

# THE Pulse

Issue Number 42  
April 2009

Norfolk and Norwich University Hospitals



NHS Foundation 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

### Deli food2go

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

### Patient Advice and Liaison Service (PALS)

For confidential help and advice about our

service to patients. Tel.01603 289036 /

289035 or 289045.

### 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 the 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

## OTHER TRUST DEPARTMENTS

### • Cotman Centre, Colney Lane, Norwich

Cellular Pathology (Histopathology and

Cytology), Radiology Academy

### • Francis Centre (Health Records Library)

Bowthorpe Industrial Estate, Norwich

NR5 9JA, ext.4652

### • Norwich Community Hospital,

Bowthorpe Road, Norwich NR2 3TU,

Tel. 01603 776776: Breast Screening, Pain

Management, Microbiology, 01603 288588

### • Aldwych House, Bethel Street, Norwich,

NR2 1NR: Occupational Health (ext. 3035):

HR Recruitment (ext. 3578), Out-patient

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.

## New theatre provides a focus for life-saving surgery



**A NEW** £1.5 million operating theatre designed for specialised vascular surgery was opened at NNUH in March by TV presenter Kevin Piper.

The theatre will be the focus for the latest techniques in vascular surgery, including the repair of abdominal aneurysms. An aneurysm is a localised weak spot that causes part of the artery to swell like a balloon. The problem is more common in men, in people with high blood pressure and those over the age of 65.

Traditional methods of repair involve opening up the abdomen to perform surgery on the aorta, the largest artery in the body. However, the latest procedures are much less invasive, with X-ray guidance being used to insert a stent into the affected

artery without the need for open surgery.

The latest addition to our main theatre complex means the NNUH Foundation Trust now has a total of 29 theatres, including two at Cromer.

Last year the Department of Health published data that showed the Trust had the best mortality rates nationally for emergency AAA (abdominal aorta aneurysm) repair.

The new theatre is also equipped with audio-visual links to beam live images from the theatre to the education centre for training purposes.

Kevin Piper said: "It's great to see the people of Norfolk being offered such cutting edge treatment and facilities and I'm delighted to be involved in the opening of this new theatre."

## BICYCLE SALE RAISES £650 FOR SUPPORT GROUP

**INMATES AT** Wayland Prison have raised £650 for the Keeping Abreast support group after reconditioning old bicycles for sale at NNUH. Specialist nurse Ruth Harcourt visited the prison, along with breast cancer patient Carol Weir, to receive the cheque on

behalf of the group from prison officer Adrian Jones. The bicycle sale was organised at NNUH by Chris Paul, Serco's training manager. The Keeping Abreast group aims to help patients undergoing reconstruction following surgery for breast cancer.

## WELCOME

...to the following consultants who have joined the Trust since 1 February 2009:

**Dr Prina Ruparelia**, respiratory consultant

**Dr Jeremy Turner**, endocrinologist, and

**Dr Alisdair Ryding**, cardiologist.

## FAREWELL

...to the following long-serving staff who have left the Trust since 1 February 2009:

**Mollie Smith**, healthcare assistant in

cardiology, after 34 years; **Mr Tony**

**Innes**, ENT consultant, after 28 years;

**Mr Malcolm Glasgow**, orthopaedic surgeon, after 27 years; **Richard Wood**, cytology manager, after 26 years; **Linda Cameron**, healthcare assistant on Gunthorpe Ward, after 25 years; **Dr Peter Phillips**, consultant anaesthetist, and **Mrs Miriam Cooper**, staff nurse in the Allies Unit at Cromer, both with 23 years' service; **Barbara Fielder**, staff nurse in main theatres, after 22 years; and **Angela Bootyman**, staff nurse in main theatres, after 20 years.

## Stand by for our staff awards

**LAST YEAR'S** staff awards were such a success that we are repeating the competition this summer.

The awards are designed to honour teams or individuals who have made an outstanding contribution over the last year. So now is your chance to put forward the names of those who *you* think deserve to win.

Details of the awards are set out in the nomination form (available inside this magazine or from reception areas). For staff there are several categories, including awards for innovation and leadership. There is also a "patient choice" category to enable patients to nominate the teams or carers who they feel looked after them especially well. Please take the time to fill in the forms and give our unsung heroes a chance to shine.

Once again the winners will be chosen by a small panel including the Trust chairman, David Prior, and various staff representatives. A shortlist will be drawn up and the winners will be announced during a special awards ceremony at The Forum, Norwich, on 23 October.



## WELCOME TO OUR WORLD

**WE ARE** throwing open the doors of our hospital on Saturday 27 June and everyone is welcome to join in the fun.

Tours of the hospital, a well-teddy clinic, a children's art project and a recruitment fair will be among the attractions, along with a climbing wall to raise awareness of the importance of health and safety.

Many of our staff will be giving up part of their weekend to welcome visitors and show people around their departments.

There will be a chance to get hands-on with hospital equipment, try out keyhole surgery techniques and go behind the scenes into areas of the hospital that are



normally closed to the public.

The theme for the day is staying healthy so there will lots of advice from health professionals, including how to eat well and look after your body.

### OTHER DATES FOR YOUR DIARY

**18 May, 10am-12 noon** Open session with Brian Matthews, Staff Governor for volunteers and contractors, in Room 6, Education Centre. Or email [brian@bonaventure.free-online.co.uk](mailto:brian@bonaventure.free-online.co.uk)

**11 June, 6pm: Medicine for Members** For those who missed it first time around, a second chance to hear all about diabetes, its prevention, detection and treatment. To book a place call 01603 287634.

**23 June, 10am: Council of Governors meeting**, NNUH Board Room, Level 4 (West)

### CONTACT YOUR GOVERNOR

If you would like to ask your Governor a question or let them know your views, please send your comments or questions by email to: [Governors@nnuh.nhs.uk](mailto:Governors@nnuh.nhs.uk) or by post to: Membership Office, NNUH, FREEPOST Plus RRJT-ERAK-YEKZ, Colney Lane, Norwich, NR4 7UY (no stamp required).

- We are currently holding a recruitment drive so if you have family or friends who would like to join our NHS Foundation Trust, either go online at <http://www.nnuh.nhs.uk> or call 0870 707 1628 for a membership form.

## Diabetes? It could be you!

**DID YOU** know that 11 per cent of us could be at risk of developing Type 2 diabetes and three per cent may unknowingly already have it?

If this sounds shocking you may want to join the UEA-IFG project, which aims to see whether diet and lifestyle changes can reduce the chances of developing the disease.

So far 1,839 people are registered on the study database, and 710 have been screened. Up to 800 of those at risk will be monitored over the next two years to see whether diet and exercise can really make a difference.

Some 25 volunteers who already have Type 2 diabetes have been recruited to act as "lifestyle trainers" to help encourage and support those taking part in the programme.



There will also be professional advice from diabetes prevention facilitators and a physiotherapist.

Research Associate Samantha Podmore commented: "We are looking to screen 6,000 people who may be at risk of developing diabetes, so this is potentially one of the largest studies undertaken at NNUH. We are recruiting participants through GP surgeries, the media and through large local organisations such as NNUH."

Meanwhile a separate diabetes study looking at genetic factors associated with diabetes has now recruited its 6,000th volunteer. Led jointly by Professor Mike Sampson in Norwich and Professor Nick



Volunteers are weighed and measured as part of the screening process

- For information about the criteria for taking part in the lifestyle study programme, check out the UEA-IFG website ([www.uea-ifg.nhs.uk](http://www.uea-ifg.nhs.uk)) or call the study team on 01603 597300

Wareham in Cambridge, the Norfolk Diabetes Study began in 2003 and contributed to the recent discovery of a gene that is strongly linked to an increased risk of Type 2 diabetes.

# LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

## After the tsunami...

**LAST YEAR** I joined a colleague, Haydn Claridge (IT project manager) on a visit to South India to see the work of our hospital chaplain, Pat Atkinson (*pictured*).

Pat's charity, the Vidyal trust, is supporting children and families whose communities were devastated by the tsunami in 2004. Staff at NNUH



responded generously to her appeal and Haydn's family agreed to sponsor Ashan, a local boy.

In Kerala the charity is building two children's homes plus a school and medical centre to provide food, shelter and education for local children. While waiting for the building to be completed, the children are being provided with meals at a temporary centre in the garden of the local organisers, Jacob and Jesse.

NNUH dietitian Paula Corney, a trustee

### ON THE AIRWAVES

**WOULD YOU LIKE** your not-for-profit organisation to get free publicity on Hospital Radio Norwich? The radio station broadcasts to patients 24 hours a day from Aldwych House in the city centre. You can produce your own "info-mercial" of up to 30 seconds or ask for technical help from fully trained volunteers. There is no charge but donations are gratefully received. There are also special sponsorship rates for businesses to sponsor programmes.

• *Hospital Radio Norwich is always looking for volunteers with some musical knowledge who would like to visit patients and collect their requests. For more information call 01603 612686 or email [studio@hospitalradionorwich.co.uk](mailto:studio@hospitalradionorwich.co.uk)*

of the charity, has a key role in providing dietary advice for the children.

And my small contribution? Thanks to colleagues from NNUH and Adam Drury, who plays for Norwich City, I was able to deliver 30 football shirts for the children. Don't tell the club, but the children were playing cricket in their shirts!

Pat will be returning to India this year to supervise the ongoing work of her charity and see the results of her latest ventures. Elderly widows are being invited to the temporary centre for meals, companionship and medical support.

During our visit, someone donated funds for a TV and another benefactor gave money to buy two bikes for the children's orphanage. We take so much for granted and these acts of generosity mean a lot in a community where £50 a year is considered a good wage.

We would like to thank Pat for letting us have this brief but moving insight into her charity work in Asia.

*Geoff Bluckert, Human Resources*

• *For more information about Pat's charity, go to [www.vidyaltrust.com](http://www.vidyaltrust.com)*

### FOOD FOR THOUGHT

I have been receiving treatment at NNUH since 2003 and the standard of care from the orthopaedic and nursing team has always been excellent. However, the food on each occasion has been poor.

I wonder if the team that visited Anglia Crown ("Not just any hospital food", *The Pulse*, February 2009) would have the same praise for the food if they were to eat it every day for a week. I suspect they would be much less enthusiastic – unless there has been a dramatic improvement since my last stay in your wonderful hospital.

*William T. James, Beccles*

**Nayab Haider**, Soft Services Manager for Serco responds: "I am sorry to hear that Mr James was disappointed with the food at NNUH. We value patient feedback and I will be contacting Mr James to see if he has any suggestions for improving our service."



## Time to care?

**HAVE YOU** ever wondered where the time goes during a busy day on the ward? Well now is your chance to find out. A new project initiated by the NHS Institute for Innovation and Improvement is helping ward staff look more closely at how things are done in a bid to release more time for patient care.

"This is a project owned by the ward staff so that staff are supported and empowered to make changes that benefit everyone," says project manager Roya Moghtader (*pictured above centre, with project leads Rachel Dennis and Andree Glaysher*). "The changes may seem small but together they could add up to a lot.

"Having worked on very busy wards I know there is never enough time to spend with patients," says Andree. "It's not that staff are doing anything *wrong* – more that there might be a way to do it better."

The first wards to take part in the project are Denton, Gateley, Kilverstone, and Hethel. Roya is encouraged by their enthusiastic response so far and says: "This is a great opportunity and we hope that more ward teams will want to get involved when they see the benefits for patients."

A similar efficiency drive in Cytology screening saw waiting times for smear test results halved from an average of 32 days in June 2008.

• *For more information about the Releasing Time to Care project, call ext. 3820 or 3831.*

### CAR PARK IS ONE OF THE SAFEST

The NNUH car park is one of the safest in the country, according to the Association of Chief Police Officers and the British Parking Association. The car park has a throughput of two million vehicles a year and in the last 12 months only three incidents were reported. All the offenders were detained, thanks to the vigilance of Serco's security personnel.



# New biopsy offers hope for skin cancer patients

**SINCE THE** 1970s the incidence of melanoma skin cancer in the UK has quadrupled, with more than 8,900 people diagnosed each year. Now NNUH has become the first hospital in the East of England to offer patients a more accurate and less invasive test to see whether the cancer has spread.

Sentinel lymph node biopsy works by having a radioactive dye injected into the area. A gamma probe is then used to look for the nearest lymph node which is removed and sent to our cellular pathology laboratory for tests. If this "sentinel" node is free of cancer, the patient can be reassured that their prognosis is very good. If not, a further operation will be needed to

remove other lymph nodes in the area.

Consultant plastic and reconstructive surgeon Mr Marc Moncrieff and consultant dermatologist Dr Jennifer Garioch have developed the new service with the help of a team of specialists from nuclear medicine, radiology and pathology.

One of the first patients to benefit at NNUH is Gail Adams, 39, of East Ruston, who said: "I was kept informed at all times and I am extremely grateful to all for the care and understanding I was given."

Dr Garioch said: "Skin cancers caused by melanoma have been rising in this country for the past 30 years. Prevention is always better than cure so we should all take steps to protect ourselves from the sun."

## WHY WE ALL NEED TO BE SUNSMART

**OUR DERMATOLOGY** and plastics teams are joining forces with staff from the James Paget University Hospital to raise awareness about skin cancer and warn about the dangers of exposure to the sun.

On 11, 13 and 15 May they will be on hand in the West Atrium at NNUH with information leaflets and advice about what to look out for and how to protect your skin from being damaged by the sun.

There are two main groups of skin cancer: non-melanoma skin cancer and melanoma skin cancer which can spread throughout

the body if it is not treated early. The main form of treatment is surgical excision.

The "Sunsmart" team will also be campaigning in the Forum, Norwich, on 25 and 26 June 2009 and at the Royal Norfolk Show on 1 and 2 July.

These sessions are not designed to be mole clinics but to offer advice on sun protection.



## ASPIRING TO EXCELLENCE IN ALL WE DO

### I LOVE THIS

time of year. The spring holds such promise for the year to come; emerging from the long winter months is always exciting and joyful and every day nature seems to reward us with another surprise.

Our hospitals are also emerging from a very tough and long winter. We have seen very large numbers of emergency medical admissions, particularly in late January and early February when our historically busiest period should have been calming down. I should like to say a huge and heartfelt thank you to everyone who has worked so hard, particularly over these last few months.

We have started discussions with our partners at NHS Norfolk and Social Services about how we can do better next winter. There are undoubtedly things that we can all improve and lessons that we must learn and feed back into our planning for next year.

Over recent months we have implemented a number of changes focused on improving the quality of care and the efficiency with which it is provided – and there will be more to come.

We are at the beginning of a journey and I should like to make it our mission to learn from everything we do, to constantly improve the quality and safety of the care we provide to all our patients and to aspire to excellence every time.



**Anna Dugdale**  
Chief Executive,  
Norfolk and Norwich University Hospitals  
NHS Foundation Trust

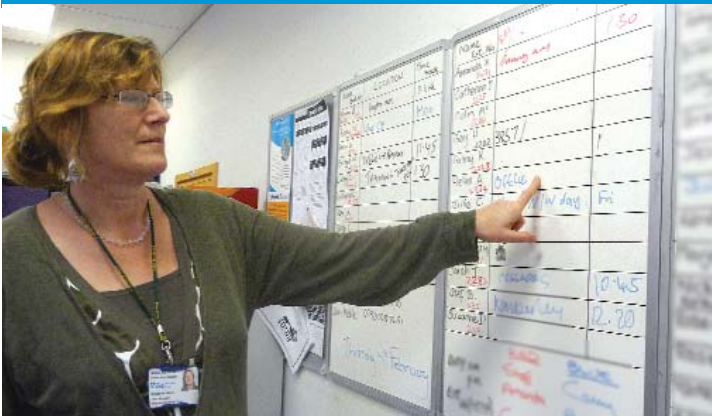


## A PLACE IN HISTORY

**SENIOR NURSES** Liz Hogbin (left) and Karen Watts were among NHS staff invited to 10 Downing Street to sign the historic NHS Constitution. The landmark document is designed to set out what patients, staff and the public can expect of the health service. It is designed to safeguard the future of the NHS and renew its core values.

Liz and Karen commented: "We were proud to be representing all our colleagues at NNUH at such a significant event in the history of the NHS." Liz (seen here with Gordon Brown) is a sister in critical care and is also a staff Governor, while Karen (next to Mr Brown) is an assistant director of nursing.

## FOCUS ON OUR INTEGRATED DISCHARGE TEAM



*The pressure is on to free up our hospital beds for those who need acute care. Bridget Ward (left), who leads the Integrated Discharge Team, explains how partnership working is helping the most vulnerable patients find appropriate care when they leave hospital*



**IT'S CLEAR WE** have a duty to protect and care for our patients while they are in hospital. But some have needs that go far beyond the capacity of an acute hospital – and that's where our Integrated Discharge Team steps in.

“We work within strict legislative guidelines and many people do not realise that our legal commitment to patients doesn't stop at the hospital doors,” says Bridget Ward, who heads this multidisciplinary team.

“For instance, under the National Assistance Act of 1948 we are not only responsible for vulnerable patients but for their pets and property, too.

“We have a duty of care for up to four weeks after people leave hospital so we may be called upon to check that their homes are fit to live in and, if necessary, find them somewhere more suitable to stay. They may need continuing or palliative care or have ongoing problems with mental health, drugs or alcohol.

“It can be an emotionally fraught time for both patients and their families and we need all the resources and negotiating skills at our disposal. Often we have to act quickly and liaise with a range of outside agencies, such as the police and environmental health, to ensure that vulnerable adults are protected from possible harm.”

Bridget may be a social worker by training but she heads a team of professionals from the hospital, from Primary Care and from Norfolk County Council. “My aim is to create a centre of good practice where we are all working together towards reducing delayed discharges, while adhering to the hospital's safe discharge policy and improving patient flow and satisfaction. Only by working across traditional boundaries, engaging staff on the wards and reaching out to the wider health community, can the fraught issue of delayed discharges be resolved.

# Partners in



**THE INTEGRATED** Discharge Team at NNUH has twice won awards for its outstanding contribution to partnership working.

Made up of social workers, health visitors, nurses and admin staff, the 44-strong team dealt with more than 8,000 referrals last year, providing support and guidance for the most vulnerable patients and their families.

The work begins with the triage process in A&E, with the aim of reducing unnecessary hospital admissions. After hospital treatment, patients may be referred to the team for an assessment of their continuing care needs.

Around 180 calls a day are received from staff and worried relatives. An electronic referral form is currently being piloted to help ward staff clarify their concerns.

• The team can be contacted on ext. 2274

“With the hospital working at full capacity, we are under pressure to discharge patients as quickly and as safely as possible and our lengths of stay are now among the lowest in the country.

“Since I became a social worker in 1982 there has been a sea change in demographics. We have an ageing population so our patients' health needs have become more complex. Dementia is on the increase and we are seeing more young people with mental health issues or problems with drugs and alcohol.”

Bridget points out that her team members need to be “quite robust” to cope with the work: “I was once physically sick after visiting a patient's home. In one case we found rats in a patient's bed and in another there were goats living indoors. It's not so unusual to find elderly people living in

homes without electricity, hot water or even an indoor toilet.

“Ideally we would call on the patient's friends and families to step in but there are times when patients live alone in desperate circumstances, with no one to care for their animals or keep an eye on things at home.

“Patients can be paranoid about giving strangers access to their keys so we have to use our negotiating skills or find a mediator to assess their mental capacity and make decisions on their behalf.

“Social workers tend to get a bad press and some families are extremely reluctant to involve the social services because it still carries a stigma. We point out that we are here to help and that we can open doors that might otherwise be closed to them.”

Dealing with difficult cases on a daily basis can take its toll but the team is





# CARE

remarkably buoyant: “Yes it can be stressful but I enjoy the work,” says continuing care lead Kathleen Gavigan. “We support each other and the multidisciplinary aspect means that we are all working together to see that the patients’ best interests are served.

“My ambition this year is to engage more of the ward teams in decision-making at the bedside, to help speed up the continuing care assessment process and prevent unnecessary delays.”

Sarah Cavell is employed by NHS Norfolk and leads a team that’s responsible for admission avoidance, as well as helping to co-ordinate intermediate care in the community. “It’s often much better for them to have support at home rather than be admitted to hospital, with all that that entails,” she says. “We also get involved when patients need rehabilitation after an operation – I enjoy the work because I see it as helping patients move on to a new phase in their treatment.”

Office manager Rosie Aberly fields around 180 calls a day from staff and worried relatives and she is currently piloting an electronic referral form to help ward staff clarify their concerns.

“It can be extremely hectic but there’s never a dull moment and that’s what makes the job so interesting,” says Rosie. “It’s amazing how many people still think there is only one social worker for the whole hospital when the reality is that we are a large multidisciplinary team.”

Bridget adds: “I am full of admiration for my team and for all the hospital staff who work so hard on behalf of patients. It’s a privilege to be the patients’ advocate at such a vulnerable time in their lives.”

## A PROJECT WE CAN ALL LEARN FROM

*Employing people with disabilities can be beneficial for all concerned, says practice development nurse Stevie Read, who is proud to be associated with our trend-setting Project Search*

**IN NOVEMBER** 2008 I joined Chris Paul, Serco’s training manager, and several other members of the Norwich Project Search team on an externally-funded trip to Cincinnati Children’s Hospital, to see how the original Project Search scheme was working.

The idea was pioneered in Cincinnati by Nurse Director Erin Reihle, who saw that many jobs in the hospital had a high turnover. She felt that, with the right training opportunities and support, these jobs could successfully be done by people with learning disabilities.



Wherever we went at the children’s hospital we met Project Search students and employees who were extremely well integrated and supported in their workplace. Managers told us how their teams had really knitted together and benefited from having a colleague with a disability. The Project Search graduates often had low sickness rates and delivered high standards of work once they were established in their roles.

We met Annie, who has Down’s syndrome, preparing equipment packs for sterilisation in the dentistry department. Some of the tiny tools looked incredibly similar to each other but Annie has a 100 per cent accuracy record and surgeons specifically request that she prepares their equipment packs because of this. She is earning a good salary and now trains others to do her job. Annie told us that she has just bought her own condominium.

In the past, expectations for people with learning disabilities in the world of work were very limited and some went straight from school to the benefit system – clearly a huge waste of resources and

talent. The NNUH is a major local employer and there are many jobs within the hospital that can be done well by people with a wide range of abilities.

We are particularly proud to be the first hospital in the UK to begin our own Project Search scheme, in conjunction with City College, Serco, Remploy and

**“True integration and acceptance means recognising and valuing people of all abilities as our peers and colleagues”**

Norfolk County Council.

Our recruits, James, Jamie, Hollie, Ben, Sam, Wayne, Leah and Leanne started their work rotations in January and they were all very excited and nervous about this new chapter in their lives. I am touched by the support they have received from my colleagues; I know they will continue to be supported and I feel inspired by their enthusiasm for being here.

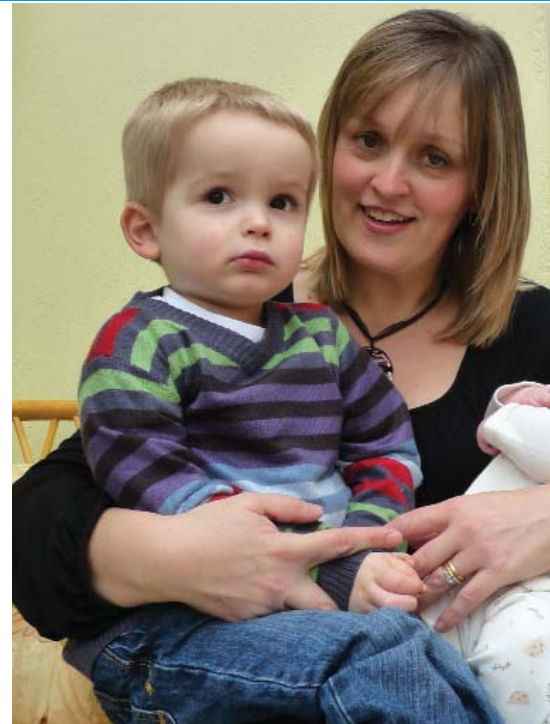
As a hospital we are well used to supporting patients who have disabilities. However, true integration and acceptance means recognising and valuing people with all abilities as our peers and colleagues.

I really hope that the Norwich project will be the first of many around the country and that people with learning disabilities will soon become a valued part of our healthcare workforce.

• *If you would like to get involved in Project Search contact Stevie Read on ext. 5030*

*Is there a subject you would like to write about in our Viewpoint column. Please send your contribution to Sue Jones, Communications team, NNUH*

*Diabetes consultant Dr Rosemary Temple and obstetrician Miss Katharine Stanley (front row) with diabetes specialist nurse Katherine Duffield, diabetes consultant Tara Wallace and specialist midwife Sue Land. Dietitian Alison Kiff is another key member of the team*



*NNUH is leading the way in the management of diabetes in pregnancy, thanks to specialists who take a team approach to patient care*

# Dealing with DI

**DIABETES IS** rising at an alarming rate, not least among pregnant women who face an increased risk of complications for both mother and baby.

“Over the last two years, we have seen a 30 per cent increase in gestational diabetes where women develop the condition during pregnancy,” says consultant endocrinologist Dr Rosemary Temple.

“The good news is that the vast majority of our patients go on to have happy, healthy

babies. In fact, figures show that in women with Type 1 diabetes, the risk of the baby dying before birth or in the first few days of life is considerably lower than the national average and similar to women without diabetes – probably because we take a team approach to patient care.”

At NNUH a dedicated diabetes in pregnancy service was first set up by Miss Moira Kelly, an associate specialist in obstetrics, and Dr Jenny Blyth, a diabetes

physician, in the early 1980s, and their foresight set the gold standard for others to follow. “We are all equally passionate about patient care and I believe good communication is a major factor in our success,” says consultant obstetrician Miss Katharine Stanley. “It is interesting to see how conditions such as diabetes and heart disease in the mother can affect the growth and development of the foetus so I am especially keen to follow the patients’

## LEARNING FROM THE LATEST RESEARCH

**LOCAL RESEARCH** involving women with diabetes and their offspring is helping to inform the treatment and care of patients both locally and nationally.

- A Norwich study involving 290 women with Type 1 diabetes showed that pre-pregnancy care significantly improved the outcomes for women with the disease.
- A randomised clinical trial involving endocrinologists at Norwich and Ipswich found that the use of

continuous glucose monitoring systems for one week each month in pregnant women with Type 1 diabetes resulted in reduced numbers of large babies.

- A more recent study, published in February this year, looked at the offspring of mothers with diabetes and found that there was no increased risk of diabetes or obesity in young adults aged between 16 and 23 compared to a control group.
- The multidisciplinary team at NNUH

is currently working with psychologists at the University of East Anglia to increase our understanding of the psychological effects of diabetes in pregnancy.

- The team is working with the UEA and the University of York to examine memory function in children of women with Type 1 diabetes.
- Another study is looking at the nutritional content of breast milk in diabetes mothers and its effect on the babies’ blood sugars.





## “It was a surprise to find that foods I had thought of as healthy were actually very high in sugar”

**MARIE WRIGHT**, from Dereham, was shocked to discover she had gestational diabetes 28 weeks into her first pregnancy. “My Dad was diagnosed with type 2 diabetes when he was 60 so I knew about the risk factors, such as being overweight,” she says.

“I kept a food diary and monitored my blood sugar levels and it was surprising to see how foods I had thought of as healthy, such as fruit juice, bananas and cereal, were actually high in sugar. Even carbohydrates such as bread and potatoes would affect my glucose levels quite badly.”

Marie lost two stone during the pregnancy and went on to have a healthy boy, Finlay, now three. The diabetes disappeared until she was 11 weeks pregnant with her second son, Cameron, and once again she embarked on a healthy eating regime. “This time, even though I lost two stone again, my blood sugar levels did not return to normal after the birth so I know I have to continue to watch what I eat.

“I must say the hospital team really looked after me. Nothing was too much trouble for them and I knew I could pick up the phone at any time if I had any concerns.”

# DIABETES

## DIABETES IN PREGNANCY: THE FACTS

- Around one in 100 pregnant women have diabetes before pregnancy (Type 1 or Type 2) and one in 40 develop the condition in pregnancy (gestational diabetes)
- 11 per cent of pregnant women with Type 2 diabetes weigh more than 100 kilos in early pregnancy. The condition is known to be associated with obesity.
- Babies born to women with diabetes tend to be larger than the average and this increases the risk of complications during delivery.
- Women with diabetes are at increased risk of having miscarriages, stillborn babies and babies with abnormalities such as heart problems. However, the good news is that these risks are all very much reduced with good blood glucose before and during pregnancy and with folic acid supplements before and in early pregnancy.
- Norwich is leading the way in the pre-pregnancy care of women with diabetes, thanks to excellent teamwork and awareness among health professionals.
- Nationally the risk of babies dying before birth or in the first few days of life is five times higher for mothers with Type 1 diabetes, but among patients at NNUH the rate is similar to that for the general population.

progress and do whatever we can to improve outcomes.

“One message we need to get across is that a lot of women who develop diabetes in pregnancy as well as other complications are very overweight and we need to encourage women with a body mass index greater than 28 who are thinking about having a baby to lose the extra weight before they get pregnant.”

Dr Temple has initiated a number of research studies among women with diabetes. “There is very clear evidence that women who prepare for pregnancy and try to keep their blood sugar levels under control do much better than those who have high blood sugar levels before and during pregnancy,” she says.

“We recognise that it can be very difficult to control blood sugar levels at this time and some women become very anxious and worried about the risks. We ask that they come and see us every two weeks (every week in the latter stages) and they have regular scans to check on the baby’s progress. The women can benefit from meeting other mothers with diabetes and they appreciate the fact that we work as a team on their behalf.

“Obesity greatly increases the risk of Type

2 diabetes and gestational diabetes and we encourage patients to keep a food diary, to try to reduce their fat intake and take gentle exercise. Some have taken on board our advice and in subsequent pregnancies they have fared much better.

“I regard it as a privilege to be able to follow their progress and it’s always a joy to see them return with their babies.”



**JOANNA CUDMORE**, from Attleborough, was diagnosed with Type 1 diabetes when she was 11 and she was shocked how much her blood sugar levels fluctuated during her first pregnancy. “I tested before and after each meal and it was quite worrying at times, but the hospital team were wonderfully reassuring and helpful.”

Joanne’s twins, Hayden and Harvey, were delivered at 34 weeks with the support of the obstetric team and she is now expecting her third child. “I have less time to worry as I am so busy running around after the twins, but from the start of the pregnancy I knew what to expect and I was much more prepared. I am so grateful for all the support I’ve received from the hospital team.”

Meet the specialist nurses who give a helping hand to patients fighting respiratory disease

# Inspirational nurses

**RESPIRATORY PROBLEMS** are among the most common reasons for admission to hospital and a recent national audit showed that, with rapid access to specialist diagnosis and treatment, we provide the highest standards of care for respiratory patients compared to many other hospitals.

Advances in technology, including portable oxygen and nasal ventilation, allow patients to enjoy a higher quality of life and many are now able to manage their symptoms at home with support from our team of highly trained, experienced specialist nurses.

“Our first specialist respiratory nurse was appointed in 1994 and since then the team has grown and developed to offer an increasingly specialised service for patients,” says senior nurse Chris Parfitt. “They work closely with the respiratory consultants and other members of the multidisciplinary team to provide support and advice, not just for patients but for their families and the wider health community.”

## RESEARCH DEVELOPMENTS

The Clinical Research and Trials Unit at NNUH is the focus for a wide range of clinical trials, including programmes from the University of East Anglia, primary care and pharmaceutical companies.

“It’s exciting to think that we can be responsible for medical advances taken up across the NHS,” says respiratory research nurse Helene Talbot. “For instance, both COPD and asthma are inflammatory lung diseases which for many years have been treated with inhaled steroids. However we now know that steroids have little clinical benefit in COPD and our research is becoming increasingly involved at a cellular level, investigating inflammatory processes and hopefully identifying new treatment options.

“A groundbreaking piece of research is examining the anti-inflammatory effects of Simvastatin, a drug currently licensed to lower cholesterol levels.

“We have also looked at the role of



**COLIN BERRINGTON** has undergone two lung biopsies in the course of clinical trials at NNUH and says he is happy to carry on being a “guinea pig” if it will further our knowledge of respiratory disease.

Colin, pictured with specialist research nurse Helene Talbot, suffers from COPD (chronic obstructive pulmonary disorder), a condition for which there is no known cure. “The way I see it, even if I don’t personally benefit from this research it could help other patients in the future,” says Colin, 66. “I enjoy coming into the hospital – the staff are always welcoming and professional and you get a thorough health check as part of the trial.”

vitamin D in both COPD and asthma.

“Running a trial is a complex process, involving doctors, technicians, lab staff, statisticians and trial managers. We are supported by the National Institute for Health Research, as part of a National Clinical Research Network, who ensure that the resources and expertise are in place for high quality research.”

## CENTRE FOR CYSTIC FIBROSIS

Cystic fibrosis (CF) is a chronic, progressive disease and patients come from all over Norfolk and Suffolk to benefit from



specialist care at NNUH. Thanks to improved treatment regimes and more centralised care, the number of adult CF patients at NNUH has more than doubled in the last 14 years to around 50 patients today.

A recent peer review recommended that NNUH be recognised as a specialist regional centre for cystic fibrosis.

Our two CF nurse specialists, Mary Ann Boyfield and Jo Buxton (pictured below left), provide high-quality clinical care as well as education and support for these patients and their families. They act as a first point of contact for patients and co-ordinate patient-led care in liaison with other members of the CF multidisciplinary team.

With help and support, many patients are now able to have high-tech therapy at home as well as in hospital.

• Mary Ann and Jo can be contacted on 01603 287596 (answerphone) or bleep 0535.

## HOMING IN ON COPD

Chronic obstructive pulmonary disease (COPD) is an irreversible narrowing of the airways caused by emphysema, chronic bronchitis or chronic asthma.

A national audit showed recently that our care of these patients was exceptional, with





NUUH performing better than many other hospitals in the management of patients with this condition.

A feature of COPD is frequent ‘flare-ups’ that may result in hospital admission. However, there is very good evidence that some of these can be managed successfully at home with specialist nursing support.

Our team of specialist respiratory nurses provide this support, enabling many patients to return home within 48 hours. The nurses provide advice for all COPD patients on medication, managing symptoms, planning and pacing physical activity and stopping smoking.

• Staff with queries about patients with COPD can call the team on ext. 5654 or bleep 0090.

### HAVE OXYGEN, WILL TRAVEL

Patients with chronic lung disease may require long-term oxygen therapy for at least 15 hours a day and our specialist outreach team is a lifeline for patients, carers and other health professionals who may have concerns about oxygen or about managing symptoms of chronic lung disease at home.

• Call the team on 01603 289779. Further information about oxygen therapy can be found at [www.pcc.nhs.uk/118.php](http://www.pcc.nhs.uk/118.php); [www.bocvitalair.co.uk](http://www.bocvitalair.co.uk); or [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

### KEEPING TRACK OF ASTHMA

Asthma is so common that it affects patients across all specialties. Specialist nurse Sue

Mildenhall’s role is to keep track of all patients with severe asthma who are admitted through A&E and the Emergency Assessment Unit, to assess their needs and talk about how they can better understand and cope with the condition.

“I try to contact patients by telephone within 48 hours of discharge and most are invited to the asthma clinic within 4-6 weeks. An important aspect of my work is to educate students, ward staff and other health professionals about managing asthma, including inhaler technique and symptom control.”

• Sue can be contacted on ext. 5707, bleep 0866.

### SUPPORT FOR LUNG CANCER AND MESOTHELIOMA

Our lung cancer specialist nurses, Chris Fowkes and Di Seth-Smith, dealt with more than 300 new referrals in 2008 and their aim is to ensure that patients and relatives are supported throughout their cancer journey.

The specialist nurses run two groups: the lung cancer patient support group meets quarterly (next meeting is on 16 May) and the Norfolk and Waveney mesothelioma support group is held monthly (next meeting is on 20 April).

• For more information contact Chris or Di on ext. 5688.

Paula Browne, Janice Hill and Sandra Olive from the outreach team (above left); lung cancer nurses Chris Fowkes and Di Seth-Smith (top); asthma nurse Sue Mildenhall (above) and immunoglobulin nurse Sharon Weston (below)

### FIGHTING INFECTION

Antibody deficiencies can have widespread complications and patients with reduced immunity are especially prone to respiratory infections. There is no known cure and the most common treatment is to have frequent immunoglobulin infusions, produced from large amounts of donated plasma, which have been found to maintain health and prevent damage from recurrent infections.

Clinics are held twice a week and specialist nurse Sharon Weston (below) works closely with two of our respiratory medicine consultants Dr Mark Pasteur and Dr Orion Twentyman to provide a high-quality service for patients.



# Planning consent delayed

**PLANS TO** redevelop Cromer Hospital have hit a new setback with the discovery of bat droppings in the roof space of the old hospital.

Planning consent has had to be deferred to allow for a bat survey to take place when the protected bats come out of hibernation. Planning officers have also asked the Trust to take a fresh look at the scheme after a report to councillors expressed “serious misgivings” about the positioning of the hospital only 20 metres from the rear windows of nearby bungalows and also criticised the “bland and functional” design.

It said the architects had been hampered by the need to design the hospital around the existing, legacy-funded kidney dialysis unit in the centre of the site, and by the need to continue functioning as a hospital throughout the building process.

As many as 80,000 patient appointments could be lost over two years if hospital services cannot continue during the



construction period.

The council’s conservation design and landscape manager commented that a “clinically correct” approach had led to a disappointing plan for a landmark building and it was a shame the existing Dutch gable entrance could not be incorporated into the new building rather than just the “token” re-use of the stone entrance.

The planners’ report also said there was

an “unhealthy fixation” to provide more parking spaces at a time when more sustainable transport options should be encouraged – with planned parking spaces for 123 cars, 44 bicycles and six motorbikes compared to the existing provision for 82 vehicles.

However, the council’s own standards suggest that the planned number of parking spaces is at the low end of an acceptable range for this type of facility.

Melissa Blakeley, divisional director for support services for the

NNUH Foundation Trust, commented: “The plans were drawn up with the help of our clinical staff to ensure that services for our patients were given top priority, so it is disappointing for all concerned that we are now facing these new delays.

“However, we are determined to resolve the issues so that the people of North Norfolk can have their new hospital as soon as possible.”

## New rays of hope for psoriasis patients

**PATIENTS WITH** psoriasis and other skin conditions are benefiting from light therapy using a new machine at Cromer Hospital. The patients attend the dermatology clinic three times a week for around eight weeks to take advantage of powerful ultraviolet rays,

building up from around 50 seconds of exposure each time to a maximum of 10 minutes.

“People are often surprised that the exposure times are so short but this is not a sunbed in the traditional sense – it is much more powerful than that,” says dermatology consultant Dr Nick Levell. “Ultraviolet light therapy is a very effective treatment for some skin conditions, including some rare forms of skin cancer, but it is also extremely powerful so it needs to be carefully controlled.”

The new machine is a replacement for an earlier model which has been used at Cromer for around seven years. More than 2,700 patients were treated in Cromer’s nurse-led dermatology clinic last year, benefiting from a range of high tech equipment to tackle skin conditions such as skin cancer and psoriasis where other medical treatments have failed.



*Dermatology nurses with the new UVB machine at Cromer*

### THE PULSE

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