

THE Pulse

Issue Number 47
February 2010

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 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 shop East Atrium: open Mon-Fri 8am-8pm and weekends 10am-6pm

Amigo convenience store, Plaza (West):

Mon-Fri 7am-8pm, weekends 9am-5pm

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

Serco helpdesk (for housekeeping, porters, catering and maintenance): ext. 3333

IT helpdesk Log a call using the computer icon on the intranet home page

Security ext. 5156 or 5656

Lost property 01603 287468 or ext 3468

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 call 01603 289036 / 289035 or 289045.

Travel Office for car parking permits, ID badges, keys to cycle sheds, use of pool cars and Trust bicycle, information about buses and transport: ext. 3666:

Bank Cash dispensers in East Atrium Level 2 and in Amigo, the shop in the Plaza, Level 2

Chapel Open to all. For details of services or to contact the Chaplains, call ext. 3470

Sir Thomas Browne Library Open

Mon, Wed, Thurs: 8.30am-5.30pm,

Tues: 9am-8pm, Fri: 8.30-5pm

Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

OTHER TRUST DEPARTMENTS

- **Cotman Centre**, Colney Lane, Norwich Cellular Pathology, 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
- **Holland Court**, The Close, Norwich NR1 4DY: HR, Clinical Effectiveness, Finance
- **The Norwich Central Family Planning Clinic**, Grove Road, Norwich NR1 3RH. Tel: 01603 287345.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

The most rewarding days of my life

"MAY ALLAH give you eternal happiness and good health." These encouraging words greeted me on my final post-operative ward round in Mirpurkhas, a poor rural area of Pakistan.

I was there to perform complex ear surgery and train local ENT specialists in Pakistan's first "ear surgery camp".

Because good healthcare is scarce in this area and the surgery so expensive – up to ten times the income of most families – many people in this poor rural area put up with the symptoms of chronic ear disease which, if left untreated, can lead to meningitis, brain abscess and paralysis of the face.

A great deal was achieved during our four-day stay. Working 12-hour days and using £60,000 of donated operating equipment, we performed 38 major ear procedures between four of us.

There was an unbelievable amount of



gratitude from the patients and professionally these were the most rewarding days of my life.

The aim now is to make Ear Camps an annual event and I hope to return to help train more local doctors to carry out these complex procedures.

Junaid Hanif, consultant ENT surgeon (pictured above, centre, at work during Pakistan's first ear surgery camp)

A VERY SPECIAL GIFT

Having retired from the N&N after 48 years of nursing, I now manage the Big C's wedding shop on Timberhill in Norwich city centre, selling donated wedding dresses and outfits at very reasonable prices.

We have been able to help many brides to look beautiful for their big day, while the Big C charity profits from selling dresses for up to £200 a time.

So if you have a wedding dress, bridesmaid's dress or mother-of-the-bride outfit languishing in your loft, why not dust them down and bring them along? Even if the clothes seem dated, they can be sold for theatrical or fancy dress costumes. We also welcome the kind of hats that people buy for weddings and only wear once.

All the money raised goes to the Big C and is spent locally for the benefit of cancer patients.

Ruth Perfitt, Bramerton

CALLING ALL PATIENTS

We are looking for volunteers in their 20s, 30s and 40s to join our Patients Panel, to help review and improve the quality of

care for all patients at NNUH, including children. We meet for one morning each quarter, working in groups with a wide cross-section of hospital staff. No extra work or preparation time is required, and we ensure that we have friendly and fruitful sessions.

We would welcome your ideas and experience, whether as a patient or as a parent, so if you are interested please contact PALS (Patient Advice and Liaison Service) at NNUH on 01603 289036.

Lilian Hodgson, NNUH Patient Panel

THANK YOU

My wife, Kath, breeds fell ponies and over the years our family has won many prizes at horse shows and carriage driving events. Since I was first diagnosed with prostate cancer we have donated all our prize money to the Big C Centre.

I cannot put into words how well I have been treated during several stays at the Norfolk and Norwich University Hospital, not just by the doctors and nurses but also by the receptionists who do a sterling job in dealing with so many patients.

Alan Taylor, Bressingham

From orthodontics to opera

BY DAY he is a highly skilled orthodontic technician in the oral health laboratory at NNUH. But when the working day is over, 33-year-old Huw Jones turns into a budding opera singer... he was filmed in action for the sponsor's advertising breaks during the ITV series *Popstar to Opera Star* (Fridays at 9pm until 25 February).

His passion for opera began three years ago when he went to see the Glyndebourne Opera: "I was always a die-hard rock fan before I got hooked on opera," he says.

After joining the North Norfolk Chamber Opera group, Huw quickly began to take on leading parts, culminating in the title role of Mozart's *Don Giovanni* in 2008: "The score is 276 pages long and I had to learn it all by heart. I was singing while I worked, in the car, at home... everywhere!"

The chance to appear on TV came when a colleague showed him an ad for budding opera stars to take part in a short advertising film. He was invited to an audition in Norwich by the programme's sponsors, Anglian Home Improvements, and his rich



Huw Jones performing on stage

bass-baritone voice was an immediate hit.

It was not always so. Brought up in Aberdyfi, North Wales, he studied music to Grade 7 but was deterred from singing when his music teacher told him he had "a voice like a drain".

Years later a flatmate overheard him singing along to the guitar

and suggested he join a local amateur dramatic group: "I was amazed when I started to get compliments for my voice."

Huw shares his passion for opera with his wife, Clair, a physiotherapist at NNUH and a classically trained ballet dancer who is the assistant director for the next production by the North Norfolk Chamber Opera, Purcell's *Dido and Aeneas*.

So will he be giving up the day job any time soon? "I enjoy my job but I think everyone should have a dream," he says. "Mine is to perform on that stage at Covent Garden just once in my life."

LESSONS FOR SURVIVAL IN A COLD CLIMATE

MUCH HAS been written in the national press over the last few months about future funding for the NHS.

The five year plan, *NHS 2010-2015: from good to great*, and the *Operating Framework for the NHS in England 2010/11* were both published just before Christmas and set out the expectations for funding and services. The message is consistent: the health service is about to enter a new era. After several years of unprecedented growth in funding we face the prospect of unprecedented austerity.

The big question is how will the health service respond? And on a local level how will we respond?

For me this brings to mind Charles Darwin and his conclusion that, "It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change."

We will not survive if we do more of the same across the whole health system. If we continue to provide care in the same way as we always have, then frankly we do not even stand a chance of surviving, let alone providing care we are proud of.

Let's use this challenge as an opportunity to drive quality and productivity, adopting innovative practices, thinking outside the box and capturing the great ideas for improvement that we generate internally and that somehow, somewhere, often get lost.

Reflecting on the recent cold spell I was reminded that surviving in a tough climate is all about preparation. It's about stamina and training, having the right people and equipment, and, most importantly, being optimistic that things will get better in due course. It will not be comfortable, it will not be easy, but I believe that we owe it to our patients to give it our very best.

ANNA DUGDALE

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



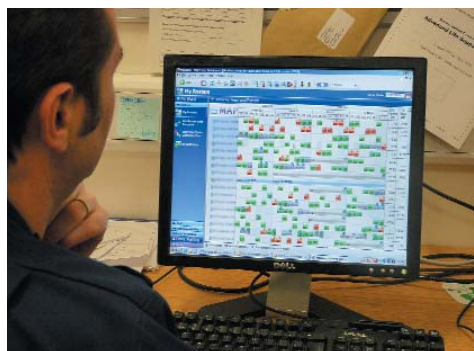
Ward rosters get the digital treatment

THE DIGITAL revolution has extended to e-rostering, with staff at NNUH getting to grips with a new computer-based system for organising rotas.

One of the first wards to take on the new system is Dunston Ward, where charge nurse Aiden Rice is managing the change from a paper-based off-duty chart to an electronic version.

"From a management point of view it's also very useful to have a system that can record and analyse data such as staffing levels, timesheets, the skill mix of the ward, staff sickness rates and training requirements," says Aiden.

The e-rostering system operates four to six weeks in advance, when it helps to generate a rota based on shift patterns and the range of skills necessary for each individual ward. Staff are able to log on and make their requests for annual leave on line and these appear on the system automatically for the manager to approve prior to being incorporated into the roster. If they wish to change their hours at a later



Off-duty online: charge nurse Aiden Rice views the e-roster for Dunston Ward

date they must arrange a suitable swap – although any change to the roster must be authorised by the ward manager: "It puts the onus on the staff to make their own requests in advance and to think of the team as a whole before making last-minute changes," said Aiden.

Training for e-rostering began last July and the system is now being rolled out to all wards and departments.

New Governor elected

TERRY DAVIES, Branch Officer for UNISON, has been elected as the new Staff Governor for Volunteers and Contractors. He has taken up his seat on the Council of Governors which represents the interests of patients, staff and public when decisions are made about the future of services. To contact Terry, either telephone 01603 645515 (ext 5515 if you are ringing internally) or e-mail: tdavies@norwich.serco.com

FOCUS ON ORGAN DONATION

Our next Medicine for Members event is about organ donation, when transplant donor co-ordinator Marie Garside will be explaining what's involved and busting the myths around organ donation.

The event takes place from 6pm to 8pm on Thursday 25 March in the Benjamin Gooch Lecture Theatre at NNUH. To book a place, contact the Membership Office on 01603 287634 or email janice.bradfield@nnuh.nhs.uk

COUNCIL OF GOVERNORS MEETINGS FOR 2010

The dates for the Council of Governors meetings for 2010 are:

- 10am on 24 March
- 5pm on 27 May
- 5pm on 29 July
- 1pm on 23 September
- 3pm on 23 September 2010 (AGM) in the Benjamin Gooch Lecture Theatre
- 10am on 24 November

Space is limited at Council of Governors meetings so please contact the Membership Office to book a place by telephone on 01603 287634 or e-mail membership@nnuh.nhs.uk

NOVEMBER MEETING

At its November meeting, the Governors looked at how we recruit new members of the Foundation Trust, reviewed the size of the Trust's 19,000 membership scheme and how we involve local people. There was also a regular update on how the Trust is performing, plus an update on the redevelopment of Cromer Hospital.

Physios team up to embrace research



TOBY SMITH and Rachel Chester (pictured) are inviting all physiotherapists to join in the Physiotherapy Research Interest Group's new structured mentorship and teaching programme at NNUH.

Rachel is a clinical physiotherapy specialist at NNUH and a lecturer in physiotherapy at the University of East Anglia, while Toby is a research physiotherapist in orthopaedics at NNUH and is currently undertaking his PhD.

During monthly meetings the group will assess new research, guidelines, or professional recommendations and discuss how to integrate these findings into clinical practice. The programme is open to all physiotherapists and will count towards their continuing professional development portfolio. It will also provide clinical mentorship for those who wish to pursue audit and research projects.

If you are interested in collaborating in physiotherapy research, email rachel.chester@nnuh.nhs.uk or tony.smith@nnuh.nhs.uk

Sally tops online poll

CHILDREN'S EPILEPSY specialist nurse Sally Tyler was voted NHS Employee of the Month for October in a national poll run by the national NHS247 website. She was nominated online by a colleague from Norfolk Community Health and Care's



community nursing team, secretary Pippa Starkings, who said: "The list of extra things Sally does is endless, from fundraising to compiling a booklet for

children to reduce their fear of MRI scans. She is also an outstanding boss and makes coming to work a real pleasure."

More than 380 local children in the central Norfolk area have a diagnosis of epilepsy and Sally is delighted to have the opportunity to raise awareness and strip away some of the stigma surrounding the condition.

"In most cases it can be managed by medication or therapies and children with epilepsy should not be treated any differently to anyone else," she commented. "Publicist Max Clifford recently talked about his own epilepsy so you can see it doesn't need to be a barrier to being successful."

Sally's prize was a two-day break with her husband Greg at a five-star hotel in the UK.

RUNNING FOR DILHAM

A DONATION of £600 has been made to Dilham Ward by Sarah Lambirth, whose mother Barbara spent two weeks on the ward recovering from emergency surgery. Sarah, who took part in the 10km East Coast Run in Great Yarmouth in October 2009, said: "This was our family's way of saying thank you for the care we received." The money will be spent on footstools and a temporal thermometer.

Sondra goes green

IS IT Cleopatra? The green goddess, perhaps? No it's Sondra Gorick, endocrine specialist nurse, as you've never seen her before...

"I wanted to raise money for the Pituitary Foundation (a national support group for people with pituitary gland disorders) and as it was my 50th birthday in November I decided to have a sponsored 'green hair day' to celebrate," she explained. "I'm known for changing my hairstyle a lot so this wasn't too much of a stretch for me!"

The day raised £468 for the charity, which has a local group at NNUH, and Sondra is grateful to everyone who contributed.





Darren drops in to open SDAU

FOOTBALLER Darren Huckerby hardly needs a push to keep ahead of the game but this was an opportunity not to be missed... a wheelchair ride from two of his most devoted fans, NNUH sisters Linda Page and Amanda Harwood.

The former Norwich City player was at NNUH to officially open the £1 million Same Day Admissions Unit (SDAU), designed for routine surgical patients. With siderooms for private consultation and assessment as well as comfortable waiting areas, it means patients booked for routine elective surgery can come into hospital on the day of their surgery instead of being admitted the day before. The new unit has been adapted from offices on Level 3 and replaces the old SDAU on Easton Ward, making way for 20 more in-patient beds.

"Patients prefer it because they can spend the night before their surgery in the comfort of their own homes



instead of a hospital bed," says SDAU sister Amanda Harwood.

Darren spent time chatting to the patients and signing autographs before being invited to give those famous legs a rest.

LEARNING TO BE LEAN

TACTICS adopted in the car industry are behind a number of projects at NNUH designed to improve efficiency and reduce waste, whether this involves valuable resources or staff time.

On 26 March the results of 13 separate projects will be on display in the East Atrium and staff are welcome to come along and see how these teams have responded to the challenge of "mapping" their working practices and making changes designed ultimately to improve patient care.

Informal drop-in sessions are taking place throughout the day and there will be a series of presentations in the Gooch Hall.

On hand to offer advice will be management consultants Garry Shayes and Sarah Fraser, who are leading the ongoing Learning Improvement and Development programme (LID) at NNUH.

"We want to get people excited about improvement work, to encourage them to try out tools and techniques and give them permission to make changes," says Trust chief executive Anna Dugdale.

Clamping down on NHS fraud

THE MPs expenses scandal showed there are plenty of individuals who are prepared to "cheat" the system. But are you prepared to blow the whistle if you notice a colleague is being dishonest or committing fraud?

It's estimated that fraud costs the NHS up to £150 million that could otherwise be spent on patient care. So please help us to expose the "cheats" and bring them to justice.

Under the Public Interest Disclosure Act 1998, every employee has the right to raise any concerns they may have with their employer. The new NHS Constitution goes further, stating that all staff who genuinely believe fraud is being committed and report wrongdoing are to be protected.

The penalties can be severe for convicted offenders, resulting in heavy fines, job losses and even imprisonment. Offences can range from falsifying qualifications to working elsewhere while on sick leave.

Our local counter fraud specialist, Sarah Catterall (pictured), is ready to listen to your



concerns in complete confidence. She is also prepared to talk to groups of staff about the threat of scams in the workplace and how to look out for fraudsters: "No-one is immune to fraud and we should all be careful to back up our claims to avoid possible prosecution," she says

- Call Sarah Catterall on 07881 811902 (email sarah.catterall@rsmbentleyjennison.com) or phone the NHS Fraud and Corruption Reporting Line on 0800 028 40 60.

TWEET THE TRUST

WE NOW have 1,000 followers on twitter, making NNUH the most followed NHS hospital trust on the web-based social networking site. Our "tweets" include news updates, health information and events, which can be accessed free of charge at www.twitter.com/nnuh. Famous tweeters include Norfolk based Stephen Fry and TV presenter Phillip Schofield.



IT IS ALL TOO easy to take our medical gases for granted. After all, they are available on tap next to the bedside for patients who need them, whether in the form of oxygen, nitrous oxide, entonox or medical and surgical air. There is even a vacuum outlet to ensure the patients' airways are kept clear.

"We are lucky that NNUH is a relatively new hospital and the medical gas pipes are incorporated into the design of the building – older hospitals have to rely on bulky cylinders which have to be replaced regularly," explains deputy chief pharmacist Clive Beech.

"Medical gases have to be carefully maintained and managed – they may be invisible but they are drugs, after all, and should be treated as such. For instance, guidelines for the prescribing and administration of oxygen for adults have recently been issued and can be found on the Trust intranet.

"Because they come out of the wall it's easy to imagine that our medical gases are freely available but this is far from the case – last year the Trust spent over £181,000 on medical gases. Their journey to the patient involves a large team of staff, from maintenance engineers and support staff to the pharmacy staff who test the gases.

"Where portable gas cylinders are used it's important that they are returned as soon as possible when empty so they can be refilled. We rent our cylinders on a monthly basis and are charged every time they have to be refilled. Each portable oxygen cylinder costs £6.50 to rent and £3.31 every time it is refilled.

Clive chairs the medical gases committee, a group of hospital and Serco staff who work together to ensure that any changes which affect the network are carefully planned and documented and that any safety issues are addressed.

Another key member of the committee is Alan Parkins (pictured right), Serco's "senior

It takes more than 30 miles of pipes, 800 valves and 3,500 outlets to bring medical gases to the bedside for our hospital patients – not to mention a team of dedicated staff who work behind the scenes to ensure the gases are safe to use. Here Sue Jones explores the hidden world beyond the oxygen mask

authorised person" for medical gases, who took me on an eye-opening tour to explain how each of the gases come to arrive safely at the hospital bedside.

OXYGEN

More than 1,000 litres of oxygen are routinely consumed every minute at NNUH. The gas is stored in the form of liquid oxygen in what is essentially a huge vacuum flask known as the VIE (vacuum insulated evaporator). A single litre of liquid oxygen converts to 842 litres of gas and the VIE can store up to 44,000 litres at any one time.

The VIE is filled and checked on a regular basis and undergoes regular maintenance to ensure the liquid oxygen is kept at a temperature of minus 180 degrees. It is converted to gas in three evaporators before being piped across the roof of the hospital and from there to wards, theatres and treatment rooms.

MEDICAL AIR

Used mainly for ventilating patients, medical air is not freely available, as might be expected, but created from the atmosphere in three large compressors and purified in the

plant room before being piped to the patient's hospital bedside.

SURGICAL AIR is produced in the same way as medical air but is more highly pressurised for operating surgical air tools, and for testing some of the surgical tools in Sterile Services after decontamination.

Behind the

NITROUS OXIDE is traditionally used as an anaesthetic but in recent years this has largely been overtaken by the use of drugs to anaesthetise patients. Around 6,500 litres of nitrous oxide are used every day at NNUH, piped from cylinders stored in the medical gases manifold room.

Where nitrous oxide is used, there is also a need for a scavenging outlet where air is suctioned from the patient via a mask, then

Frost collects on the evaporators even in warm weather as liquid oxygen is converted to gas (near right). Entonox, or gas and air, is piped to the maternity suite from the manifold room (centre) and (far right) operating theatres are equipped with five separate outlets to deliver medical gases as and when they are needed





“Medical gases may be invisible but they should be treated with the same care and caution that we treat any other drugs”

Clive Beech, deputy chief pharmacist, stands in front of the 40ft tall VIE (vacuum insulated evaporator) in the grounds of NNUH, where liquid oxygen is stored before being converted to gas and piped across the hospital roof to the patient’s bedside. Clive is one of a team of people at NNUH who work together to ensure that medical gases are available for our patients

the oxygen MASK

piped to extractor units in the plant rooms on Level 4, where it is filtered and processed before being safely released into the atmosphere.

VACUUM outlets are available in theatres, wards and other clinical areas for keeping the patient’s airways clear and unwanted fluid levels down during surgical procedures. The suctioned waste is

eliminated using a “vac sac” which is disposed of with the clinical waste.

ENTONOX, more widely known as gas and air, is the drug of choice for most women during labour, with around 10,000 litres being used in the delivery suite every day. Containing a mixture of nitrous oxide and oxygen, the gas has to be stored at temperatures above six degrees centigrade

to prevent the gases from separating.

TESTING TIMES

All our medical gases undergo regular checks by senior pharmacy staff at NNUH, to test their identity, content and purity. “It is also essential that all gases are dry and free from any particles or contamination,” says Melanie Goodrum (*pictured*), specialist technician for pharmacy quality services.





NICU nurses win Team of the Year

THE NEONATAL nurses at NNUH have won the prestigious *Nursing Times* Team of the Year award for their collaborative work with Quidenham Hospice and the University of East Anglia's School of Nursing and Midwifery. The three organisations worked together to develop a palliative care pathway for babies with life-limiting conditions, enabling them to go on to the Quidenham Hospice or to return home with hospice support.

The nurses beat 96 other teams to win the award after developing the care pathway in response to the experiences of three different families. Amanda Williamson, the nurse manager for NICU (Neonatal Intensive Care Unit) commented: "This is a very prestigious award and I am proud of everyone who helped to make this happen."

The team was also invited to meet Prime Minister Gordon Brown.

THE FAMILY and friends of a young woman who collapsed during a Christmas party and later died in hospital have raised more than £14,000 to buy a patient cooling system for the critical care unit at NNUH.

Lucie Proctor, 26, from Reymerston, suffered a cardiac arrest during the Anglia Farmers party last December but frantic efforts to save her life sadly failed.

During her last days in intensive care, doctors attempted to cool down her body with bags of ice to aid the recovery process. The new air flow blanket bought in her memory can be filled with cold air to the correct temperature – or alternatively warm air for patients who need to be warmed up after trauma or surgery.

"Research has shown that cooling down the body after a head injury or cardiac arrest can slow down the metabolism and help to reduce swelling in the brain, which can make a significant difference to the outcome for patients," explained intensive care consultant Tim Leary. "We are tremendously touched and grateful for this gift," he added.



Family members and friends of Lucie Proctor present the new cooling system to ward sister Angela Large and intensive care consultant Dr Tim Leary

A cool gift for Critical Care

Lucie's mother, Annette Alston, said: "Lucie was full of energy and very fit so her death was entirely unexpected. We knew she would want us to take action to help others in a similar situation."

Fundraising ranged from individual donations to a *Calendar Girls*-style calendar starring Norfolk Young Farmers and events organised by Norfolk Fund Raisers. "We

would like to thank everyone who contributed," says Annette.

The family is continuing to raise funds to pay for life-saving training and equipment such as defibrillators for people who suffer sudden heart failure. Enquiries or donations to Lucie's Lifesaving Project can be made via Annette Alston on 01603 880285 or email annette@honingham.co.uk

HOW TO KEEP BLOOD CLOTS AT BAY

UP TO 25,000 people die each year as a result of blood clots contracted in hospital, which is why all our adult patients must undergo a Thrombosis Risk Assessment (TRA) and why all our staff and patients are being urged to learn about clot prevention and anticoagulation.

Staff can now access this information via the Click for Clots icon on the Trust intranet, linking to guidelines and information about anticoagulation including TRAs, warfarin and heparin

charts, patient information leaflets and links to other useful sites.

Nurses and pharmacists are urged to check that a TRA is complete and if not to draw this to the doctor's attention. The aim is to make the question "Have you completed the TRA," as ubiquitous as "Have you washed your hands?"

An information leaflet for patients is available on our website: www.nnuh.nhs.uk



LIVING WITH DIABETES

SIX PEOPLE who have been living with diabetes for a combined total of 320 years were presented with medals at NNUH in November. The presentation was designed to celebrate progress in the control and treatment of Type 1 diabetes since the discovery of insulin in 1922. The medals are awarded by Diabetes UK to patients who have had the condition for 50 or 60 years.

Consultant diabetologist Dr Ketan Dhatariya, who presented the medals, said studies had shown that careful control of diabetes can lead to fewer complications and a longer, healthier life.

New start for Project Search students

THE FIRST new recruits from a pioneering intern programme at NNUH are celebrating their first pay packets after completing the programme with flying colours.

Project Search brings together Norfolk County Council, Remploy, Serco and City College Norwich to help students with learning difficulties and disabilities prepare for paid employment.

Four of the students who took part in the programme are now working in different admin roles within the hospital. They are Jamie Okoro, 23, Sam Evans, 20, Ben Holloway, 22, and James Smith, 22.

“It has been a pleasure to work with these young people and they are already making a valuable contribution to our hospital life,” says Carol Edwards, deputy director of nursing at NNUH.

Project Search originated in Cincinnati, Ohio, where it was found that people with



Project Search recruits celebrate with their line managers and Carol Edwards (front row, left)

them in their proper place. It's good to be able to come to work and meet new friends.”

The new recruits will be monitored over the coming months to ensure they are settling into their roles:

Project Search is now being rolled out to 14

other organisations in the UK and the Norwich model is being held up as an example for others to follow.

Students from Project Search have taken part in a film about their experience which can be viewed on our website: www.nnuh.nhs.uk

www.nnuh.nhs.uk

www.nnuh.nhs.uk

www.nnuh.nhs.uk

NNUH chosen for melanoma research

PATIENTS FROM NNUH taking part in an international research study that could lead to reduced side-effects following surgery for skin cancer.

Last year NNUH became the first hospital in the region to offer sentinel node biopsy for patients with newly diagnosed melanoma, to check at an early stage whether the cancer has spread to nearby lymph nodes. The new study will test whether removing the sentinel node – the nearest lymph node to the tumour – is enough to remove all traces of cancer without the need for further surgery. Around 20 patients per year are expected to take part.

“The evidence so far from studies around the world is that further invasive surgery may not be necessary,” says plastic surgeon Marc Moncrieff, who is leading the study at NNUH. If this is proved to be the case we could see a dramatic reduction in lymphoedema following surgery to the lymph nodes and traditional methods for treating melanoma could be consigned to



the history books.”

Known as MSLT-II, the research study is being overseen by the John Wayne Cancer Institute in Santa Monica and is funded by the American Government. “We are the only skin tumour centre in the country to be invited to take part after careful scrutiny,”

says Marc. “It is a great endorsement of the standard of care that we provide at the Norfolk and Norwich University Hospital for melanoma patients.”

Sentinel node biopsy involves close collaboration between the skin cancer teams at NNUH, the nuclear medicine department where patients are scanned, and the pathologists who test the lymph nodes for minute traces of cancer.

“It's because of this close teamwork that we are leading the way in the diagnosis and treatment of skin cancer,” says Marc.



NNUH IS also the first hospital in the east of England to use a combination of techniques to produce highly detailed images of moles for the skin cancer team.

Simon Dove (pictured above) who heads the hospital's medical illustration department, and photographers Michael Smith and Emily Phillips, received the small team award for innovation in the 2009 Healthcare Scientist awards for their work to produce high-quality dermatoscopic images.

Currently around 1,000 moles are removed each year at NNUH and 180 new cases of melanoma are diagnosed.

“At the moment a large number of benign moles are surgically removed, just to be on the safe side, but in future I believe we will be able to use photographic images to help us decide at an early stage whether suspicious moles should be removed,” says consultant dermatologist Dr Nick Levell.

A good night's **SLEEP**

More than 2,000 patients have been helped to cope with a debilitating sleep disorder since the respiratory team launched their award winning sleep clinic in 2005

LORRY DRIVER Glen Surplice, from Great Yarmouth, was a “colossal” snorer before realising his disturbed sleep was ruining his life. He was eventually diagnosed with obstructive sleep apnoea and referred to the respiratory team at the NNUH, where he was fitted with a “smart” machine that can literally help him to keep breathing overnight.

“This little machine has changed my life,” he says. “I take it everywhere with me – on working trips, holidays and weekends away. It’s my lifeline.”

Glen is one of 600 patients referred by their GPs to the NNUH sleep clinic last year. Around 60 per cent are found to have a severe form of obstructive sleep apnoea – where the muscles in the throat relax and cause the airway to become blocked.

“It was my partner, Billie, who urged me to get help when she noticed that I would stop breathing when I snored,” he recalls. “I was referred for an operation at the James Paget Hospital to remove my tonsils and given a 50-50 chance of a cure. In fact it



didn’t help at all so I went back to see the GP – a locum – who basically told me my snoring was just an inconvenience and I would have to put up with it.”

Eventually Glen was referred to the NNUH where he was fitted with a nasal mask attached to a machine that delivers pressurised air to keep the airway open. The same machine, the size of a small shoebox, monitors his sleep patterns and delivers the correct amount of air pressure whenever it becomes necessary.

A “smart” card collects information from the machine which is then downloaded to help the sleep team check on his progress.

Respiratory consultant and sleep specialist Dr Philippe Grunstein says: “What sets this machine apart is the fact that it provides us with the most critical piece of information: is the machine being used regularly? This gives



Sweet dreams: Glen Surplice with his “lifeline” (left) and (above) Stephen Lancaster is fitted with a mask for his sleep support device

us an accurate picture of whether the treatment is effective for each individual.”

The typical patient profile for sleep apnoea is a male aged over 45 who is overweight and wakes up unrefreshed every morning. Sufferers are quite likely to doze off very easily through the day, so the condition has a very bad impact on their lives – they may have to deal with unemployment and marital problems as well as severe health issues such as cardiac problems and diabetes. They can even fall asleep behind the steering wheel.

For Glen, 45, the “smart” technology means he can continue to work as a lorry driver and he has a lot more energy – he has returned to the gym and lost two stones in weight: “I associated sleep apnoea with being old and unfit so when I was diagnosed it was quite a shock,” he says. “A year on, I’m feeling much better and I’m grateful to the NNUH for giving me back my life.”

MEET THE SLEEP TEAM AT NNUH

RESPIRATORY CONSULTANT

Dr Philippe Grunstein (pictured) trained in Amiens and specialised in Paris before joining the respiratory team at NNUH. In 2005 he and his



consultant colleague, Dr Orion Twentyman, were commended in the Hospital Doctor awards for innovation in setting up the sleep apnoea clinic at the NNUH. Since then more than 2,000 patients from Norfolk have been helped to sleep more deeply and enjoy a new lease of life.

A third consultant specialising in sleep disorders, Dr Prina Ruparelia, joined the

team in 2009 and Dr Grunstein pays tribute to the specialist nurses, support staff, receptionists and co-ordinators who keep the busy sleep clinic running efficiently.

“Sleep apnoea can have a very bad impact on patients and their families so it is very satisfying to help them benefit from this ‘smart’ technology without having to go farther afield for tests and treatment,” he says. “We are working with GPs to update and inform them about the sleep apnoea service and we also liaise with other specialities, such as ENT, diabetes, neurology, cardiology and rheumatology,



to ensure that patients get a high-quality, integrated service.”

Pictured, from left, are medical secretary Jane Taylor, deputy sister Joy Brookes, sleep clinic co-ordinator Nadine Hawker, medical secretary Amanda Dixon and respiratory consultant Dr Prina Ruparelia

Record high for respiratory research team

THE NUMBER OF respiratory research studies undertaken at NNUH has reached an all-time record, with 24 projects completed since the respiratory research group was launched in 2007.

The team is led by Dr Andrew Wilson, honorary consultant and senior lecturer in respiratory medicine, who has co-ordinated over 100 studies. He is the principal investigator for nationally funded studies with a total budget of £1 million.

Some 20 research projects are currently running at NNUH, including the UK's largest study of a herbal remedy for patients with cough, wheeze and breathlessness. Others involve pulmonary fibrosis, asthma, COPD and rhinitis, as well as a study

looking at the benefits of additional sessions of pulmonary rehabilitation for patients suffering from breathlessness (pictured).



Last year some very promising results were achieved from a new inhaled treatment for cystic fibrosis.

The growing research team includes doctors, specialist nurses, pharmacists, laboratory scientists and admin staff from NNUH, along with academics from the UEA including a statistician, biological scientists and a physiologist.

Training and development is a high priority with the appointment of Clare Darrah as senior research nurse manager by the Norfolk and Suffolk Comprehensive Local Research Network.

Helene Talbot, specialist respiratory research nurse, commented: "I feel fortunate to be involved in this emerging team of committed individuals. However, our work would be impossible without the hundreds of patients who have helped us by volunteering their time to participate in our studies. Their enthusiasm is highly valued."

• For more information contact Helene on 01603 289876 (helene.talbot@nnuh.nhs.uk) or Dr Andrew Wilson (a.m.wilson@uea.ac.uk)

FROM DENTAL CHAIR TO COMMITTEE CHAIR

Retired dentist Alan Stephens, chair of Together Against Cancer, on why patient involvement really can make a difference for cancer sufferers

IN 2006, after being diagnosed with cancer, I found myself on a rollercoaster ride that is often referred to as the "patient journey".

Following six months of chemotherapy and two major operations, my CT scans in Oct 2007 were encouraging: there was no evidence of any cancer remaining.

Like many people in a similar position I was overwhelmed with relief and gratitude and I found myself saying: "If there's anything I can do to give something back..."



My consultant, Mr Wemyss-Holden suggested I might like to join a cancer patient involvement group. He put me in touch with Tony Beck, another cancer patient who at that time was chair of the Norfolk and Waveney Cancer Patient and Carers Partnership Group.

For someone whose last experience of a committee was planning our student rag week at Guy's Hospital, this was bound to be a bit of a novelty. However, when I walked into my first meeting I realised I was among like-minded people who were all keen, like me, to give something back. I became Tony's vice chair and felt like the apprentice to his Alan Sugar. He helped me and taught me a lot.

Sadly, Tony lost his long battle with cancer in June 2009 so now I've become the chair. He is a hard act to follow but luckily there is a core group of members, made up of patients, carers and health professionals, who can offer a wide range of skills and experience to the group.

We've changed our name to a more user friendly "Together Against Cancer" and we hope that others will want to get involved and help us in our work.

As part of the NHS Anglia Cancer Network, we are committed to improving local services for all cancer patients, by consulting and listening to people affected

by cancer – often through support groups – and reporting their experiences and concerns to those who fund, commission, plan and manage services in this area.

The need for patients' views to be taken into account runs through the recent NHS Cancer Reform Strategy. We have representation on many cancer groups and committees involving both clinicians

"Tony was a hard act to follow... I felt like the apprentice to his Alan Sugar"

and managers.

Although daunted at first by the sheer complexity of the NHS system, I'm beginning to feel more confident about voicing opinions and asking questions. It's a two way process because the health professionals are starting to value our input and welcome our support.

Our monthly meetings are held at the Big C Centre at NNUH which is appropriate because we have a lot in common with this great local charity. We are linking with them to help design their new website and we hope to make this the first port of call for all local cancer patients, providing access to information both local and national.

My journey is far from over but along the way I've learned a great deal, not least the meaning of the numerous acronyms which are used so freely in the NHS.

There's a new one at each meeting I go to

I really believe that, collectively, we can make a difference and I hope you will join us as we continue to work "Together Against Cancer", whether directly or by telling us your views and concerns about cancer treatment in Norfolk.

• For more information, email alanstephens@me.com or contact donna.cathmoir@suffolkpct.nhs.uk



Two views of the new Cromer Hospital showing the main entrance (left) and the existing Barclay Ward concealed behind a new facade

New-look Cromer Hospital is revealed

DESIGNS FOR a new £15 million Cromer and District Hospital have now been drawn up and can be viewed on our website (*see below*). The new building will replace most of the original Mill Road hospital, which first opened in 1932. It will provide day treatment, out-patient care, minor injuries, and extended diagnostic services.

The plans include an ophthalmic operating theatre, a permanent on-site mammography (breast screening) service and a DEXA scanner for diagnosing osteoporosis.

The NNUH Foundation Trust is planning to include a brand new MRI scanner at the north Norfolk hospital and will also be bidding the East of England specialist

commissioners to extend the renal dialysis unit, doubling the number of dialysis stations.

The old Davison and Barclay ward areas of the current hospital will be retained and refurbished to house the renal dialysis unit, with room for further expansion. There will also be space for community groups to meet and clinical space for therapy services.

The project is being funded by the generous Sagle Bernstein and Phyllis Cox legacies.

Trust chairman David Prior said: "We are determined to deliver this long-awaited new hospital for people in north Norfolk as soon as we can. This new hospital will be at the heart of the community for many years to come and I am pleased that we have an exciting sets of plans to submit to the council for planning approval."

The planning application is being submitted to North Norfolk District Council in February with construction work due to start in the autumn for completion in autumn 2012.

• For more information and detailed plans go to www.nnuh.nhs.uk/page/newcromer

New laser zaps troublesome varicose veins

PATIENTS WHO ARE eligible for treatment for varicose veins on the NHS are being offered state-of-the art laser therapy as a day procedure at Cromer Hospital.

The NNUH has invested £30,000 in new equipment which until now has only been available in the private sector.

Known as endovenous laser ablation (EVLA), the technique involves passing a laser via a catheter through the affected vein to destroy it. Previous techniques involved stripping out the vein surgically, with an increased risk of bruising and damage to the surrounding tissue.

"Laser techniques have improved

dramatically in recent years and the results are now well proven to be safe and effective," says vascular surgeon Mr Jim Clarke.

"The procedure is much less invasive than traditional methods so patients recover more quickly. Cosmetically the results are also much better with less bruising and lumpiness in the affected areas."

The procedure is currently carried out under general anaesthetic but in future it will be possible with just a local anaesthetic. This means patients will be able to return home without delay and with none of the risks of a general anaesthetic.

THE PULSE

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Please send your contributions for the April issue to Sue Jones (Communications) by 9 March 2010.

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

WELCOME

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

Dr Dhananjay Kumar, consultant in emergency medicine, **Dr Mark Tremelling** and **Dr Simon Rushbrook**, gastroenterologists, and **Dr Gary Campbell**, renal consultant.

Dr Nisal Gange, who joined the Trust in October 2009, is an MFE consultant and not a gastroenterologist as stated in the December issue of *The Pulse*.

FAREWELL

...to the following long-serving staff who have recently left the Trust:

Patricia Parsons, sister in Main Theatres,

after nearly 39 years, **Nyadu Persaud**, deputy charge nurse in the Emergency Assessment Unit, after 31 years, **Dr David Hamilton**, consultant in nephrology, after 24 years, **Marlene Gabriel**, ward clerk on Knapton Ward, after 22 years, **Verna Chambers**, ward clerk co-ordinator, **May Cator**, staff nurse in Jenny Lind out-patients and **Richard Nicholls**, therapeutic radiographer in clinical oncology, all with 21 years' service, and **Hilary Jordan**, diagnostic radiographer in mammography, after nearly 20 years.