

THE **Pulse**

Issue Number 5
January 2003

Norfolk and Norwich University Hospital



NHS Trust



Wonders of the East (Atrium)



Small world

A day in the life of the Jenny Lind department



Special recipes

Behind the scenes with our Pharmacy technicians

We are family

Three members of one family celebrate 25 years' service

PICTURE: EVENING NEWS



From surgery to sculpture

Elaine Sassoon on the art of plastic surgery

**GHOUL'S PARADISE**

Medical secretary Jenny Mackie declared the green custard 'a treat' when she joined in the spirit of Halloween at Chicory's restaurant. Sous chef Nick Priestley looked suitably scary but insisted it was all harmless fun and he had no more tricks up his sleeve.

No reward for fraud

FRAUD IS estimated to cost the health service around six per cent of its entire budget - money that could otherwise be spent on new equipment and staff pay. Now the NNUH, in common with other trusts, has appointed a Local Counter Fraud Specialist - Scott Fraser of our auditors Bentley Jennison - to help tackle this widespread problem.

If a suspected fraud is reported, Scott will have the expertise to gather evidence in an appropriate and impartial way. The aim is to create a culture where staff who suspect colleagues of fraud can feel free to express their concerns without fear of reprisals. The Trust will then seek to prosecute those responsible and take appropriate disciplinary action.

"So far we have suffered no major financial losses due to fraud," says deputy director of resources Julie Cave. "We have detection procedures in place but we cannot afford to be complacent."

• *If you suspect a colleague of fraud, do not confront the person. Instead, call Scott Fraser on 01234 218181, All such calls will be treated in complete confidence.*

ON THE COVER

The steel 'Branches' sculpture in the East Atrium is by Sokari Douglas Camp. It was commissioned by the Hospital Arts Project and funded by Octagon. Picture: Lin Wymer

Malcolm bows out

FOND TRIBUTES were paid to Malcolm Stamp when he bowed out as Chief Executive of the NNUH Trust in November. Outgoing chairman Tony Holden compared his management style to that of Marks & Spencer: "Both have good staff, train them well, empower them, create an excellent work environment and have excellent products which represent high value for money," he said.



Malcolm, now Chief Executive at Addenbrooke's NHS Trust, said he had built an executive 'dream team' whose dedication and spirit was reflected in the new hospital.

The new NNUH Trust Chief Executive is Stephen Day. (See 'Welcome', opposite.)

WELCOME

...to consultant radiologist **Javed Rehman**, who joined the Trust on 1 December 2002.

FAREWELL

...to the following staff who have left the the Trust since 1 November 2002:

Jennifer Forder, children's nurse, after 31 years' service

Mary Dolding, service manager for Respiratory Medicine, after 29 years

Pat Betts, senior admissions officer, after 28 years

Pat Stockwin, children's nurse, after 28 years

Jane Pearman, midwifery sister, after 25 years

Teresa Palmer, nurse in Ophthalmology Outpatients, after 24 years

Lynette Yaxley, specialist diabetes nurse, after 22 years

David Brown, senior assistant technical officer in Main Theatres, after 21 years.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

No favours

While the North Norfolk MP Norman Lamb continues his constant criticism and campaign against the NHS, he is demoralising the staff who work so hard to meet Government targets while continuing to maintain high standards of patient care.

He is only compounding the problem of Agency use by discouraging people from joining the NHS.

If the Government were to reward dedicated professionals with a salary that reflects the role, nurses would not need to join an agency for the higher pay, thus reducing the long-term costs to the NHS overall.

Member of staff, name withheld

No waiting

I have recently moved to this area from the Kings Lynn district, and I am writing to say thank you for the excellent service I received in Radiology. I was seen before my appointment time and out within 20 mins. All the staff were friendly and helpful.

Keep up the good work.

Mrs Lisa Wagg (patient)

Overwhelmed by kindness

I have been overwhelmed with kindness on my retirement from the Trust. Thank you to everyone who contributed to the lovely gifts and messages - all very special and great reminders of a very special place with very special

colleagues. I was reminded of what working together could really achieve. Good Luck with all your endeavours.

Mary Dolding,

Service Manager, Respiratory Medicine

Quality of care

Having just received six weeks of treatment in the Dermatology Unit at Cromer Hospital, I would like to say a big thank-you to the specialist and staff there.

The quality of care and attention I received was superb - wouldn't it be wonderful if more people could benefit from this personal touch in pleasant and familiar surroundings?

Mrs M Burdett, Overstrand

Getting to know you

I SHOULD like to take this opportunity to wish you all a happy and prosperous new year.

During the weeks leading up to my appointment as Chief Executive of the Trust, I have been fortunate to be able to spend some time at the new hospital and at Cromer. I am greatly encouraged by the warm welcome I have received and the obvious enthusiasm, commitment and quality of the staff. I am also hugely impressed by the new hospital environment and the care that we deliver to our patients.

January will, I am sure, be very busy as we continue to meet the needs of large numbers of patients who require emergency care. This is, of course, the first priority for the health service and I have every confidence we will rise to the challenge.

During January we will also be visited by the Commission for Healthcare Improvement (CHI) as part of its programmed review of Clinical Governance in the Trust.

For the past 10 months I have been working in partnership with the Trust as Chief Executive of Broadland PCT. This has given me many insights into the challenges we face in delivering a joined-up service to patients as they make their way through the complex systems of the NHS. I am committed to ensuring that we play a full part in working together with our colleagues in primary care to deliver the highest-possible quality of care within the available resources. In particular, we need to focus attention on the quality of the patient experience.

It is a privilege to be able to serve you and the Trust as Chief Executive. Please feel free to contact me with feedback, ideas or suggestions: stephen.day@nnuh.nhs.uk
Tel: 01603 287420.



STEPHEN DAY
Chief Executive, Norfolk and Norwich University Hospital NHS Trust



CELEBRATED foodie Loyd Grossman took time out to taste the hospital food and talk to patients at NNUH in December. And the verdict? "It's delicious...there's plenty of variety and it's good and hot." As chairman of the Government's Better Hospital Food Initiative, Mr Grossman put forward a number of tempting recipes and also advised on the presentation of patients' food. "For too many years, catering has been the Cinderella of the NHS," he said. "This new cook-chill system is a long way from food being plated up in advance and arriving cold at patients' tables."

75 years and still counting...

WITH A combined total of 75 years' service, three members of the Bradford family had good reason to celebrate when they each received certificates marking 25 years with the Trust.

Steve Bradford and his wife Sheila (far right) were joined by their sister in law, also called Sheila, for the award ceremony in November.

"As a family we do tend to stick together," says Steve, a support worker in Theatres. "We often go on holiday together. In fact 19 of us went to America recently for a family celebration."

Steve's wife began as a student nurse at the N&N and is now a staff nurse on the gynaecology ward at NNUH. "Our different shift patterns meant we could share the childcare when our children were little," she says. "I still enjoy my job because I love working with people and helping to make them better."

Sister-in-law Sheila, a nursing auxiliary, started as a cleaner when her own two children were small. She followed in the footsteps of another member of the Bradford family, Linda, who clocked up 25 years' service with the Trust last year.

A total of 52 staff received awards for 25 years' service this year.



PICTURE: EVENING NEWS

Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY
Tel: 01603 286286

Website: norfolk-norwich-hospitals.net

Restaurant

West Atrium Level 1,
open daily 7am - 2.30am

Coffee bars

Outpatients West and Outpatients East,
open Mon-Fri, 9am - 5pm
Plaza (East) open Mon-Fri, 8am - 6pm

WRVS shops

East Atrium, 8am - 8pm
Plaza (West) 7am - 7pm (9 - 4pm Sundays)

Serco (for housekeeping issues, porters,
catering and maintenance)
Call ext. 3333

McKesson (For telephone / computer faults)
Call #6464

Security

Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458,
West Atrium Level 1: ext. 5462 or 5463
Outpatients East Level 2: ext. 5474 or 5475,
Outpatients West Level 2: ext. 5472
East Atrium Level 2: ext. 5461

Car parking

For information about permits, call
Site Services on ext. 5789

Bus services

Call 08456 020121, 8am - 8pm, Mon-Sat.
For Park and Ride, call 01603 223800.

Cycle sheds

West (near staff entrance) and East (near
A&E). Keys available from Patient Services

Bank

Cash dispenser in East Atrium Level 1

Chapel

Always open for staff, patients, visitors.
Holy Communion: 10.30am on Sundays and
1pm on Thursdays
Evening Prayer: 5pm on Sundays
Chaplains can be contacted on ext. 3470

Sir Thomas Browne Library

Mon, Wed, Thurs: 9am - 5.30pm,
Tues: 9am - 8pm, Fri: 9am - 5pm

Playscheme

At Blackdale Middle School during school
holidays for the children of Trust staff.
Contact Debbie Sutherland on 2202

Cromer Hospital

Mill Road, Cromer NR2 3TU

Tel: 01263 513571

Restaurant

7.30am - 1.30pm, 2 - 3.45pm, 5.30 - 7pm

- The following departments are based at **Norwich Community Hospital**, (formerly West Norwich Hospital) Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 776776: Breast screening, Health records library, Diabetes research, Pain management clinic

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



Colney

A yen for adventure

DIABETES NURSE Lynette Yaxley may have retired from the Trust but the next two years could be her most challenging yet - she is fulfilling a lifetime ambition to do voluntary service overseas.



Lynette Yaxley with (from left) Dr Richard Greenwood, Dr Mike Sampson, Debbie Cook, Caron Hill and Dr Philip Heyburn

Next month she flies to north-west Kenya, where she'll be working with village health chiefs to help reduce mortality from Aids, malaria, TB and diarrhoea. To prepare for the trip, she has been studying for a Diploma in Tropical Nursing and she has even learned to ride a motorbike.

Lynette was a health visitor before pioneering the role of the specialist diabetes nurse in Norfolk in 1980. In 1998 she was awarded the MBE for her efforts to help children with diabetes - for several years she had taken a group of youngsters sailing on the high seas in a converted Baltic Trader.

"Teenagers don't want to know about dietary and lifestyle advice and hate having to manage their condition," she explains. "My aim was to provide opportunities where they could learn and share experiences in a positive way."

Hundreds of IWL comments analysed

THE IWL (Improving Working Lives) Communications Group has been analysing hundreds of your comments following last year's IWL staff survey.

At the time of going to press the group was preparing its report for the January meeting of the Trust Board. Look out for a special edition of *In Brief* with full details of the survey and a report of any discussion at the Board meeting.

From 11th-14th February, the Trust will

be visited by an IWL assessment team. All four members of the team have experience of implementing the IWL initiative at other local Trusts. They will be talking to managers and staff to assess whether the Trust has met the required standards for Practice Status. If this is achieved we will then work towards the next level, known as Practice Plus.

Please contact Lynne Middlemiss in HR if you would like more information.

centre sets the scene

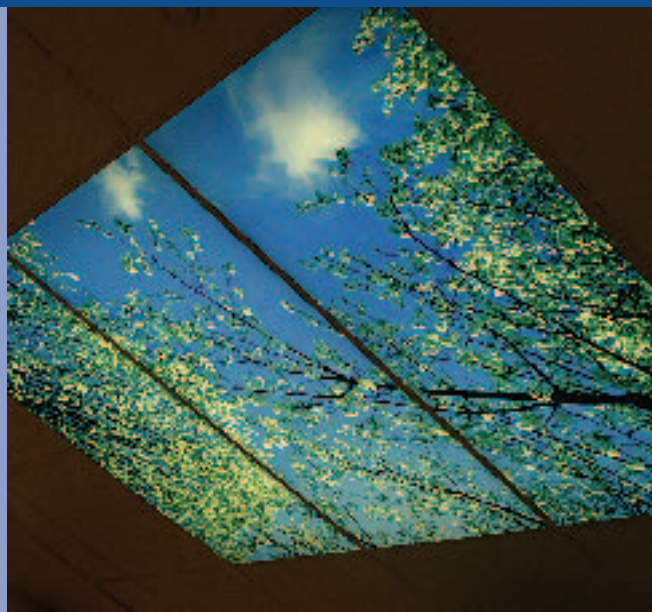
YEARS OF planning and preparation came to fruition with the opening of the world-class Colney Centre at NNUH in December.

The new centre contains £20 million worth of state-of-the-art radiotherapy equipment, including four new linear accelerators and a treatment simulator that is one of only three of its kind in the world.

The equipment not only offers an advanced range of cancer treatments but also reduces some treatment times from many hours to just minutes.

The surroundings are designed to be especially pleasant and comfortable for patients, with back-lit ceiling and wall panels (pictured right) created by artist Joey Fischer as part of a £18,400 arts project funded by and the Friends of Norwich Hospitals.

The waiting area is equipped with internet facilities and soothing wall-mounted water features.



UNDERSTANDING ANAESTHESIA

Pain relief specialist Gwen Porter demonstrated some of the intricacies of anaesthesia to students from Diss High School when they visited NNUH in November. She explained that NNUH employs a total of 68 anaesthetists whose skills are in great demand - for intensive care and maternity patients as well as for pain relief.



FINANCE ON THE RUN

Julie Dawson, Lorraine Thurling and Kerry Wadsworth from Finance raised around £300 for cancer research when they took part in the Flora Light Challenge in London's Hyde Park in September. "I enjoyed it so much I'm planning to do the Great North Run in Newcastle this year," says Julie.

Alcohol problems? Talk to Julia

IT'S ESTIMATED that one in six A&E attendances and up to 65 per cent of all suicide attempts are alcohol related. Now the Mental Health Trust has appointed a substance misuse liaison nurse to offer advice and information to patients and staff at NNUH on drink and drugs issues.

Julia Butler (pictured right) worked for a year with the alcohol team in Norwich before taking up her new post in December. "My aim is to help people who may not realise that heavy drinking is doing them harm," she explains. "Some people drink or take drugs to help them cope with mental health problems - they may not realise that it's making them worse.

"I want staff to know they can call on me if, say, they are not sure how much methadone to prescribe or if they come across someone whose health problems may be related to drink or drugs.

"If we can encourage more people to recognise the dangers then hopefully we can nip the problem in the bud, before it becomes an addiction."

Julia can be contacted on ext. 4874.



Did you know?

PATHOLOGY has long been a Cinderella service within the NHS. But did you know?

- Up to 70% of all diagnoses are reliant on Pathology services
- Demand is growing very rapidly, especially from primary care
- Nationally, there is a shortage of healthcare scientists and pathologists.

On 23 and 24 January, staff from NNUH, the James Paget Healthcare, King's Lynn and Wisbech NHS trusts are getting together to discuss possible options for a local pathology network. An IT link has been established so those unable to attend can contribute to the discussion. In the next edition of *The Pulse*, we will be looking in more depth at our Pathology services.

Friends reunited

'THE PULSE' has helped to reunite friends who met in Norwich more than 20 years ago. Roy Goodman, now living in Seattle, was studying at the UEA when he first met Michael Van Der Es and his girlfriend Sarah Morter. They lost touch after Michael and Sarah married and moved to Kenya. Then



Roy came across Sarah's photo in the May edition of the magazine and got in touch by email.

"Roy was a very dear friend but with all our overseas travel we lost contact," says Sarah, an infection control nurse. "We're delighted to be able to renew our old friendship after all this time."



Special recipes

TAKE ONE giant mixer, a set of weighing scales and a pestle and mortar. Add a cupboard full of powders and potions and you have all the ingredients for some very powerful drugs.

The most important ingredient of all, however, is the care and attention of our pharmacists, technicians and assistants. Every move they make is checked and rechecked to ensure that the drugs they produce are safe and appropriate. Each product is prepared and labelled with a particular patient in mind.

The resemblance to cooking is not lost on senior technician Melissa Ringwood: "I love cooking and I love my job. In lots of ways they are very similar - you put all the right ingredients together and, as if by magic, a chemical reaction takes place and you create something completely new. The only difference is that we don't taste the results!"

Melissa is employed as a job-share for the position of senior technician in non-sterile products, with Lindsay Matthews. "We were

Medicines that are tailor-made for patients are the speciality of Pharmacy's Preparative Services team. The Pulse takes a closer look at the work they do, deep in the heart of NNUH

delighted to win promotion as a job-share - it shows the Trust is prepared to invest in people who are combining a career with bringing up a family."

The department is pioneering a flexible working system which allows the 15 full-time staff to work their 74-hour fortnight over a period of nine days. This means they have a day off every two weeks. "Of course, we work longer hours on the days we are here but the benefits definitely outweigh the disadvantages," says operational manager Karen Symonds. "The change in the working day has improved our workflow, sickness levels have plummeted and staff have a more positive attitude towards their work."

In the 'mixing room', classical music is

playing softly in the background as the technicians work their magic. "We find classical music creates a calm atmosphere and helps our concentration, whereas other radio stations can be a distraction," says Karen. Here, non-sterile products are produced under licence for GPs, chemists and hospitals.

"We work from a 'recipe book' of special products based on information shared by all the local hospitals," says Karen. "We produce one-off preparations called extemporaneous products and organise double-blind trials to help doctors evaluate whether the drugs are working for the patient. We build up a good relationship with the doctors and also with the mothers who administer these special drugs to their children."



CHECK MATES: *Melissa Ringwood (right) prepares coal tar ointment in a giant electric mixer while (above) Zoe Jackson and Kelly Hudson keep cancer drugs at arm's length in special isolators. Islwyn Owen (above left) carefully cross-checks the products with patient details and Julie Hick (below right) weighs out ingredients for menthol in aqueous cream.*

Drugs produced under licence are chemically analysed in the regional Quality Control Laboratory, based at NNUH. Samples are then stored for a period of 13 years in case questions arise about a patient's treatment.

It is because of the facilities and rigorous checking procedures that many surgeries and chemists come to NNUH. "We are not allowed to advertise as such, but we are very pleased to carry out this specialised and skilled work for the additional income it generates. .

Cancer therapy drugs are made individually according to each patient's needs. Due to the hazardous nature of these drugs they are prepared at arm's length by skilled pharmacy staff, using state-of-the-art isolators under aseptic conditions. Antibiotics for eye theatres and clinics, and for renal patients, are produced under similar conditions, as are food preparations for patients who are unable to eat. The latter are prepared according to each



individual patient's nutritional needs.

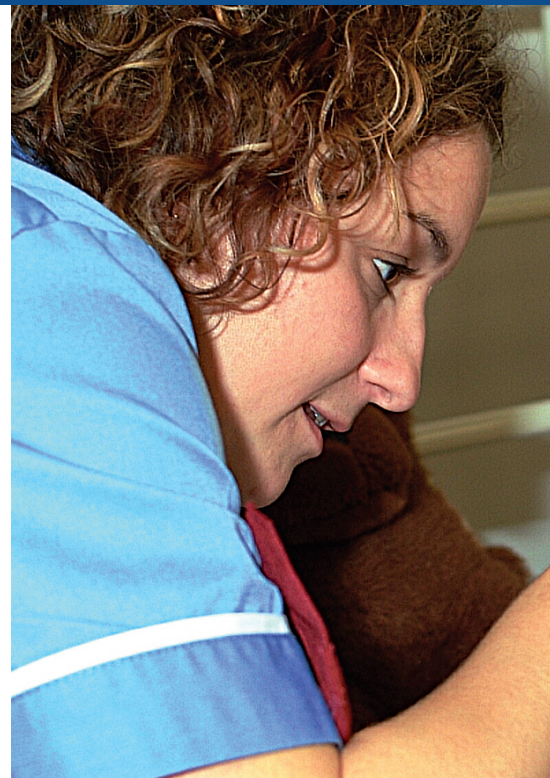
A more controversial aspect of the team's work is the packing of needles and syringes for the county's needle exchange scheme. The scheme has been operating since 1997 to help minimise the spread of HIV by

discouraging drug addicts to reuse old needles. Every week, more than 20,000 new needles are packed into boxes of ten and collected for distribution all over Norfolk.

In addition, the team prepares and maintains around 300 cardiac arrest kits.

Sue Tomlinson, senior nurse for the Jenny Lind Children's Department, describes a typical day in her working life

small WORLD



THE JENNY LIND is a bit like the main hospital in miniature. Our patients may need anything from cancer care to plastic surgery, from general surgery to treatment for cystic fibrosis, asthma and even some heart conditions. We also look after the babies in the Neonatal Intensive Care Unit.

Some of the children are referred first to the Children's Assessment Unit (CAU) where there are eight bed spaces and a resuscitation area. If they need longer-term treatment, they are transferred to Buxton Ward, with its own four-bed high-dependency unit. Those who need medical or surgical procedures, dressings, pre-assessment or a review of their treatment are seen on the Children's Day Ward.

Meanwhile the Outpatient Department welcomes up to 120 children a day and makes 15,000 appointments a year - quite a workload for the admin and clerical staff who handle all that paperwork!

Children are not always able to explain what is wrong so their diagnosis may be a process of elimination involving many different specialties. We are seeing far more children suffering from asthma, and cases of Type 1 diabetes have doubled in the last 15 years - we don't yet know why.

Every morning I walk round the department to check on staffing levels and see that all booked admissions have a bed. We may have to ask the new admissions to stay in the playroom until a bed becomes available - most families are happy to comply.

So far, it's good day. The Neonatal Unit has only one baby ventilated and three on CPAP (continuous positive airway pressure, to make breathing easier). The unit has

22 cots and can take six ventilated babies, although we've been known to have 29 or more babies in the unit at once, all needing round-the-clock care and attention.

Today, the Day Ward is already full and there are 13 children in the pre-assessment clinic, which is run by a nurse, a doctor and a play specialist. The play specialists have a very important role - not only do they

"We are seeing far more asthma... and cases of Type 1 diabetes have doubled in the last 15 years - we don't yet know why"

provide a welcome diversion for nervous children but they also help to familiarise them with some of the equipment they are likely to see in hospital.

Much of the work carried out by doctors on the Day Ward will soon be taken over by our first paediatric nurse practitioner, Sarah

Heil. Sarah is currently studying for a masters degree and receiving in-house training from a specialist registrar. We already have two Neonatal Nurse Practitioners who provide valuable education opportunities and help with auditing, as well as their duties on the medical rota.

Another welcome addition to the team is our Development Nurse. She keeps a record of training undertaken, organises orientation programmes and ensures that the nurses are able to operate all new equipment.

Having just settled down to do some paperwork, I get a call from a health visitor on a child protection case. Apparently a family is considering making a complaint about the way they were dealt with in the department. As the 'named nurse' on child protection issues, I check with the

JENNY LIND FACTS AND FIGURES

Each week:

- Up to 300 children are seen as outpatients
- Up to 100 children are admitted to the Children's Assessment Unit
- 35 children are admitted for routine surgery.

In the last year, 643 babies have been admitted to NICU (Neonatal Intensive Care Unit)

The children's department calls on the services of:

- 22 consultants
- 7 nurse specialists
- 2 dieticians
- 13 physiotherapists
- 4 play specialists
- Occupational therapists and speech therapists are called in as and when they are required.



paediatric registrar that the correct procedures were followed. Having satisfied myself that the decisions made were justified, I phone the health visitor back to reassure her.

This afternoon is my weekly meeting with the children's clinical director, Mark Dyke, and service manager, Brenda Herring. We talk about staffing (medical, administration and nursing), budgets and SAFF (Service and Financial Framework) bids. It is part of my role at these meetings to put forward the nurses' view.

I also find time to see an auxiliary nurse I am assessing for her NVQ level three. I hate to hand work back to be done again, but if I don't then the verifier will.

Soon it will be time for me to go home. My last job of the day is to check that there are beds available for any emergencies .



Clockwise from top Three-year-old Megan Free has her temperature taken by student nurse Joanne Pippard; dressing up time in the pre-assessment clinic with play leader Judy Holland; Sister Heather Butcher attends to baby Erin Jackaman in the Neonatal Intensive Care Unit; Sister Jane Lythell with Christine Fanning and Hazel Burrage in Outpatients Reception; Tara Overton watches the bubbles as Sister Sara Heil prepares her for a scan; and cystic fibrosis sufferer Christopher Muff is given physiotherapy by Sam Rodwell



Plastic surgeon Elaine Sassoon talks to Sue Jones about the fusion of art and science that is helping many women to cope with the after-effects of breast cancer

THE SURGEON'S ART

ELAINE SASSOON'S fascination with plastic surgery began when she read a scientific journal about limb replants in China at the age of 12. It sustained her through school, Harvard and 13 years of medical training to become one of only 12 female specialists in the country.

"It's true that you have to be quite driven to do this job and many women are put off by the hours - it was quite normal to work a 110-hour week during training," she admits. "European directives have reduced the hours, which is good, but I personally valued the experience."

It is because of her determination to innovate and learn new techniques that many NNUH patients are now offered reconstructive surgery following a mastectomy. The psychological effects of breast cancer can be devastating and plastic surgery can go a long way to give women a more positive self-image. If it can be done at the same time as a mastectomy, eliminating the need for a second major operation, so much the better.

"Every case is different and sometimes immediate reconstruction is not an option - perhaps because of the effects of radiotherapy," she says. "However, I am now working on a new technique which could get around this problem by preparing the

skin for surgery in advance."

Since joining the Trust as a senior registrar five years ago, (she became a consultant 18 months later) Elaine Sassoon has introduced to Norfolk a method of breast reconstruction that involves transferring living tissue to the breast from the stomach, bottom or thigh. In previous techniques part of the muscle was removed as well, but this can be quite painful and lead to complications later on. The 'perforator flap' technique was pioneered in New Orleans 10 years ago and involves transferring perforator blood vessels along with the living tissue, leaving the muscles intact.

"The challenge for the surgeon is that you are working in three dimensions - you are using your medical knowledge, combined with artistic flair, to produce a breast shape that is both viable and visually acceptable for the patient," she explains.

"Not everyone chooses to have this operation, and all patients are offered a full choice of options for reconstruction. But consultant Andrew Logan and I, working together, have carried out nearly 40 of these perforator flaps in two-and-a-half years and the success rate at the West Norwich Hospital was very good.

"The move from the West Norwich gave



us a lot of problems in Plastics because of the change in working practices. However, after a year of hard work we are hopefully now back on track and the recent appointment of a breast reconstruction nurse will be a very positive step for us.

"I aim to write a series of articles for the EDP to inform readers about the availability and choices in breast reconstruction, and the British Association of Plastic Surgeons' breast group has asked me to set up a website for the general public."

Having worked in Marks & Spencer's bra department to pay her way through medical

METHODS OF BREAST RECONSTRUCTION

RESHAPING a breast after mastectomy can be done in a variety of ways and patients are usually given a choice of methods. At NNUH the options are:

A saline or silicone implant is the simplest procedure but may require a 'tissue expander' to be inserted in advance. If extra tissue is required, this may be taken from the patient's back or lower abdomen.

TRAM flaps involves the transfer of a large ellipse of lower abdominal skin,

muscle, artery and vein to create a breast without the need for an implant. A mesh is usually required to reinforce the tummy.

Perforator flaps involve more delicate and complex microsurgery to transfer only skin and fat, leaving the muscles intact. There may be less pain and a faster recovery with this procedure, but the failure rate may be slightly higher.

Nipples may be reconstructed at a later date using local tissue. A new areola

may be tattooed on to the skin, though a skin graft is sometimes used instead. A silicone stick-on nipple is provided from a template of the patient's own.

The other breast may be made bigger or smaller to match the reconstructed breast.

- Not all patients are suitable for these procedures and there are always some risks involved. However, many women report that they feel more 'whole' after breast reconstruction.



Elaine Sassoon with one of her sculptures: 'The challenge is to be able to think in three dimensions'

school, Elaine Sassoon is well qualified to advise her patients on the finer details such as bra fitting. So are they pleased to see a female surgeon? "Studies show that, initially, breast patients would prefer to see a woman but I think it is far more important that they get on with the surgeon than worry about their sex!"

Born in England, Elaine Sassoon travelled widely as a child and was educated at a Lycée in Paris, "where the emphasis was on the widest possible acquisition of knowledge." After finishing her studies there at 16 and spending a year in Mathématiques Supérieures in Paris, she went to the United States to study biology, languages and law at Harvard University, returning to take up her medical training in London. Her plastics training included periods in the USA and Slovenia as well as the south of England.

Fluent in eight languages, she loves to travel and "keeps sane" by pursuing a variety of interests including sculpture and pottery. While living in the USA, for instance, she took up flying and became adept at pistol shooting. She is currently renovating a Victorian house in Norwich. "There is a lot I want to do but this job is extremely absorbing - every case is different so there is never a chance to get bored."

ARE THOSE WAITING LIST TARGETS MISSING THE POINT?

Waiting for an operation on the NHS is a like being stuck in traffic on the M25, says orthopaedic surgeon John Nolan. Isn't it time we put patients before politics?

I THINK everyone agrees that having to wait in severe pain for more than a year for a hip or knee replacement is wrong.

Our politicians now recognise this and are trying to do something about it. But simply setting arbitrary and ever-decreasing target times for waiting lists is akin to telling the police that, as of tomorrow, all traffic on the M25 motorway must always travel at 70mph.

My principal criticism of the targets is that they are *in-finite*. Potentially, the more work we do (and the better we do it) the more we are given. As the targets look only at the work that



is waiting to be done rather than the amount we actually do, we are left to conclude that we must find some way of reducing the number of referrals we receive from our GP colleagues (ie restrict traffic on the motorway). In reality, as with the M25, there simply is not enough capacity in the NHS at present for all those who need our help - even though both the NHS and the M25 do an extremely good job!

Small increases in capacity make little or no difference. One additional lane on the M25 would soon fill up with cars as many more drivers are attracted to the 'improved' road system. Exactly the same happens with the waiting list of a newly appointed consultant colleague. Many more lanes are required and inevitably they take time to construct.

Pity the clinically urgent patient - or the emergency ambulance stuck in congested traffic in the middle lane of the M25. Neither moves significantly faster towards

their destination than anyone else. By using the hard shoulder, the ambulance can go faster, but there is no "hard shoulder" in the NHS.

Like parts of the M25, our Health Service is showing signs of ageing with cracks and potholes starting to appear. Should we still be driving at 70mph over these or should we be more careful, for fear of precipitating a disaster?

"Like the M25, the NHS is showing signs of age, with cracks and potholes starting to appear. Should we still be driving at 70mph over these, or should we be more careful?"

The answer, surely, is to build more lanes of high-quality road with, for the moment, some form of restriction for the vehicles using the existing facilities. There needs to be an open debate involving all interested parties. Until then, our priority must be to ensure unimpeded and safe passage of emergency vehicles, plus as many others as we can manage.

The Department of Health is now proposing financial penalties for those trusts which do not meet their targets. This is surely equivalent to refusing to fill the fuel tanks of those who police the traffic on the M25!

Isn't it time we put patients before politics?

• The Viewpoint column is written from a personal perspective and does not necessarily reflect the views of the Trust. If there is a subject you feel strongly about, please send your contribution to Sue Jones, Editor, Communications team, NNUH.

Cromer is leading the way in the treatment of early skin cancers, thanks to the hospital's state-of-the-art Dermatology Unit

THE light FANTASTIC

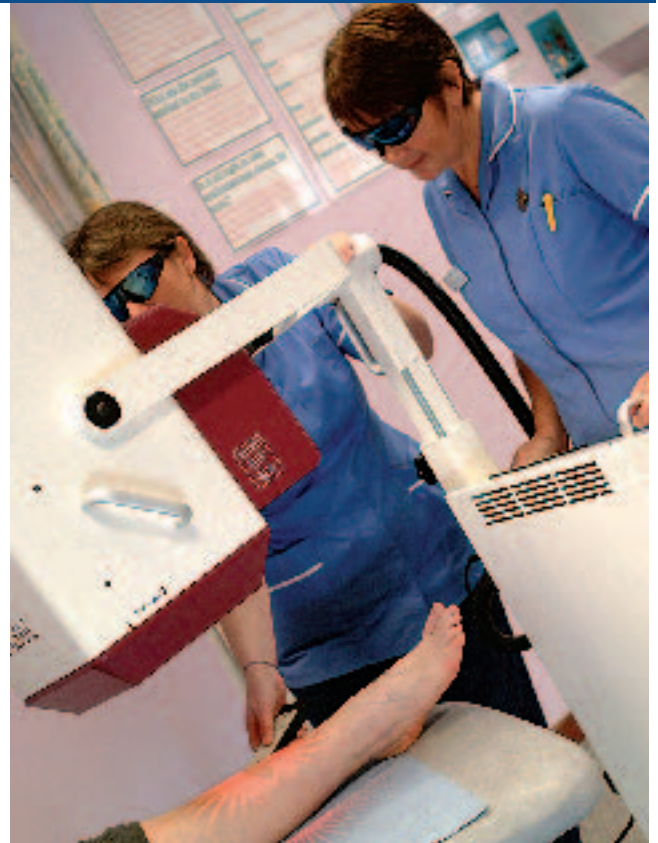
IMAGINE A beam of light 150 times brighter than a 100 watt bulb. That's the secret behind a powerful new treatment for early skin cancer. Known as photodynamic therapy, this non-invasive procedure gives excellent cosmetic results. First a light-sensitive cream is applied to the skin and left in place for four to six hours to allow the drugs to concentrate in the cells. Then the affected area is bombarded with a special red light.

Since it opened in June 2001, Cromer's Dermatology Unit has welcomed more than 2,015 patients who would otherwise have to travel further afield for their treatment. It is the first such unit in the country to be completely nurse-led and is run by two staff nurses, Jane Barrell and Mandy Smith, with staff nurse Linda Almey providing holiday cover.

"The nurses wrote the protocols and treat the patients themselves. It's a tribute to their hard work and commitment that this has been such a success," says dermatology consultant Nick Levell, who refers many patients to the unit.

Among the patients is three-year-old Lianne Baxter, who wears special 'wet wrap' bandages keep her from scratching her eczema. "The staff here were marvellous, says her mother Sarah. "They were really kind and patient with Lianne."

*Right Staff nurses Mandy Smith and Jane Barrell demonstrate photodynamic therapy
Below Consultant dermatologist Nick Levell gives three-year-old Lianne Baxter a lesson in bandaging*



SKIN TREATMENTS AT CROMER

Other skin treatments include:

- Ultraviolet light therapy for severe psoriasis and eczema, whereby patients stand inside a special cabinet to be bombarded with narrow-band UVB rays
- PUVA hand and foot units for localised psoriasis and eczema
- Cryotherapy for warts and verrucas, using liquid nitrogen
- Lontophereris, whereby electrical currents are used to treat excessive sweating of hands and feet
- Patch tests for allergies
- 'Wet wraps' for children suffering from severe eczema

THE PULSE

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• Please send your contributions for the March issue by 6 February 2003.