THE Pulse

Issue Number 51
October 2010

Our Vision
To provide every patient with the care we want for those we love the most

Norfolk and Norwich University Hospitals NHS
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-8pm
Serco cafe bars
Out-patients West and Out-patients East: open Mon-Fri, 9am-5pm
Deli food2go Plaza (East), open Mon-Fri 7am-1am, weekends 11am-1am
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-Thurs: 8.30am-5.30pm, Fri: 8.30am-5pm

Cromer Hospital

Mill Road, Cromer NR27 0BQ
Tel: 01263 513571

OTHER TRUST DEPARTMENTS

- **Cotman Centre**, Norwich Research Park: Cellular Pathology, Radiology Academy
- **Innovation Centre**, Norwich Research Park: Microbiology
- **Francis Centre,** Bowthorpe Industrial Estate, Norwich NR5 9JA, ext. 4652 Health Records Library)
- **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU, Breast Screening, Pain Management,
- **20 Rouen Road**, Norwich, NR1 1QR: HR, Recruitment, Payroll, Training, Finance, Occupational Health, Out-patient appointments, Cancer management, Procurement, Cromer project, Clinical Effectiveness, Commissioning team and Information services
- **The Norwich Central Family Planning Clinic**, Grove Road, Norwich NR1 3RH. Tel: 01603 287345.

Make the most of IT

STAFF THROUGHOUT the Trust are being urged to get interactive and take advantage of the many free training packages available online. Programmes range from the most basic – such as how to log on to a computer and use a mouse – to more advanced data analysis applications.

The IT training team has also been working with training manager Julia Watling to produce e-learning programmes on subjects ranging from child protection to information governance.

On completing the NHS and Microsoft courses, learners have the opportunity to sit an online test and qualify as accredited specialists in essential IT skills, or as "experts" in Microsoft Office applications.

The e-learning packages have been developed by our web and IT teams in collaboration with subject experts in various Trust departments. "The packages are very flexible because they allow staff to do essential training at a time to suit them," says Angie Fish, IT applications and training manager. "They are also simple and fun to use, which is down to the collaboration, enthusiasm and creativity of our staff."

IT staff Matthew Trollope and Craig Blackburn worked together to develop the interactive e-learning packages for staff

• *For more information about e-learning, go to web systems on the Trust intranet.*

Following in Philippa's footsteps

YOU MAY not have heard of Philippa Flowerdew but she is credited with founding occupational health nursing when she became the first "industrial nurse" at Colman's of Norwich in 1878.

"We have come a long way since the days when Philippa provided first aid and delivered food parcels to the sick. Many work-related health issues are preventable and occupational health has an important role to play in the promotion and maintenance of a healthy work force," says our occupational health nurse manager, Wendy Goode (*left*).

Following an independent report on health and wellbeing in the NHS (Boorman, 2009), there is a drive to reshape occupational health services so they can support the NHS in its drive to deliver high quality healthcare services for all.

Under the new branding of Workplace Health & Wellbeing (*above*), our centre for occupational health is launching a range of initiatives, including cardiovascular health checks for all our staff, as well as a series of health and wellbeing events including activities to promote and understand mental health in the workplace.

Other developments include an extended telephone service and the possibility of a new IT system for staff to book their own appointments online.

"Occupational health nursing has changed beyond all recognition since I began my career as an industrial sister for British Gas in 1984," says Wendy. "I am proud to be part of a tradition that began in Norwich and is committed to improving the health and wellbeing of all our staff."

• *For more information go to the occupational health pages on the Trust website.*

Disabled Parking

ALL THE car parks at NNUH have disabled spaces where parking is free. Please remember to bring your blue badge with you and get your ticket validated as soon as you arrive at one of the four main reception desks (Out-patients East and West on level 2 and In-patients East and West on level 1). The In-patient West reception is the only desk that is manned 24 hours.

Device to ease pain for patients on the move

A 64-YEAR-OLD grandmother from Norwich has become the first patient in the region to benefit from an implanted pain management device with the same motion-sensing technology found in iPhones.

The neurostimulator treats chronic neuropathic pain in the arms or legs using spinal cord stimulation. Patients with an implanted device would normally have to adjust the level of stimulation they receive manually each time they change position. However, the new technology can sense when the patient moves and is able to adjust the level of stimulation accordingly.

Ann Clark, a retired nurse (*pictured with consultant Dr John Valentine*), says: "It has made a real difference to me as it allows me to be mobile – I'm even thinking of having a holiday for the first time in two years."

PHOTO COURTESY OF ARCHANT

Known as a RestoreSensor and designed in the US, the motion-sensing technology uses the force and direction of the Earth's gravity to sense the patient's position. It also records data so clinicians can see whether the patient's activity levels have changed.

HANDS ON: *Our Director of Nursing Chris Baxter joined in the spirit of our Saving Lives study day when she demonstrated safe canulation under the watchful eye of practice development nurse Julie Boyd.*

The "patient" took the form of a dummy arm – a model used for teaching purposes, complete with fake blood. "Being able to practise procedures such as canulation on life-like dummies helps our clinical staff to gain the skills and confidence they need to work safely with patients," Chris commented. The Saving Lives study day was designed to promote good practice in the fight against infection in our hospitals.

Cots for tots

OUR FIRST-ever fete and car boot sale was held at NNUH on Saturday 25 September to raise funds for our Neonatal Intensive Care Unit (NICU). The "Cots for Tots" appeal aims to provide more intensive and high-dependency cots to meet growing demand.

• If you would like to donate, please go to *www.justgiving.com/norwichnicu*

New national radiology role for Erika

DR ERIKA DENTON, a consultant radiologist at NNUH, has been appointed the National Clinical Director for Imaging by NHS Medical Director Professor Sir Bruce Keogh. She will carry out her new role in addition to her work in Norwich.

Erika was National Clinical Lead for Diagnostic Imaging at the Department of Health from 2005 and has led nationally on the roll-out of digital imaging systems across the NHS.

NNUH is leading the way in cutting-edge digital imaging and the establishment of only three new Radiology Academies in the country.

With three children of her own and three step-children, Erika, 45, is a keen gardener and cook and also enjoys relaxing with the family on their boat on the Broads. NNUH chief executive Anna Dugdale said: "Erika has worked tirelessly for her patients and also at a national level to reform imaging services across the NHS in England. We wish her well in her new role."

MEASURE OF A GOOD HOSPITAL

SINCE I last wrote this column the White Paper *Liberating the NHS* has been released, setting out the new government's ambition for clinical outcomes in the NHS to be among the best in the world. The paper announces far-reaching structural changes to the whole of the health system and also significant changes to the way we measure our performance.

The structural changes will put GPs at the heart of commissioning health services, enabling clinical discussions and supporting the provision of care outside the acute hospital setting. This provides a huge opportunity for us to work in partnership with primary care and with social services to provide out-of-hospital care and ensure that high-tech, expensive acute facilities and expertise are reserved for patients who really need them.

The announcement of new measures of performance is very welcome. We already publish information every month about our quality and safety outcomes and we are now asking local people for their views on the most important measures of a good hospital. The responses will help us to decide which results we measure and publish both internally and publicly.

We can never afford to be complacent; we know there is plenty of room for improvement and the impact of getting things wrong can be emotionally and physically devastating for our patients and their families. However, I receive wonderful letters of thanks almost every day in my mail and our Staff Awards are a testament to the care and commitment shown by our staff – a record 350 nominations were received for our Patient Choice awards this year (*see page 4*). I know this is only a small proportion of the many good outcomes that occur every day in our hospitals, but as measures go this is one that makes me extremely proud to be a part of NNUH.

ANNA DUGDALE
Chief Executive,
Norfolk and Norwich University Hospitals NHS Foundation Trust

Double success for 'click for clots' team

NNUH HAS been chosen to be an "exemplar centre" for the prevention and care of hospital associated thrombosis – in the same week it received first prize in the national thrombus innovation awards at the Royal Society of Medicine.

The anticoagulation and thrombosis team at NNUH has worked hard to prevent life-threatening blood clots and ensure that all patients who are admitted to hospital undergo a thorough risk assessment.

Much of their success is due to their "click for clots" campaign to encourage staff to access guidelines, forms and useful links on the Trust intranet, including information for patients.

The prevention of VTE (venous thromboembolism, or blood clots) is a high priority for the NHS and the exemplar centres are chosen to demonstrate and promote best practice for all hospital trusts.

Spreading the word: specially designed socks for all surgical patients and thrombosis risk assessments are among measures designed to prevent life-threatening blood clots at NNUH

"This success is a direct result of the hard work and dedication of a whole multidisciplinary team, including doctors, nurses, pharmacists and the Trust's IT web team," says Dr Peter Woodhouse, consultant physician and chair of the Thromboprophylaxis and Thrombosis Committee.

Consultant haematologist Dr Jennie Wimperis commented: "Not all fatal blood clots are preventable but even one unnecessary death is a tragedy if it can be prevented with the right kind of surveillance and care.

We have been conducting audits and assessments for some time now and we are delighted that this hard work is now paying off."

STAFF ON *Dunston Ward were presented with a drawing by Ruthli Losh-Atkinson, an internationally renowned artist and member of the prestigious Norwich 20 Group, as a thank you for the excellent care she received as a patient on the ward. "I wanted to do something to repay the kindness of all those who looked after me," she explained.*

SAME DAY SERVICE

A ONE-STOP clinic has been launched at NNUH to help speed up the diagnosis and treatment of thyroid lumps.

Following pre-clinic blood tests, the patients now see both a consultant endocrinologist and ENT specialist for a thorough clinical assessment at their first appointment. If further tests are required, they go on to have a laryngoscopy, possibly followed by an ultrasound scan and biopsy on the same day.

The patients get their results within two weeks, leading to radioactive iodine treatment or surgery, or alternatively a follow-up appointment six weeks later.

BENEFITS OF ASPIRIN

THE BENJAMIN Gooch prize for research has been awarded this year to Mohammed Rashid, a junior doctor at NNUH, for his scientific work on preventing muscle wasting in patients with diseases such as cancer, and the benefits of aspirin in reversing the process.

Dr Rashid has been working with Dr Gabriel Mutungi, a muscle physiologist at the UEA, and their work could eventually lead to susceptible patients being prescribed a daily dose of aspirin to prevent muscle wasting.

A SHORTLIST for our Staff Awards has now been drawn up and the winners will be announced at an awards dinner at The Forum in Norwich on 22 October. There will be 12 categories in all, including awards for leadership, innovation and "unsung hero", both clinical and non-clinical, as well as six awards for "lifetime achievement".

Thanks to everyone who nominated our staff, including patients who put forward the names of outstanding individuals and teams for our Patient Choice awards.

Once again the event is sponsored by Serco and supported by Archant and Octagon.

LIFE AFTER BREAST CANCER

The ABC (After Breast Cancer) Group offers exercise, relaxation and friendly support for women with breast cancer and meets at St Alban's Church Hall in Grove Walk, Norwich, on Fridays during term time, between 10 and 11am, followed by coffee and a chat. The class is funded by the NNUH Breast Cancer Resource Fund.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

Room with a view

Ron Brewer (seated) with A&E charge nurse Paul Burton and Hospital Arts co-ordinator Emma Jarvis

WHEN YOU are led to one of the relatives' rooms in A&E after following an ambulance to hospital, the chances are you will be told news that you may not want to hear.

It was in this small room on Christmas Eve that I broke the sad news to my family that my wife, Marjorie, had died after suffering a deep vein thrombosis – despite the best efforts of the A&E staff to resuscitate her.

Everyone was so compassionate and helpful, but I began to wonder if there was anything I could do to brighten up the two relatives' rooms in this very important part of the hospital.

Then I heard about the NNUH Hospital Arts Project, which aims to provide a positive and healing environment through a wide-ranging programme of arts. All the arts are funded by grants and charitable donations – no money is taken from healthcare budgets.

I made contact with Emma Jarvis, the NNUH arts co-ordinator, and Marjorie's collection of craft equipment was sold to raise several hundred pounds for the project. An artist from our village, Fran Pemberton, offered several paintings which were framed by a local picture framer, Peter Richardson.

When the first relatives' room is finished we hope to start on the second – perhaps even providing new furniture.

My hope is that our project will help in a small way to give others a more positive outlook – little things mean a lot when you are faced with sadness.

Ron Brewer, Old Buckenham

THANKS FOR THE MOT

I would like you to know that NNUH is the best hospital I have ever been in. Thank you for the thorough MOT and congratulations on such a well run, happy and efficient hospital. Everyone was a credit and I loved the cheerful banter between comrades. The clean bed linen every day was much appreciated and the meals were varied and tasty.

Thank you for all your care and attention.

Rita Rex, Spalding, Lincolnshire

BRING BACK THAT FAMILY FEELING

I held my first staff drop-in clinic as a Staff Governor in July, when volunteers and contract staff were invited to come and share their concerns and ideas.

There was a lot of laughter and even a few tears as we remembered years gone by. One thing mentioned time and time again was the fact that we appear to have lost the "family atmosphere" we once had.

That said, there is still a great deal of commitment and passion, and everyone agreed that we should make a special effort to bring back the feeling of being a part of a very unique family.

A simple smile, a thank-you at the end of the day, the offer to help someone or just to listen…. All these things help us to take the right steps in the right direction."

Terry Davies, Staff Governor

OBITUARY

Angela Morgan, who died in July aged 55, worked as an X-ray assistant in Radiology for 14 years before being diagnosed with ovarian cancer in 2008. She always hoped to return to work and it was pride in her work, colleagues and department that helped to give her the strength to fight the disease.

We would like to thank her colleagues in Radiology for their love and support, Dr Rob Wade and his team in the Colney Centre and the staff on Mulbarton Ward who took such good care of her.

We hope to dedicate a bench to her memory in the hospital grounds.

Anthony and Heather Morgan

DEMENTIA UNDER THE SPOTLIGHT

Two dementia patients talked movingly about their experience of the condition to a packed audience at the John Innes Centre in August.

The occasion was a Medicine for Members event held jointly with the Norfolk and Waveney Mental Health NHS Foundation Trust, when Clifford Cook and Malcolm Newson described the companionship and support they had received from fellow patients at the Sotterley Care Farm, a mental health project in Waveney, Suffolk.

The event was chaired by facilitator Judith Farmer (*pictured below, centre, with NNUH staff*) and included presentations on the growing problem of dementia and the steps we are taking to improve care for confused elderly patients in hospital.

ELECTION GETS UNDER WAY

We are currently holding elections for two new Public Governors to represent Norwich and Broadland, and a Staff Governor to represent Nursing and Midwifery. Nomination forms are available from ERS on 020 8889 9203 or e-mail Charlene.Hannon@electoralreform.co.uk and must be returned to ERS by noon on 22 October. The election will close on 8 December.

For more information contact Janice Bradfield on 01603 287634 or e-mail membership@nnuh.nhs.uk.

PATHOLOGY WEEK 2010

This year's Norwich Pathology Week (1-7 November) explores aspects of the science behind pregnancy and childbirth. At NNUH there will be events on 3, 4 and 6 November. For more information go to to www.norwichpathology.org/

ARE WE TAKING THE CARE OUT OF CARING?

Michael Emeney, *co-ordinator for the British Red Cross Home from Hospital service at NNUH, asks whether fear of being sued has taken over from common sense and decency*

IT IS NOW six years since I came to work for the British Red Cross and I regard it as a privilege to be involved in health and social care.

However, there have been times when my patience has been sorely tested – not by the patients themselves but by the bureaucracy that can can stifle our attempts to help them.

For instance, during my first two years in post we were able to collect pensions for newly discharged, house-bound patients by the simple means of a pension book being signed over and a trip to the Post Office. With the advent of the chip and pin system we were stopped from doing this as the risk of fraud was deemed to be too high.

"What to do? I could not abandon this vulnerable person in a cold house with no food"

The first time I encountered a problem was when I visited a newly discharged patient at home, only to find he had no food, no electricity (the meter was empty) and less than £2.50 in cash. He trusted me, as a member of the Red Cross, to collect his pension money on his behalf but the rules would not allow me to access his account.

What to do? I could not abandon this vulnerable person in a cold house with no food. So off I went to the shops with my own debit card in hand and made the problem go away.

The withdrawal of pension books in favour of a chip and pin system has saved the Government a great deal of money in administration costs but has left care agencies in an impossible position. Without any relatives or friends who can assist them to access their money, a small percentage of newly discharged patients can, in theory, be left at home in what is, quite frankly, a frightening and dangerous situation.

Thankfully this is a rare event and we now check that the patient has access to money before we make a visit. However, we see around 400 people a year – and that's a only a small proportion of the national total – so the risk of it happening more widely must be high.

I'm sure other people reading this column will have experienced similar instances where the fear of being sued in our increasingly litigious society has taken away the common sense and decency that we should not have to think twice about.

I would like us to consider this question: Have we now moved so far in the direction of managing risk, rather than managing problems if or when they occur, that we are in grave danger of taking the care out of caring?

This Viewpoint is written from a personal perspective and does not necessarily reflect the views of the Trust or the British Red Cross. If there is a subject you feel strongly about, please send your contribution to sue.jones@nnuh.nhs.uk

Shirley Galea with daughter Mia, volunteer Debbie Parker and twins Edward and Conor (feeding)

At home w

DEBBIE PARKER (*above right*) *began visiting Shirley Galea after she gave birth to twins Edward and Conor in at NNUH in May. "Conor has Downs Syndrome and had to stay in special care for four weeks, and I was having problems with a caesarian section that wouldn't heal," says Shirley, 43, a mother of four from Hevingham.*

"The sister on the unit suggested the Red Cross because she knew I would have my hands full with a little girl of 15 months and the twins to look after – especially as Conor was having trouble feeding. She gave me a leaflet and then Debbie came to see me.

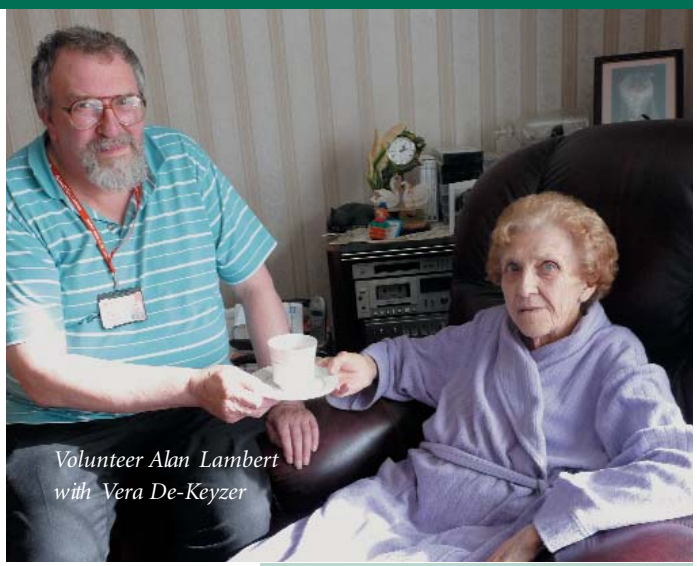
"We got on immediately and she's been a real godsend. I was struggling to cope with all the feeds and the washing so having another pair of hands was fantastic – even if it was only to make me a cup of tea."

Debbie, who is assistant co-ordinator for the NNUH Home from Hospital service, says. "I had twins by C-section 17 years ago so I know how difficult those first few weeks can be. Most of our clients are old people but I am keen to recruit younger volunteers and help the mums who are struggling to cope."

Glynis Moore, the head of midwifery at NNUH, commented: "We fully support this new initiative by the Red Cross. There are lots of women and families who could benefit, especially disadvantaged and vulnerable young women, even if it's only to provide transport for hospital appointments. We would stress that the volunteers are not there to provide baby care but to support the mums."

with the RED CROSS

Next year the Red Cross Home from Hospital service (Norwich) celebrates 25 years of helping vulnerable patients adjust to life at home after a hospital stay. Co-ordinator **Michael Emeney** *explains how the service is changing with the times*



Volunteer Alan Lambert with Vera De-Keyzer

ORIGINALLY SET up as a pilot scheme to help newly discharged patients with tasks such as shopping, collection of prescriptions and befriending, the British Red Cross Home from Hospital service is still going strong after 25 years.

The aim then, as now, was to help patients regain their independence and provide a signpost to other organisations if further assistance was required.

Today we have around 50 active volunteers who provide help for more than 400 patients a year. The numbers have changed little over the years but the patients' needs have become much more complex – we are dealing far more with issues such as drug and alcohol problems and dementia.

We have responded by becoming more flexible and proactive in our approach. For instance, we have moved from a six-week service to being able to work with individuals for as long as required.

We have introduced a number of new initiatives such as severe weather checks and a scheme to support new parents (*see opposite page*). We are also keen to launch an After-Hospital Helpline that would give vulnerable patients a number to call if they require help when they return home. Unfortunately we do not yet have the funding to get this under way.

We need more volunteers to expand our service (*see box, below*). You need to have time to spare and a lot of patience – the upside is that our volunteers get a real buzz out of helping others and they really feel they are making a difference."

"I wanted to give something back after relying on charity myself"

ALAN LAMBERT began volunteering when his pet food business failed and he was forced to rely on charity hand-outs to make ends meet.

"I wanted to repay people's generosity by giving something back, so I signed up with the Norfolk volunteer service – I would tidy people's gardens and cut hedges," he recalled. "Then about 15 years ago I got a call from the Red Cross to see if I could help them out with their Home from Hospital service... I've been helping them out ever since.

"I visit the patients after they return home to see if they need any shopping or help around the house. I'll go back later if I get no response. I was a domestic in an old people's home after being made redundant from Macintosh's in Norwich so I have some experience of dementia patients. It's no good talking about what happened yesterday, but if you ask about the past they can remember a lot more.

"Some people refuse help even when they need it. I find it sad when they have relatives living round the corner who don't want to have anything to do with them.

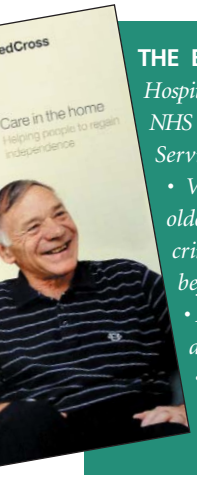
"I visit the patients every week for six weeks and after that I will pop back occasionally with my wife to see how they're getting on. I never forget a client."

VERA DE-KEYZER, *85, from Horning, was delighted when the Red Cross Home from Hospital team stepped in after she was treated for a heart attack. "I had brilliant treatment in hospital but I was desperate to come home," she explained.*

"The doctors wanted to make sure I had enough food in the house and could feed myself before they would discharge me – the Red Cross made that possible.

"Alan visited me every week for six weeks and he cheered me up no end. I would have a shopping list prepared and he would check it to make sure I hadn't missed anything important."

A former teacher, Vera was once a volunteer herself at the Red Cross shop at the old N&N: "It's a wonderful organisation and I have nothing but praise for them," she said. "I'm lucky to have good friends who saved my life by getting me to hospital. But I couldn't have managed without the Red Cross."



THE BRITISH *Red Cross Home from Hospital service is funded equally by NHS Norfolk and the Norfolk Social Services.*

- *Volunteers need to be 18 years or older and must undergo thorough criminal record checks and training before starting to work with patients.*
- *A car is useful but not essential – all transport costs are reimbursed.*
- *For referrals or inquiries contact Michael Emeney or Debbie Parker on Ext 4320 or 01603 288320*

Overcoming the LANGUAGE barrier

Last year there were translation requests for 31 different languages in our hospitals. INTRAN co-ordinator Nicole Karimi-Ghovanlou (pictured) explains how we can use the service more efficiently and help to keep our costs down

WHEN I WAS growing up in Norwich the only "foreign" accent I remember hearing was the broad Norfolk dialect.

Times change and, 40 years on, the sounds of Polish, Turkish, Arabic, Russian and Portuguese are just a few of the many languages that mingle with our own. They bring a welcome diversity of culture to our city, along with a greater choice of restaurants and food in our supermarkets.

If you think this is a new phenomenon, think again… What about the Saxons, Normans and Romans who founded our towns and villages and created our road system? Then there were the skilled Dutch and French workers who became so important to our textile and lace industry after being driven out of their homeland.

During the two world wars many foreign soldiers and refugees settled here and today Norfolk is particularly attractive to migrant workers due to labour shortages in our food and service industries – not least in our own hospitals.

In the last six years there has been a considerable influx of workers from Eastern Europe, reflected in a 48 per cent increase in the use of our INTRAN language services last year (*see box, below*).

Overall, the largest migrant worker group in Norfolk is Polish, followed closely by Lithuanian, Latvian and Portuguese, and there is a great need for interpreters of these languages within the Trust.

For those who ask why we should employ interpreters at all, we must remember that all members of the public have an equal, legal right to access hospital services and to receive safe, effective care. This means making sure that patients understand and give informed consent to any treatment and procedures we provide. Interpreters are a vital link to help us honour that commitment.

In the current economic climate we need to ensure that our translation services are being used efficiently. Before picking up the phone, please ask yourself:

- **Do I need to use INTRAN? Is the patient able to communicate effectively without a translator?**
- **Do I need a face-to-face interpreter, or will a telephone translation be quicker and cheaper? (see below)**
- **If I choose to ask for a face-to-face interpreter, can I justify my decision?**

TRANSLATION SERVICES: THE FACTS

ALL OUR translation requests are channelled through INTRAN, a not-for-profit organisation that provides access to a range of translation services in East Anglia. Requests for 31 different languages were made in our hospitals last year – most were for face-to-face interpreters but telephone interpretation can be quicker, cheaper and more convenient.

FACE TO FACE translations are provided by Cintra (01223 346870) with 48 hours notice. Although an excellent service, this is costly and may also be inconvenient, especially if the patient fails to show up for an appointment.

LANGUAGE LINE (0800 169 2694) provides instant access by telephone to more than 170 different languages. The service is available 24/7 and is much cheaper than Cintra as there are no travel costs or booking fees involved – it costs 80p per minute compared to around £100 for a ten-minute conversation with a face-to-face interpreter.

DEAF CONNEXIONS (01603 660889, 9am to 5pm, Mon-Fri) and Clarion (01223 870840, out-of-hours) provide essential services for deaf patients, including sign language and lip speakers.
Deaf ConneXions can also provide interpreters for the deaf and blind.

WRITTEN AND AUDIO translations for leaflets, documents and letters are available through Pearl Linguistics, who also translate into Braille. The documents are sent electronically via their ORBIT system and emailed back in whatever format is required. Pearl Linguistics account for only three per cent of our INTRAN usage but they provide a valuable service for non-English speakers.

• *For more information about INTRAN and written translations contact Nicole Karimi-Ghovanlou on ext. 3271 or by email.*

What's **YOUR** line?

An occasional column looking at the people behind the jobs in our hospitals. Here **Frances Martyn**, *a speech and language therapist for 27 years, describes her role in Medicine for the Elderly*

How do you spend your day?
Broadly speaking, my job focuses on two of life's most important pleasures, talking and eating…. The title leads many people to imagine that we are mostly concerned with the former, when in fact it is difficulty with the latter that takes up 95 per cent of our time.

Many of our older patients have difficulty swallowing, leading to concerns about choking and nutrition. It's our job to assess these patients and provide advice and information for their families, carers, GPs and the rest of the ward team, as well as our speech and language colleagues based in the community.

I also get involved in research projects and training sessions – when I am not wrestling with four different computer data systems that we are obliged to use for statistical and caseload management!

What do you like about your job?
• The joys of multi-disciplinary team working – I'm proud to be part of Medicine for the Elderly, where everyone works together to achieve the best-possible care for patients.
• The technical challenge of weighing up the many contributory factors that lead to communication and swallowing difficulties in the elderly, in order to provide the best possible solutions for patients.
• Banter and jokes with colleagues …
Years ago, when I worked at the old West Norwich Hospital, the ward staff sent me a referral for a Donald Bird. After much searching the "patient" turned out to be the ward's pet budgie (bird flu was not a problem in those days). The budgie could talk very well and used to mimic the receptionist – I once heard it say in her hushed telephone voice: "*Can you come and collect a body*?.. But that's a tale for another time….

What skills do you need?
• A degree in Speech and Language Therapy (SLT), followed by postgraduate training in assessment and management of swallowing disorders.
• Sensitivity, patience, and a sense of humour for dealing with both staff and patients.

What did you do before?
As a student in the 1970s I had a great job trimming Arctic Rolls in a Bird's Eye factory – I was banned from the chocolate éclairs line after it caught fire due to the students' lack of dexterity.
More seriously I became interested in speech and language therapy after studying modern languages at university. I then worked with autistic children and was an occupational therapy assistant before qualifying as a SLT.

"I've learned that changes in the NHS are often circular and wearying, but not always as bad as they seem"

How have things changed?
• The "enablement" project to help rehabilitate the elderly has done wonders to raise the profile of elderly patients' needs.
• Computer systems. Such fantastic information potential – if only our NHS data collection systems could be quick and compatible with each other!
• Advances in technology such as videofluoroscopy, an x-ray technique to measure the patient's ability to swallow, and endoscopic examinations.

Any memorable milestones?
The move from the old St Stephens site to the new NNUH and its much brighter, cleaner surroundings.

What have you learned along the way?
That constant changes in the NHS are often circular and wearying, but not always as bad as they seem at the time.

What are your hopes / ambitions for the future
• To try to retain a kind, skilled, and unrushed service to patients when so much of our time is spent on paperwork, computer systems, meetings, etc.
• To survive a few more years to advanced old age and then get my own back as a very cantankerous patient.

How do you unwind?
Hang gliding and glamour modelling… no, not really, but I do sing in a Barbershop choir, enjoy a bit of kayaking and keep whippets and chickens.

• Are you doing a job in our hospitals that would be of interest to our readers? Or do you know someone else who does? Please email sue.jones@nnuh.nhs.uk or call Sue on 01603 289944

DYING for

Consultant gastroenterologist **Dr Martin Phillips** *warns that we are heading for a tidal wave of alcohol-related disease if we continue to ignore the issue of heavy drinking in our society*

EVERY DAY I see patients in hospital who are, quite literally, dying for a drink. And I am not alone…. Drinking to excess is a major cause of ill-health, from heart disease and stroke to impotence and memory problems (*see "Alcohol facts", right*).

Alcohol is often implicated in the cause of accidents and fractures and is a significant risk factor in the development of several cancers, including breast and colon cancer.

The cost in terms of unemployment, mental health issues, domestic violence and relationship problems can be dire – not just for the sufferers but for their families, the health service and society as a whole.

So what are we doing about it?

The latest TADS initiative (see below) is excellent but it's just a drop in a very large ocean. The trouble is that no one nationally is taking responsibility – it is always seen as someone else's problem.

In terms of the numbers of people affected, alcohol misuse is a much larger problem than either HIV or intravenous drug misuse, yet funding is sadly lacking. NORCAS and several other excellent agencies in our area do a brilliant job but rely on volunteers and charity funding to help people struggling with addiction, whether to drugs, alcohol or gambling.

Successive governments have failed to act decisively to tackle alcohol misuse. This is not helped by the fact the British society as a whole is rather ambivalent about drinking. On the one hand we know it's a serious problem because the death rate from liver disease is rising fast and the victims are getting younger. On the other hand we prefer to ignore it because we don't want to penalise the majority for the sake of the few. The alcohol industry generates jobs and provides income from taxes. Alcohol is an integral part of our social lives and the majority are able to use it in moderation without serious health consequences.

Why is it getting worse?

The two things that affect alcohol consumption are affordability and availability.

Not so very long ago a bottle of wine over dinner was a luxury confined to a night out or a special occasion, but not any more. The cost of alcohol as a proportion

Sean Wood and Marita Isaac offer a referral service for people struggling with alcohol problems

TADS scheme offers extra

THE SUBSTANCE misuse team at NNUH are employed by the Norfolk and Waveney Mental Health partnership and offer a lifeline for patients and staff affected by issues related to drugs or alcohol.

They are currently at the forefront of a £200,000 initiative aimed at reducing hospital admissions for detox patients. "Traditionally patients diagnosed with alcohol-related conditions undergo a detox programme in hospital as part of their treatment," explains Sean Wood, one of two substance misuse liaison nurses based at NNUH. "Unfortunately they often start drinking again as soon as they are discharged, leading to readmission at a later date and further detoxes.

"The new TADS (Trust Alcohol and Drug Service) programme provides fast-track support in the community for at least three months after their initial detox.

"Some patients are able to undergo a planned detox programme at home with support from the TADS team and access to NORCAS, the local voluntary agency for drug and alcohol problems.

"Since we started the TADS pilot in January 2009, our hospital stays for detox patients have been significantly reduced or prevented. Of 34 who completed the three-month pilot programme, 22 were still abstinent at the end of three months.

"Of course there will always be those who decline any help. But we are also seeing a growing number of new patients – especially women – who do not realise their drinking has become a problem until tests

a drink?

"Attitudes might change if high profile celebrities were prepared to be 'champions' and lead a national campaign against alcohol"

of income has dropped considerably – and it is now sold in supermarkets and petrol stations 24 hours a day.

"Social drinking" is an insidious threat because it is not seen as harmful. The wife of a highly educated patient of mine was shocked to hear that her husband was dying from liver failure… "Surely a couple of bottles of wine a night is ok?" she asked. Well no, it's not ok to be drinking this much and a frightening number of people are drinking to excess without realising the harm they are doing to themselves.

It used to be socially unacceptable for a woman to be seen drunk in public. This changed completely with the arrival of alcopops and the "ladette" culture. Unfortunately women are genetically and biologically more susceptible to liver damage from alcohol – the youngest I have diagnosed with severe alcoholic liver disease was just 19 and the youngest to die from liver failure was only 25.

Given that it usually takes 15-20 years to develop cirrhosis of the liver, we are facing a tidal wave of alcohol-related death and disease over the next few years.

What can be done to reverse the trend?

For significant change to occur it has to be seen as "uncool" to drink heavily on a regular basis. We have witnessed this kind of change in our recent history – it is now seen as unacceptable to drive without a seatbelt, ride a motorbike without a helmet or smoke indoors in public places.

In Scandinavia, where the taxation of alcohol is very high, young people and heavy drinkers cannot afford to drink so much. Here, there is a proposal to force all retailers to charge a minimum price per unit of alcohol which should stop supermarkets selling alcohol at less than cost price – currently a major cause for concern particularly fuelling heavy drinking in young people.

Perhaps our attitudes might change if high profile celebrities were prepared to be anti-alcohol "champions" and lead a national campaign.

If the general public want action then the government will listen. But time is of the essence – our heavy drinking culture has got to change if our children are to be prevented from drinking themselves to an early grave.

ALCOHOL FACTS

- Around one in 16 of all hospital admissions are for alcohol-related causes - increasing at a rate of 70,000 per year in England.
- Alcohol costs the health service £2.7 billion per year.
- Statistics from the NHS Information Centre show that nearly 5,000 teenagers are admitted to hospital every year for an alcohol-related condition.
- More than a quarter of the population in England (10 million adults) drink above the guidelines for lower-risk drinking. Of these, 2.6 million adults (eight per cent of men and six per cent of women) regularly drink at higher levels.
- In Norfolk, it is estimated that about 35,000 people have some degree of alcohol dependency.
- Drinking more than the recommended number of units over a long period can lead to complications including:
  - Certain types of cancer, especially breast cancer
  - Depression
  - Memory loss, brain damage or even dementia
  - Increased risk of heart disease and stroke
  - Liver disease, such as cirrhosis and liver cancer
  - Stomach damage
  - Potentially fatal alcohol poisoning

WHAT ARE THE SAFE LIMITS?

For men the safe limit is 3-4 units of alcohol per day, for women 2-3 units. A glass of wine or an average pint of beer can often be the equivalent of three units. For more information go to www.units.nhs.uk

support

show they already have liver damage. Some are middle-aged, middle class professionals who enjoy a few glasses of wine every night – they are shocked to find out that their consumption is way over the safe limit.

"The good news is that in some cases they can arrest the damage to the liver if they change their drinking habits.

"Alcohol can affect anyone, at any age, and we accept referrals from any source, whether from staff, patients or family members. We offer a triage service and we will also meet staff in groups or individually, if necessary, to offer advice and support. We never force people to seek help but we can try to persuade them to take advantage of the services on offer."

• The TADS team can be contacted on 01603 786786

PHOTO BY NIGEL ASHWOOD

STAFF FROM *Cromer Hospital took part in the Cromer Carnival parade for the first time since 1997 – with a highly appropriate theme of "Past, Present and Future". This year's parade attracted 57 floats and thousands of visitors.*

Staff and their families put in a great deal of time and effort to decorate the float, adding humorous touches such as flying bats served with an "eviction notice" and a sound system playing Things Can Only Get Better.

Sadly the team failed to win a prize, although the overall winner turned out to be none other than admin manager Sue Hayward and her family with their impressive Wind in the Willows float. Thanks to all the contributors and sponsors, including NORSE for the loan of the lorry and John Pike for driving it, Helen Lloyd, Travis Perkins, Purcell Miller Triton, Nigel Hogg (Pavilion Theatre), Kerrisons Toys, Medical Illustration and Cromer Football Club.

Work starts on new hospital

BUILDERS HAVE now moved in to start the long-awaited rebuilding of Cromer and District Hospital. The work is being carried out by Mansell and phased to ensure that clinical services continue to run on a near-normal basis throughout.

The £15 million facilities will include a new ophthalmic operating theatre plus diagnostic services, including on-site mammography (breast screening) and DEXA scanning for osteoporosis.

The first phase involves refurbishing the old Barclay ward to accommodate the renal dialysis unit and building a temporary car park across the road at Cromer Town Football Club.

The old Davison and Barclay wards are being retained and refurbished for use as a permanent renal dialysis unit with room for expansion. The hospital plans also allow room for further expansion if required and affordable in the future.

Work on the new two-storey hospital building gets underway in February next year and services will be transferred from the old hospital to the new in Spring 2012, when the old hospital building will be demolished and landscaped.

The project is being funded by the generous Sagle Bernstein and Phyllis Cox legacies. The Minor Injuries Unit will be named after Mrs Bernstein and the procedure unit will be named after her sister Muriel Thoms. The audiology unit will be named after Phyllis Cox.

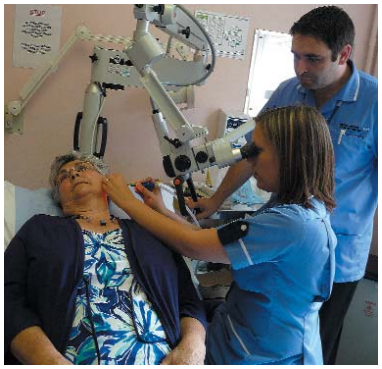
The Hospital Arts Project is appealing for funds to create a range of artworks for the new hospital, following the theme of sky, sea and land.

• *For more information visit www.nnuh.nhs.uk/page/newcromer*

Aural care service is a hit with patients

A NEW nurse-led out-patient service is now available at Cromer Hospital for patients who need minor ear procedures. This service is already offered to patients at NNUH but is now extended to Cromer.

Staff nurse Nick Bataila has been training his colleague Kelly Rudd to use equipment which acts like a mini vacuum cleaner to extract troublesome ear wax.



"This procedure used to be done by ENT doctors but nurses have now been trained to do it themselves, which reduces the waiting time for patients needing more specialised help," explained charge nurse Billy Lawson.

Specialist registrar Alex Bennett, who helped to set up the new service, said: "I have had excellent feedback from patients and local GPs about this service, for which all credit must go to a forward-thinking management and enthusiastic clinical team."

Loretta Shayes (*pictured with Nick and Kelly*) was one of the first patients to have the treatment at Cromer. "I have no complaints about the procedure – it was not painful at all," she said.

THE PULSE

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Please send your contributions for the December issue to Sue Jones (Communications) by 9 November 2010.
• The Pulse *is funded entirely from donations and not from NHS funds*

WELCOME

...to the following consultants who have recently joined the Trust: **Mr Gautam Raje**, obstetrician, **Dr Priya Muthukumar,** neonatologist, **Dr Alistair Green**, consultant in Acute Medicine, **Mr Mark Rochester,** urologist**, Dr Katherine Sisson**, histopathologist, and radiologists **Dr Arne Juette, Dr Benedict Simpson and Dr Davina Pawaroo**.

FAREWELL

...to the following long-serving staff who have recently left the Trust: **Jenny Walpole**, information services manager, after 35 years, **Gordon Farquhar**, chief renal technician, after 31 years, **Richard Beach**, paediatrician, after nearly 26 years, **Anne Lyster**, healthcare assistant on Cley Ward, and **Alan Phipps**, specialist technician in medical physics, after 25 years, **Eileen Duckworth**, dietitian manager, and **Carmencita Sutton**, pharmacy technician, after 24 years, **Linda Leslie**, staff nurse in plastic surgery out-patients, and **Barbara Wilding**, staff nurse on Cringleford Ward, after nearly 23 years, **Jacinta O-Neill**, specialist nurse practitioner, after 22 years.