals where there may be only a few nurses trained to degree level to supervise all the other nurses. There are moves to improve training and give nurses a greater role in the treatment of patients. Another problem is a serious lack of basic equipment such as protective gloves and aprons.

While I was away it was amazing to hear that NNUH had declared a state of emergency because our hospital was over-full. The contrast with Wad Medani, where the bed occupancy rate in the obstetric hospital is 284 per cent, could not have been more marked.

Sudan holds a very special place in my heart as I worked there for aid organisations on two separate trips in the 80s and I was also married there.

Twenty years on, a visit to Sudan is still a good reminder of how lucky we are in this country. Our day-to-day problems seem insignificant by comparison – and that is something worth celebrating.



PAEDIATRICIAN Vipran Datta (*below, standing,*) was dismayed to see at least six patients suffering from chronic insulin deficiency in the space of a few hours. “In

this country it would be unusual to see even one case of this kind – in Sudan it's the norm for children living in outlying areas where supplies of insulin are hard to come by. Some of the children had severely stunted growth and their livers were enlarged.

“After just one week we were able to suggest changes that will hopefully come about

very quickly. For instance, we met government representatives to explain the need to fund more insulin supplies, and we started a training programme to empower nurses to take on a specialist role in diabetes. Hopefully this will lead to a model of care that can be followed in outreach clinics and in other specialties, too.”

Advising the nursing team was Lynette Yaxley (*seated, above left*), a former diabetes specialist nurse at NNUH who left to do voluntary work in Kenya. Lynette was awarded an OBE for her services to diabetes patients while working in Norwich.



VES

How green is our hospital

Technology that makes the most of sustainable energy could help to keep running costs down at the new Cromer Hospital

LESSONS LEARNED in the construction of NNUH and the Big C Centre are helping to inform the design of the Cromer Hospital redevelopment. A number of options are currently being considered, based on discussions between the project team and staff and patients who will be using the new hospital.

Architect David Bissonnet, of Purcell Miller Tritton, commented: "We will be making use of the latest technology to save energy and keep running costs to a minimum."

Among the options being considered is a ground source heat pump similar to the one installed at the Big C centre at NNUH. "The pump works in a similar way to a fridge, taking the heat that's produced naturally underground and using this to heat the building," David explains.

"The technology was actually pioneered in Norwich over 30 years ago by an engineer who worked for the local electricity board. In recent years it has become much more affordable with the invention of continuous underfloor plastic piping."



Architect David Bissonnet, who also designed the Big C Centre at NNUH: "I have a personal interest in making the Cromer project a success!"

Other possible options for an eco-friendly Cromer hospital include photovoltaic tiles which capture solar energy and convert it to usable electricity, and a 'green' roof, in the form of a living sedum layer which has been shown to have excellent insulating properties. Such options may be more expensive in the short term but will reap benefits in the longer term as running costs will be reduced.

"For the moment we are working with our partners and user groups to consider the functional aspects of the building. It is a challenging, technical process but very worthwhile because it is the patients who will eventually benefit, says David.

"My father retired to the Cromer area and I have a relatives living in the area so I have a personal interest in making this project a success!"

The design team at Purcell Miller Tritton is working with the Swaffham-based construction company Mansell, part of the

WORK HAS now begun in earnest by all the staff at Cromer to help plan our hospital redevelopment.



This is an exciting opportunity for us to step outside our working areas for a few hours as we work with health planners and consultants to look more closely at the patient journey and plan how we will use the new hospital.

It is a time-consuming process, compiling detailed data sheets and plans for each room in the hospital, but it really helps to concentrate the mind and provide us with a visual picture of the hospital we want to have.

Whether we completely demolish and rebuild, or refurbish some of the existing facilities, has yet to be decided but until then we are all concentrating on trying to 'get it right' for patients, carers and staff.

*Helen Lloyd,
service manager,
Cromer and District Hospital*

Balfour Beatty group chosen to build the new hospital. A feasibility study has now been completed by Mott MacDonald, mechanical and electrical engineers for the redevelopment project, to consider the long-term benefits of using sustainable forms of energy.

The the £12 million redevelopment is being funded in large part by the Sagle Bernstein legacy. It will replace the existing Mill Road hospital, which first opened in 1932, and will be a centre for day case operations, out-patients, diagnostics, dialysis and minor injuries.

Work on the site could start this autumn, with construction to be completed in 2010.

OBITUARY LESLEY KERR

Sunny Lesley is greatly missed

MANY COLLEAGUES and friends of Cromer Hospital were saddened to learn in December of the death of support services manager Lesley Kerr at the age of 47.

Lesley started work at Cromer Hospital 20 years ago as a domestic, in the days when major surgery was performed at the hospital and there was a busy in-patient ward. Within two years she was promoted to domestic supervisor and by 1994 she was working as a ward clerk and nursing auxiliary on Barclay ward. She went on to become deputy office manager and later support services manager.

Lesley played a key role in



developing support services at Cromer, forging excellent partnerships with Norfolk County Services. She made many lifelong friends at work and her good humour never left her – right up until her death she remained positive about beating her illness.

She is survived by her husband, three children and one grandchild.

A memorial service for Lesley will take place on Saturday 1 March at 10.30am.

THE PULSE

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