

THE PULSE

Issue Number 43
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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

Cromer Hospital

Mill Road, Cromer NR27 0BQ
Tel: 01263 513571

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.

Smiles of success for Oral

THE REMARKABLE work of our Oral Health team has been recognised in the national Smile Awards, designed to celebrate the highest standards of aesthetic dentistry. The team was shortlisted in two categories after showing how they reconstructed the faces of two patients – one who had been badly disfigured in a vicious and unprovoked attack and another who had part of her jaw removed due to cancer.

Julie Cooper, from Norwich, made



The maxillofacial team, clockwise from top left: technician Robin Hoare, surgeon Richard James, restorative dental consultant Adrian Slaney and surgeon Roger Rees

headline news in 2000 when she was attacked in broad daylight while walking along the footpath opposite County Hall. She has lost count of the number of operations and hospital visits it took to repair the wounds – the final procedure, to replace some of her teeth, took place last year.

She commented: "I was delighted to be

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

My prostate cancer shock



I REMEMBER the GP's words quite clearly: "There is a 50/50 chance that cancer cells could be present in your prostate." But I felt fine and cancer only happened to other people, so I decided not to worry.

Very soon my life became a series of hospital visits, the crucial test being a biopsy – a relatively straightforward procedure taking about 15 minutes. It was not pleasant, but I knew it was necessary. A week or two later I learned I had prostate cancer.

When the consultant broke the news, the "C" word remained in my thoughts. It invaded my head at night and was there when I woke up in the morning. That very same week my eldest son told me I was going to become a granddad for the first time. What a week for tangled emotions!

Waiting for the results of bone and MRI scans was difficult, but finally, the news was good: the cancer had not spread.

It was then up to me to decide what treatment to choose. Specialist nurse Sallie Jermy, who had supported us from day one, reminded my wife and I of the risks of major surgery, the very real chances of incontinence and – the big dent to my male ego – impotence. But the need to halt the cancer far outweighed everything else.

After surgery to remove the prostate I went home with a catheter fitted for just over two weeks. Though not nice, I knew it

was important for my healing. In fact it was not as bad as I expected. Three months later, tests showed the surgery had been just in the nick of time. How good I felt that evening.

It has been a difficult journey, but I cannot stress enough just how professionally and efficiently everything was managed by staff in the Urology Department and on Edgefield Ward.

The incontinence worry was not a big problem at all and I will make no comment on the other concern! Oh, and my beautiful granddaughter, Maiya Violet Lacey, arrived safely in early May.

To anybody facing similar problems – keep your chin up and remember, you are in very good hands.

Mel Lacey, Norwich

FREE PRESCRIPTIONS

We would like to make all staff and patients aware that cancer patients are entitled to free NHS prescriptions if they apply for a Department of Health exemption certificate. The certificate can be renewed as many times as necessary and does not have to be returned if the patient's condition changes. It covers all drugs, not just cancer treatment.

More information is available from http://www.direct.gov.uk/en/N11/Newsroom/DG_174084

Jill Chapman, Big C Centre Manager

20,000 SIGN UP AS MEMBERS

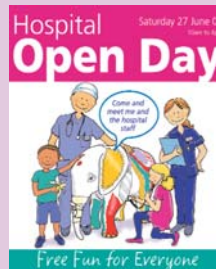
MORE THAN 20,000 people are now members of the NNUH Foundation Trust. Following a recent recruitment campaign there are now more than 13,300 public members, as well as nearly 7,000 staff members based at NNUH and Cromer.

Open Day on Saturday 27 June. You can go behind the scenes to see how the labs work, look around an operating theatre or watch the pharmacy robot in action.

There will be activities for all the family plus advice on healthy living. Young children can bring their teddies to the "Well teddy clinic" or make an artwork. Among other attractions there will be a careers and recruitment fair and a chance to try out a climbing wall. Free entry and car parking. For more information, go to <http://www.nnuh.nhs.uk>

OPEN DAY FOR ALL

How would you like to try your hand at keyhole surgery or make your own pharmaceutical cream? These are just two of the activities on offer at our



DATES FOR YOUR DIARY

27 June, from 10am to 4pm:
Open Day (see above)

30 June Closing date for nominations for our Staff Awards (see enclosed leaflet) or go to www.nnuh.nhs.uk

20 July, 10am-12 noon Brian Matthews, Staff Governor for volunteers and contractors, is holding an open session to meet members in Room 6, Education Centre. You can also email brian@bonaventure.free-online.co.uk

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 or by post to: Membership Office, NNUH, FREEPOST Plus RRJT-ERAK-YEKZ, Colney Lane, Norwich, NR4 7UY (no stamp required).

- If you have family or friends who would like to join our Foundation Trust, either go online at <http://www.nnuh.nhs.uk> or call 0870 707 1628 for a membership form.

Health team



Julie Cooper with her children today and (inset) soon after the attack in 2000.

able to support oral health team in the Smile Awards because I think they deserve to be recognised for the amazing work they do. I wouldn't be sitting here today if it wasn't for them."

Jane Aldridge (right) underwent a complex, ten-hour operation to remove a cancerous tumour and rebuild her jaw using bone from her leg. "It was quite traumatic but really I was so lucky that the original lump was spotted by my dentist," said Jane. "I would urge anyone with any kind of abnormality in their mouth to get it checked out."



Helping people back into work

TRAINING MANAGERS at NNUH have been commended for their outstanding efforts to help disadvantaged people back into work.

Serco won two regional LEP (Local Employments Partnerships) awards for the company's open-door recruitment policy, while the NNUH Foundation Trust was runner-up for supporting unemployed people through training courses and work trials.

Leading the LEP projects were Chris Paul, for Serco, and Julia Watling, for the NNUH Foundation Trust, whose partnerships with Jobcentre Plus have led to contracted employment for at least six people at NNUH, including the homeless.

Among the Serco recruits are Glen Mace (above left) who is training to be a chef, and Michael Smith (left) who had been unemployed for 12 years before joining Trust staff in Orthopaedics out-patients.



A simple test that saves lives

TO RAISE awareness of bowel cancer, cyclists from NNUH joined teams from the James Paget University Hospital and the Queen Elizabeth Hospital in King's Lynn on a cycle ride from Great Yarmouth to Norwich.

NNUH was of the first hospitals in the country to launch a national screening programme for bowel cancer in 2006 and June sees the programme being extended to cover all men and women aged between 60 and 75 who are living in Norfolk and registered with a GP.

One patient who is glad he took the test is Ernie Childs, 61 (pictured above right with his wife, Karen) who runs the Great



Yarmouth Potteries. He said: "I had no inkling at all that something might be wrong but the results proved positive and a colonoscopy revealed a large polyp that was cancerous. It all happened quite quickly and I had it removed. Everyone was really super all the way along and I'm just very grateful that it was caught when it was."

"My advice to people who get the NHS bowel cancer screening kit through their letterbox is to take the test."

LAST YEAR PALS

(our Patient Advice and Liaison Service) logged more than 3,000 enquiries, from simple questions about appointment letters to complex clinical issues requiring painstaking investigation. In 80 per cent of cases the team was able to resolve the problem within 48 hours.

“We are an open door for anyone who wants to ask questions or raise concerns about the care our patients receive,” says PALS co-ordinator Jenny Cooper. “We also welcome comments and suggestions about how we can improve our hospital services.

“We have a good relationship with teams throughout the hospital and we work closely with our partners in primary care, the ambulance service and mental health to share information, training and support.

“The most common issues we are asked to resolve stem from communication problems. Often people may start off feeling aggrieved and angry but once they know all the facts they calm down and on the whole they are very understanding.

“In a very few cases we uncover a serious problem that needs to be flagged up and if appropriate we will explain how the person who has raised the issue can make a formal complaint. It is very satisfying to be able to act on the feedback we receive and suggest

KNOW YOUR PALS

Two of the PALS co-ordinators,



All PALS together: the Patient Advice and Liaison co-ordinators Adrian Blood, Geraldine Gold and Jenny Cooper (back row) and, front row, PALS assistant Nadine Sharp (centre) with volunteers Eileen Aimes and Dawn Blanch.

• Look out for PALS awareness week, beginning 8 June. The team will also host a stand at the Norfolk Show as part of the Norfolk PALS Collaborative on 1 and 2 July

changes that will benefit other patients.”

The team logged 253 letters of thanks last year and passed on 94 messages of best wishes for patients, as well as dealing with enquiries.

Geraldine Gold and Adrian Blood, are trained nurses (Geraldine also has a degree in PR and Organisational Communication), while Nadine Sharp previously worked in Complaints and Jenny in Primary Care. They are assisted by two volunteers, Eileen Aimes and Dawn Blanch, who are greatly valued by the team.

Another aspect of the PALS role is to facilitate patient groups such as the Patient Panel and the NICU (Neonatal Intensive Care Unit) parents’ group, to help ensure that our hospital services are designed with patients in mind.

• The PALS office is located on Level 2 near Kimberley Ward (East block).
Tel: 01603 289036

Walking for research

THE ANNUAL Norwich Orthopaedic walk to raise funds for Action Arthritis, a local research charity, takes place this year on 21 June at the Lower School, Bishopgate.

Among those hoping to take part is Philip Goodacre, who at 57 has had 12 operations including four joint replacements, the latest being a partial knee replacement carried out by orthopaedic surgeon Mr John Albert. Mr Goodacre suffers from haemochromatosis, a blood disorder that can trigger arthritis in vulnerable patients.



“I suffered from aching joints for years before a GP finally referred me for further investigation,” says Mr Goodacre, who runs a guesthouse in Southwold. “In recent years I’ve had brilliant care from the orthopaedic team at NNUH and I am happy to do my bit for research and education.”

• For information about the orthopaedic walk contact clare.darrah@nnuh.nhs.uk or telephone 01603 286706.

ASK THE STAFF

Do you have an idea or suggestion that would benefit your colleagues? Look out for information about our “Ask the Staff” scheme in the staff Communications Circular or fill in one of the paper forms being distributed around the Trust. More details about the scheme can be found on the Trust intranet.

Housekeeper Tony’s bright idea

IT MAY BE a simple idea but Tony Winhall’s brainwave is changing the storage arrangements on wards throughout NNUH.

Tony noticed that the clip-on plastic labels on storage racks would often break off and go missing. This meant re-ordering stock was delayed because the bar codes have to be scanned for each new order.

“It was really frustrating that a simple thing like that could hold up deliveries of vital ward equipment such as catheters and oxygen masks,” says Tony.

Tony came up with the idea of replacing the clip with a laminated template for the drawer fronts, clearly labelled and incorporating the bar codes for each item. An added bonus is that the templates are colour-coded according to the type of equipment stored.

“As the ward housekeeper I try to make life easier for the nurses and this seemed to be a good way to help them out,” says Tony, 60, who spent 22 years in the RAF before becoming a nursing auxiliary 15 years ago.



Matron Sian Watkins commented: “Tony’s idea is simple but it makes re-ordering stock much easier and anything that improves our efficiency is good for the patients.

“Each plastic clip costs £3.30 to renew compared to only 6p for the new label. With around 85 drawers on each ward the cost savings to the Trust could amount to more than £17,000 a year.”

Tony has been nominated for a Staff Award for his bright idea (see page 7)

• The photo shows Tony with the new colour-coded drawers on the left and the old clip system on the right.

From hospital manager to medical student. . .

AFTER 20 YEARS in hospital management, Melissa Blakeley is leaving to pursue a new ambition: to be a doctor. She has a conditional place at the UEA Medical School and if all goes well she will be back at NNUH as an undergraduate before the year is out.

At 42 and with three children aged four, 9 and 12, Melissa says she was inspired by meeting some of the first graduates to leave the UEA Medical School who came from a wide range of backgrounds.

"I realised that if they could change their lives, there was nothing to stop me from following my dream," she says. "The medical school has a problem-based learning approach which I hope will suit the skills I have gained from my experience at work.

"Even so, it was very nerve-racking to go through the selection process and I was



delighted to get my conditional offer in March."

Although currently the Divisional Director for Diagnostic and Clinical Services and Cromer Hospital, Melissa became known to many staff when she was responsible for planning the

hospital move in 2001. Before moving to NNUH she was an operational manager in Halifax, having joined a NHS graduate training scheme after leaving Kent University with a degree in European Studies. "I have always enjoyed the buzz of working in a busy hospital environment and I am under no illusions about being a doctor," she says. "It will be very interesting to see life on the other side of the service.

"I am fortunate to have the full support of my husband and family and many colleagues have been very positive about my decision."

THE LITTLE THINGS THAT MEAN A LOT

RECEIVING LETTERS

of appreciation from grateful patients and their families is one of the great privileges of being Chief Executive. Each week I receive letters from people whose lives have been transformed by our staff. The appreciation expressed in those letters is not just about technical skills and expertise but also the exceptional kindness and compassion with which our patients and their relatives are treated.

The message that comes over loud and clear is that it is the little extras – the smile, the time to help someone feel comfortable and to fully explain what they and their families can expect – that can make all the difference for patients.

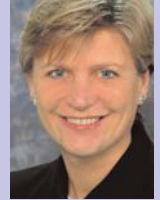
As Chief Executive, I am constantly humbled by what our staff do for others on a daily basis. There cannot be many organisations where staff with such a wide variety of professions and skills need to work together so closely to care for people when they are at their most vulnerable. I cannot imagine any other workplace where there are so many difficult and stressful jobs with such moments of triumph and despair.

In the complex range of interactions and handovers that make up the "patient journey", even the smallest element has the potential to make a huge difference to our patients' overall experience and the satisfaction and fulfilment of our staff.

To paraphrase the words of Julian of Norwich, it is by paying attention to the "little and small" as well as the "noble and great matters" and "to one and to the other" that we will achieve a great hospital and deliver a memorably good experience for our patients and their carers every time.

ANNA DUGDALE

Chief Executive, Norfolk and Norwich University Hospital NHS Foundation Trust



Plea for a new image for Parkinson's

LOCAL DISC jockey Trevor Mills, from Mulbarton, was among those who took part in Parkinson's Awareness Week at NNUH in April. Mr Mills, 47, was diagnosed with the disease ten years ago and says many people wrongly assume it's an old man's complaint when young people can suffer too. "People assume the symptoms are the effects of drink or drugs - it's very frustrating that so little is known about this disease," he commented.

Last month NNUH neurology consultant Dr Paul Worth, presented evidence to an All Party Parliamentary Group calling for better and more equitable provision for Parkinson's patients across the country. Meanwhile, a medicines management team at NNUH is working hard to ensure that Parkinson's patients receive their medication on time while they are in hospital.

"Sudden withdrawal of medication can have serious, even life-threatening, consequences for these patients," says principal pharmacist Yung Strawbridge. "We would like all staff and patients to be aware of this issue and to talk to the ward pharmacist if they need any advice."



Information packs have been provided by the Parkinson's Society, along with timers to remind nurses when patients need their medication.

Trevor Mills is pictured at NNUH with Dr Worth and other staff at NNUH including Yung Strawbridge (far right).

• **THE FRIENDS** of the Norwich Hospitals have donated over £29,000 for a hospital arts project aimed at giving the Jenny Lind Children's Department a bright new look.

Local artists are involved in the project to provide new furniture, games, play equipment, ceiling panels, artworks, mobiles, and clocks. Further donations are welcome – please call Emma Jarvis, NNUH hospital arts co-ordinator, on 01603 287870.

Stroke services are changing **FAST**

A QUIET REVOLUTION has been taking place at NNUH in response to a new strategy for stroke patients. Linking with the Government's TV advertising campaign to help people recognise stroke symptoms and seek help FAST (the initials stand for **F**acial weakness, **A**rm and leg weakness, **S**peech problems, **T**ime to call 999), the stroke team is working closely with NHS colleagues in the community to develop a seamless approach to specialist stroke care.

A new £8 million unit is being built at the Norwich Community Hospital in Bowthorpe Road, Norwich, to provide 24 stroke rehabilitation beds plus another 24 general rehabilitation beds, and there will be a new emphasis on providing specialist care and therapy at home for patients who need this support.

The stroke unit on Gunthorpe Ward is being boosted by ten new nursing staff – including a fast-response Stroke Alert Team who are able to attend to stroke patients in A&E at any time, day or night. Extra support



Ready for action: Gunthorpe Ward sister Kate Myland, left, with Stroke Alert nurses Jane Williams, Jane Shemilt and Garth Ravenhill

is provided by consultant and medical staff, physiotherapists, occupational therapists, speech and language therapists, pharmacists and dietitians, and a clinical psychologist

will also be available in the community to help stroke patients come to terms with the life changes brought about by having a stroke.

All suspected stroke patients will have rapid access to a brain scan to confirm their diagnosis and those who are deemed suitable for clot-busting thrombolysis drugs (around 10 per cent of stroke patients) will receive this treatment in A&E as soon as possible.

Gunthorpe Ward sister Kate Myland commented: "It has been a very exciting time for the ward as we have been recruiting new staff and developing their skills. It's marvellous that stroke patients are at last being seen as a high priority.

"Many people imagine that strokes only happen to the elderly and there is nothing much you can do, but research shows that many patients recover well if they have rapid access to specialist diagnosis and treatment.

"We see lots of people in their fifties who have suffered strokes and the youngest I have come across was only 27."

Heart Attack Centre tackles emergencies

NNUH HAS become the focus for emergency heart treatment with the launch of a 24-hour Heart Attack Centre in Cardiology. The hospital now treats patients with Primary Percutaneous Coronary Intervention (PPCI) within two hours of a heart attack.

The conventional emergency treatment for heart attack sufferers has been the injection of clot-busting drugs (thrombolysis). However, this is not always effective and patients may go on to need primary angioplasty, a procedure that restores blood flow by inflating a small balloon in the

blocked artery and inserting a "stent".

Angioplasty is already a routine procedure at NNUH for patients with angina. The emergency service is now available 24 hours a day, seven days a week, and covers Norfolk and half of Suffolk, serving a population of half a million people.

Interventional cardiologist Dr Tim Gilbert commented: "A quarter of all patients who

currently receive clot-busting drugs for a heart attack fail to respond to this treatment and need to be transferred as an emergency to Papworth Hospital, 75 miles away. The development of this service locally will avoid the risks of this type of complication.



Dr Tim Gilbert in the angio suite where emergency patients may now undergo emergency angioplasty. Patients are usually awake throughout the procedure and are able to return home without delay

"As a result of this new treatment the number of days spent in hospital will be reduced significantly, meaning that patients will be able to return to a normal lifestyle earlier and with the confidence that they have had the best possible treatment.

"All of my colleagues in the Cardiology team and our colleagues in the ambulance trust have made a huge contribution to the development of this service."

The £1 million Balloons4Hearts appeal helped to kick-start the NNUH bid to become a Heart Attack Centre by funding equipment for a new angio suite.

LIFT, ANYONE?

It's National Lift Share Day on 9 June so why not think about joining a local car sharing scheme? Liftshare.com has a web page dedicated to NNUH staff – you will need to use the whole link: www.liftshare.org/default.asp?sub=712 to access the page.

Or contact Hayleigh Kay on ext. 3977 or by email.

If cycling is more your style you may want to take advantage of a scheme that could save you money on a brand new bike. To find out how the scheme works go to www.cyclescheme.co.uk or contact the Travel Office on ext. 3666.



WHY I AM ITCHING TO TELL ALL ABOUT OC

Andy Edgecombe cycled 208 miles to raise awareness of a condition that can result in stillbirth. Here she explains why she embarked on her marathon mission

Prize for innovation

STAFF from NNUH are celebrating after winning an award for innovation in the 2009 Health Enterprise East (HEE) Awards. Dr Laszlo Igali's team was recognised in the Software and ICT category for devising a live videoconferencing system linking skin cancer specialists with pathologists working at the Cotman Centre.

The system is used during Mohs surgery, where the dermatologist works closely with a pathologist to identify cancerous tissue and, if necessary, plan further excision.

Comedian Jo Brand presented the team with a trophy and a cheque for £1,500 to progress their idea at an awards dinner held at the Imperial War Museum, Duxford.

Pictured receiving the award from Jo Brand is pathologist Dr Igali with histopathology manager Julia Burton, IT support engineer Nick Sokalsky (centre) and chief biomedical scientist Iain Sheriffs.

THERE IS still time to nominate hospital staff for our Staff Awards – you have until 30 June to put forward the names of teams or individuals who *you* think deserve to win. More than 90

nominations have been received for this year's awards, which will be announced in October. For more information go to our website (www.nnuh.nhs.uk) or call Communications on ext. 3634.



BOOK STALL CLOSED

Due to reorganisation of the waiting area, the charity book stall in Rheumatology closed at the end of March. Nearly £4,000 has been raised for the Arthritis Research Campaign over the last four years and we would like to thank everyone who donated and purchased books. A fundraising stall is held monthly near the main canteen at NNUH. For more information call Julia Fisher on 01603 406599.

EIGHT YEARS ago I came across an article by Jenny Chambers, who had tragically lost two baby girls due to a condition called Obstetric Cholestasis (OC). The symptoms she described – severe itching on hands and feet, especially at night – were those I had experienced during my first pregnancy, which sadly ended in stillbirth.

This led me to seek out my hospital records and I discovered that blood tests taken at the time showed raised levels of liver function and bile acids. The consultant did not realise the significance of these results since 33 years ago OC was not recognised as it is now.

By great good fortune I went on to have a daughter, Charlotte, and a son, Samuel, without experiencing the nightmare of itching during my pregnancies, although I did have very hot, uncomfortable feet as well as high blood pressure towards the end of my pregnancy with Samuel.

OC can be hereditary so I warned Charlotte about the risks and when she became pregnant I hoped and prayed she would not be affected. However, at 36 weeks she developed itchy pins and needles in her hands and feet and urgent tests revealed she was suffering from OC. A week later her consultant at NNUH arranged for her labour to be induced and she gave birth to a beautiful baby daughter, Abigail, weighing 6 lbs 4 oz.

If he had lived, my first son, Joseph, would have been 33 this year and I decided to mark the anniversary of the day he was stillborn, 13 February, with fund-raising cyclethon to raise awareness of OC and support research into the condition.

After cycling 208 miles over eight

(non-consecutive) days, distributing more than 250 leaflets to ante-natal clinics in East Anglia and raising more than £1,500 for research, I feel I have succeeded in these two goals, but more than that I have also succeeded in overcoming the grief caused by our first baby's unexplained death.

Midwives and obstetricians are now fully aware of OC but my concern is that pregnant women may not think



Proud granny: Andy Edgecombe with daughter Charlotte and granddaughter Abigail

that itching is anything to worry about and may not mention it to their midwives. In fact, 4,500 pregnancies are affected by OC each year in this country, of which about one per cent result in stillbirth, a figure that could be higher if the condition is not "actively managed".

Abigail is now five months old and our pride and joy. My cyclethon for OC research is a celebration of her birth as well as a memorial to Joseph and I am very grateful to everyone who contributed in any way to my sponsored bike ride.

The money raised will go towards research being done at Imperial College, London, via the Institute of Obstetrics and Gynaecology Trust Fund. Donations can be made at www.justgiving.com/andysocbikeride or contact a.edgecombe@talktalk.net. Information on OC is available at www.ocsupport.org.uk or contact JennyChambersOC@aol.com.



ALL ABOUT IMAG

IMAGING IS at the centre of decision making in modern medical practice. Doctors increasingly rely on scans and X-rays, not just for diagnosis but also for guidance during complex clinical procedures. The result has been a doubling – in some cases tripling – of the workload for CT and MRI scanning, breast imaging and ultrasound in the last few years.

But while the focus is often on the specialists who interpret these images – the radiologists – it is the radiographers who guide patients through their scans and X-rays, who operate increasingly complex equipment and who ensure that both patients and staff are protected from potentially harmful radiation.

“The challenges faced by our radiographers in recent years have been quite incredible but they have responded brilliantly,” says Jon Pearson, elective services manager for radiology. “They have coped with the switch from X-ray film to digital imaging, learned to operate increasingly sophisticated equipment and changed their working practices to achieve dramatic reductions in waiting times – from two years in some cases to just six weeks.”

Plans to expand and update our radiology services are currently being finalised. For now, though, our radiographers are working harder than ever to keep pace with the ever-growing demand for their skills.

BREAST IMAGING Every year around 25,000 women are screened locally by our breast imaging team, resulting in around 200 cancers being diagnosed. In future the number of examinations is set to rise

The drive to reduce waiting times, coupled with advances in medical science, have brought imaging services out of the shadows and into the spotlight. Here we focus on the work of our radiographers, who are busy behind the scenes helping patients to benefit from the latest digital technology

significantly as all women aged between 47 and 73 will be called for a routine mammogram every three years.

The team also provides a diagnostic imaging and biopsy service for patients referred to NNUH with breast symptoms.

EMERGENCY X-RAY With around 48,000 patients needing emergency X-rays each year – approximately 60 per cent of our A&E attendances – examinations range from minor fractures to complex trauma cases and radiographers must be prepared to adapt accordingly, treating all patients with sensitivity and respect.

Currently three of our A&E radiographers are qualified to interpret skeletal X-ray images without supervision but this may change in the future as more radiographers develop their skills.

CT SCANNING (computerised tomography) is in high demand as a diagnostic tool as the CT scanner rotates around the body, building up a series of high-definition X-ray images. Out-patients are now offered appointments six days a week, while trauma patients are entitled to a

scan within one hour of arrival at any time of the day or night. From 1 June, stroke patients are fast-tracked through the system to ensure they have quicker access to vital drugs and specialist stroke care (*see page 6*).

MRI SCANNING Unlike X-rays MRI (Magnetic Resonance Imaging) technology uses a very strong magnetic field and radio frequency pulses to produce detailed pictures of internal organs. With examinations ranging from brain disorders to cancerous tumours, slipped discs and cardiac abnormalities, demand for MRI scans is constantly rising and the department is always on the look-out for skilled radiographers to join this highly specialised team. Scans may last anything from 30 minutes to two hours.

BONE SCANNING Based in Rheumatology, the DEXA scanner is used to measure bone density and diagnose osteoporosis, a disease that can leave bones susceptible to fracture. Referrals come from all specialties since osteoporosis affects both men and women for a wide variety of





ING



Radiographers in demand, clockwise from top left: interpreting images in A&E; checking results and catching up with theatre lists in Radiology; with one of seven "C-arms" in Main Theatres; Jon Pearson in the fluoroscopy suite wearing a lead apron for protection; and working with radiologists during an aneurysm stenting procedure



FACTS ABOUT RADIOGRAPHY

- There are currently more than 105 (whole-time equivalent) diagnostic radiographers working at NNUH and Cromer Hospital, using a variety of static scanners as well as portable machines known as C-arms.
- Radiographers train for a three year degree programme, provided locally at University Campus, Ipswich, during which they may choose between diagnostic radiography or radiotherapy for cancer treatment. Initially they work across all areas, although many go on to specialise in technologies such as ultrasound, MRI or mammography.
- In the main, images are interpreted by radiologists – doctors with specialist training – but there are currently six radiographers working at NNUH who are qualified to interpret and report a limited number of images and who in turn provide training for junior doctors.
- Under a new five-year plan for Radiology, there will be further scope for radiographers to develop their roles and use their skills and experience to report images.
- There are currently a number of vacancies at NNUH for radiographers, in particular skilled sonographers and MRI specialists. Call Cath Boothby on 01603 286087 or email cath.boothby@nnuh.nhs.uk for more information.

routinely offered scans of their babies but also for patients with musculoskeletal or vascular problems. Most scans are straightforward but some involve interventional procedures such as biopsies, drainages and therapeutic injections.

To become an advance practitioner in ultrasound, or sonographer, radiographers complete a further two years of training following their degree programme.

At NNUH, the team works closely with consultants and registrars to provide a specialist ultrasound service. A general ultrasound service is also provided at Cromer Hospital, and Swanton Morley and Thorpe surgeries.

DENTAL X-RAY Our dental radiographers work closely with the Oral Health team to provide detailed X-ray images of the teeth, jaws and bones of the face. Around 80 patients per week are referred for this highly specialised service.

reasons. It is hoped that radiographers will be trained to interpret and produce reports on these scans by the end of the year.

IMAGE INTENSIFICATION techniques make use of moving X-ray images to allow clinicians to examine internal organs on screen in real time. Such techniques are increasingly used in theatres for guidance during delicate surgical procedures and they can also provide detailed images of a patient's bodily functions (fluoroscopy).

Radiographers perform a vital role in

cardiology and interventional radiology, where digital images help specially trained doctors to identify and treat blocked arteries and veins by inserting mesh-like tubes or "stents".

These techniques provide a less invasive alternative to open surgery for the treatment for heart attacks (*see page 6*), aneurysms (*see page 10*) and a range of other medical conditions including cancer.

ULTRASOUND is very much in demand, not just for pregnant women who are

Felicity Meyer is one of only three female general surgeons at NNUH. She talks to Sue Jones about her role and about her ambitions for the future of vascular surgery at NNUH

The Meyer way

MORE WOMEN than ever before are becoming doctors but there are still relatively few female surgeons working in the NHS. Helping to redress the balance is vascular surgeon Felicity Meyer, one of 18 consultant general surgeons at NNUH, only three of whom are women.

“Traditionally general surgery has been a male-dominated profession and certainly the view when I started training was that it was just not possible for women to combine a successful career as a surgeon with having a family,” says Felicity.

“However, if you look at the research into why women choose to specialise in surgery, you find their reasons are really no different from men who do the same.

“Perceptions are changing and there are now far more women in the profession who can act as role models and encourage other young women to become surgeons.”

Felicity herself loves teaching and takes a keen interest in nurturing young talent. She is extremely proud that NNUH recently became the first hospital in the region to help a student achieve a PhD in vascular surgery.

With three children aged five, 10 and 12, she admits it can be hard to juggle her

career with the demands of a young family – even when working “part-time” when her children were babies, she was putting in around 60 hours a week.

“There is really no getting away from the fact that vascular surgery is extremely technically demanding and requires many long hours in theatre. It’s not an easy option because we may be called in for emergencies at any time. But really that’s why I chose to do it – I tend to get bored easily and I like a challenge.”

Felicity’s formative years were spent in Surrey, the youngest of four daughters of a multilingual refugee from Nazi Germany and a mother who taught English and History.

At her comprehensive school in Guildford she was fast-tracked through the system, arriving at Oxford University to study medicine at the tender age of 17. “Yes I was young, but I was in the same year as Ruth Lawrence, the child prodigy, and my best friend at university was only six months older so I didn’t feel very different,” she recalled.

She also rowed for her college, Corpus Christi, and Oxford University and it was through rowing that she met her husband, Richard, who was then studying chemistry at Oxford and is now an inspector of medicines.

After completing an elective placement in Jamaica and house jobs, Felicity took a year



out with Richard to work in St Anthony, a remote and ice-cold area of Newfoundland in Canada, returning to London to join the S.E. Thames rotation circuit.

At St Thomas and Guy’s hospitals she carried out research into leg ulcers and began experimenting with endovascular surgery, a technique to repair damaged arteries with artificial stents and grafts.

The technique was first tried in 1991 and piloted by Mr Jim Clarke at the Norfolk and Norwich University Hospital in 1998. However, it would be some years before it was seen as a viable alternative to open abdominal surgery for aneurysm repairs.

Felicity joined the NNUH in 2003 and two years later began using the endovascular techniques she had learned in London.

“I was attracted by Norfolk as a county but also by the excellent team at NNUH, where interventional radiology was well established,” she explained. “I felt then – and still do – that the vascular work undertaken here was not being recognised as it should

WHAT IS AN AORTIC ANEURYSM?

- An aortic aneurysm is a balloon-like swelling resulting from a weakened aortic artery (shown on the X-ray, to the left of the spinal column).
- The risk factors for aneurysms are smoking, high blood pressure, high cholesterol and a family history of vascular disease.
- The majority of sufferers are men over 65, but the number of women with aneurysms is rising.
- Around 20 per cent of major vascular



procedures carried out at NNUH are aortic aneurysm repairs – last year there were 168, of which 53 were repaired using stent grafting techniques instead of open surgery. Vascular surgeons work closely with radiologists who are highly trained in interventional techniques.

- The Department of Health published data last year that showed the Trust had the best mortality rates nationally for emergency abdominal aortic aneurysm repair.



Team effort: Miss Felicity Meyer in theatre with radiologist Dr Simon Girling and (left) with her children Robert, Thomas and Cathy

be, perhaps because we are not as active on the research front as other hospitals.”

Felicity aims to change all that. She has already begun collaborating with scientists at the Institute of Food Research, looking at the effects of food supplements on vascular health, and she is keen to see progress with a national screening programme that will eventually see all men aged 65 screened for abdominal aneurysms, to pre-empt the need for emergency surgery.

“There is no doubt that screening will eventually come and I hope we will be a centre for that – we have the expertise to deal with the surgery that would inevitably be required, albeit with extra resources in terms of staffing and theatre time. However, although the Department of Health has pledged its commitment to screening, this will depend on funding from Primary Care Trusts so it could take some time to become a reality.”

In the mean time, Felicity has more than enough to keep her busy, juggling family life with a strong commitment to patient care. Away from the hospital she has long given up rowing but she plays the piano and loves climbing – despite having suffered a broken leg recently after a fall.

“There are never enough hours in the day but we are a great surgical team here at the hospital. We work closely with the interventional radiologists and we all support each other when the pressure is on.”

WHAT MAKES A GOOD HOSPITAL?

How do you know whether a hospital is up to scratch? NNUH Foundation Trust chairman David Prior puts forward his own views on what makes a good hospital great. Do you agree?

THE RECENT damning report by the Healthcare Commission into the quality of acute healthcare at the Mid Staffordshire NHS Foundation Trust has once again raised questions about the performance of NHS hospitals.

However, the sea of anecdote and criticism that inevitably follows such stories is not helpful and nor is the explicit insinuation that all NHS hospitals are falling down on the job.

It is not helpful because it is not true and it undermines the confidence that patients have in their local hospitals, many of which are outstanding.

The question we should be asking is, “How good is our hospital?” A simple question but the answer is quite complicated because most of us will have different perspectives depending on whether we are young or old, male or female, and what we need from our hospital.

The question is further complicated by money and politics. By money because resources are not infinite and this inevitably impacts on patient care. By politics because targets set by politicians (usually for good reasons) can have unintended consequences. Thus the reduction in waiting times for elective surgery (an extraordinary success) has directed resources away from arguably more important clinical services such as stroke care and sometimes prioritised those waiting longer ahead of those with more urgent clinical conditions.

But just because the answer is complex should not stop us asking the question “How good is our hospital?” Here are five measures that I think a prospective patient will want to know:

- **Mortality rates** – not perfect but they do give a broad indication of clinical outcomes
- **Hospital-acquired infection rates** because infection is probably the biggest cause of anxiety among patients
- **Waiting times** from referral by a GP to hospital treatment, especially when the

“ A great hospital has one more ingredient that cannot be measured – but you know when it’s there”



condition is worsening or causing pain

- **Patient experience** Would patients recommend the hospital to family and friends?
- **Safety** Risks are inherent in surgery and medicine but systems should be in place to make mistakes such as medication errors and mishaps in theatre as difficult to make as possible.

Of course there will be many other measures of a good hospital – joint replacement revision numbers, delayed discharges and pressure ulcers, to name just a few – and I would be interested to hear your views on the matter. Chief Executive Anna Dugdale has put patient safety and quality of care at the top of the agenda for this Trust, with the Board’s full support.

A great hospital has one further, less tangible ingredient: passion – a passion in the heart of every member of staff to do their absolute best for the patient. You can’t measure this, but you know when it’s there.

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

Two new services are launched at Cromer Hospital

Cromer clinics are expanding

TWO NEW services are being launched at Cromer Hospital this summer

From 1 June, patients referred with blood in their urine, known as haematuria, can attend a “one-stop” clinic where they will have a consultation with a urologist, followed by an ultrasound test and a flexible cystoscopy.

The one-stop service will help to reduce waiting times for patients and will also cut down the number of hospital visits required to diagnose urological problems.

“Demand for haematuria tests have increased dramatically in recent years, partly because suspected cancers now have to be seen within two weeks of referral,” says consultant urologist Mr Robert Mills.

“In fact only one in five cases turn out to be cancer – other causes include infections or kidney and bladder stones.

“We are delighted to be able to extend this service, which should help to relieve patients’ anxiety and also the time they spend travelling to and from hospital for appointments.”

A one-stop service has been run successfully in the Day Procedure Unit at NNUH for many years but the increase in referrals means that many patients are unable to have all tests done on the same day. Initially ten haematuria patients per



Pain treatments are now available to patients at Cromer as well as Norwich

week will be seen at Cromer and if all goes well this will be increased to 15 by the end of the year.

The other new service to be launched at Cromer is for patients with chronic pain. From July, the pain management service is expanding to offer patients a weekly pain management clinic at Cromer Hospital. Specialist consultants and nurses will be able to offer medication advice and practical information on living with chronic pain.

For those patients whose pain may respond from a more interventional

A busy year for Cromer

THE NUMBER of patients being seen at Cromer Hospital continued to rise in 2008/9, thanks to an increased number of out-patient clinics and a burgeoning demand for phlebotomy services following the withdrawal of facilities for GP blood tests.

Even the Minor Injuries Unit saw an increase in the number of adults being seen, despite the poor summer weather attracting fewer visitors last year.

The number of out-patient appointments rose by nearly 1,000 to 21,695, while the number of blood tests undertaken rose by nearly 3,000 to 25,481. There was also a large increase in activity in the Allies Ophthalmic Unit, where surgical procedures rose by more than 500 to a total of 1918.

Despite the large number of patients seen and treated at Cromer, only eight formal complaints were received – two less than the previous year. All formal complaints were fully investigated.

approach, the consultants will also have access to Cromer Theatres. This will allow patients to undergo pain relieving epidurals or joint injections.

A new radiological C-arm, purchased from the Sagle Bernstein legacy, will allow the consultant to precisely place local anaesthetic and steroid injections, maximising their potential benefit.

Staff will rotate between the Pain Management Centre at the Norwich Community Hospital and the new Cromer clinic. It is hoped that the new Cromer service will help to reduce waiting times for the many people living in Norfolk who are suffering from chronic pain.

THE PULSE

Editor Sue Jones (ext. 5944)

Pictures Kieron Tovell, Medical Illustration and Sue Jones

Head of Communications Andrew Stronach (ext. 3200)

Communications and Membership Manager Janice Bradfield (ext. 3634)

Communications Officer Hayley Gerrard (ext. 5821)

Please send your contributions for the August issue to Sue Jones (Communications) by 9 July 2009.

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

WELCOME

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

Dr Russell Phillips, consultant in respiratory medicine, **Mr Narman Puvachandra**, ophthalmologist, **Mr Vivekanandan Kumar**, urologist, **Dr Khalid Hasan**, anaesthetist,

Dr Sarah Yarham, anaesthetist, and **Dr Gaurav Kapur**, oncologist.

FAREWELL

...to the following long-serving staff who have recently left the Trust: Margaret Mole, biomedical scientist, after nearly 22 years, **Denise Ashton**, staff nurse on Denton Ward, and **Jane Powell**, staff nurse in critical care, both with 20 years’ service.