

THE Pulse

Issue Number 7
May 2003

Norfolk and Norwich University Hospital



NHS Trust

Looking ahead

How Radiology is changing with the times



Wired for progress
'Pinhole' techniques that are revolutionising medicine



Viewpoint
Walking is just the job for me



The cell detectives
Behind the scenes in Cellular Pathology



The Case for Cromer
Revealed - the case for a new 'local' hospital

Trust receives the IWL Practice award

OUR NURSING cadet scheme, hospital arts programme and holiday playscheme were praised by independent IWL (Improving Working Lives) assessors when they visited the Trust recently. We were awarded 'Practice' status after the team spoke to staff and reviewed the work carried out under the IWL banner.

Areas of 'good practice' include our training programme for healthcare support workers, our zero tolerance of violence and aggression, Personal Development Plans, staff Health Line, Occupational Health counselling service and fast-track physiotherapy treatment.

Areas needing further consideration



include rest rooms, acoustics in the restaurant, feedback on the annual staff attitude survey and opportunities for two-way communication via the team briefing. There were suggestions for workshops to help managers recognise and deal with bullying and harrasment issues, and for improved opportunities for training and

development for support staff.

An IWL action plan has now been presented to the Trust Board and will be implemented over the coming months. A separate IWL team will be set up in Cromer.

Lynne Middlemiss, deputy head of HR (pictured third from right), commented: "I'd like to

thank all staff who took part in the IWL programme. Now we are starting to plan our work towards Practice Plus, so if you would like to be involved in this next stage give me a call on ext. 2211. (or Brenda Stibbons if you're based in Cromer)."

• Further information is available on the IWL page of the Trust intranet site

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Out-of-hours ode

When you leave off at the end of the day

And lock your doors up tight
Just remember there are some
Who work all through the night.

We start our shift at 10.00pm
And log into good old PAS
Our bleep goes off at 10.05
It's A&E in a right old fraz.

We need these notes please urgently
Patient's in resus.
They're tracked to HRL today... not receipted
Oh rats, we cuss.

So out we go into the cold night air
To the Health Records Library
On the way the bleep goes off
How many times?...Just three.

Then off we go with our master keys
Ready to open up doors
Climbing on tables if notes are up high
And crawling around on all fours.

All night long from West atrium to East
Our tired feet do roam

From Neurology to Plastics
There's not an office we don't comb.

We end our shift at 7.30am
As you all start fresh as a daisy
And when you find the note we've left
Don't think you're going crazy.

But please remember during the course of the day
And when tracking the notes you're sending
Don't leave them in a trolley or box
Or on a shelf that just says pending.

But send them on the day you say
And please just think of our plight
As the Out Of Hours Records team
Search for notes throughout the night!

*Julie Hume,
Health Records (out-of-hours team)*

Thanks to all

I'd like to thank everyone who saw me through my recent heart attack. From A&E and the Critical Care Complex to Kilverstone Ward, all the staff, including the cleaners, catering staff, nurses and doctors, were brilliant.

I'm now on the mend and feeling better but I could not have got through

without the love and support of such great staff.

Andy Reid, Norwich

Time to take stock

I would like to say a huge thank you to all of you who took time out from your busy work over the past few months to help the CHI (Commission for Health Improvement) team with their review.

I hope you will agree that the report, which is available on the CHI website (www.chi.nhs.uk), is an important assessment of the Trust as a whole and we have much to be proud of.

The CHI review has been a great opportunity for us to take stock of our services and prepare an action plan for the future. In particular we need to be more patient-focused and to do the best we can for our staff.

So, we welcome the report and I hope you will see this as a positive step to achieve the goals we all share.

Our progress on the action plan will be monitored by the Strategic Health Authority and we will keep you informed of all developments.

*Stephen Day,
Chief Executive, NNUH Trust*

Our patients are what really count

I HOPE you found some time for recharging the batteries over the recent Bank Holiday break.



The first quarter of 2003 has been extremely busy and once again we have achieved a successful year-end performance. I meet many people, both inside and outside the hospital, who express their appreciation for the excellent quality of care they have received. This is what really counts. Every single member of staff is crucial to delivering good patient care and I'm grateful for your ongoing commitment to this team effort.

I hope you have had a chance to read and comment on the consultation document on our revised management arrangements - if not, you can find it on the Trust intranet site. The proposed values and vision for the Trust are important for us all and I hope you find them helpful.

A new vision is also being developed for Cromer Hospital. The next stage is to firm up our strategy for the clinical services in order to ensure that we get the right long term solution.

Finally, the end of March saw the publication by the Commission for Health Improvement's (CHI) report following their review of the Trust's clinical governance arrangements. The report makes a number of recommendations and these were discussed at a recent action-planning day. Trust staff and board members were joined by colleagues from the Primary Care Trusts and other stakeholders and patients, generating great energy and enthusiasm and lots of helpful ideas for the action plan.

Many staff contributed to the smooth running of the CHI review but I want to say a particular thank-you to Lyn Taylor for her invaluable contribution.

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



ALL ABOARD FOR BUXTON WARD

A hospital arts project to brighten up the windows on the children's ward has been a great hit with both patients and staff. The colourful seaside theme features a fishing boat, lighthouse and beach huts, creating a sunny outlook whatever the weather. "It's much more fun than looking out on to the car park," commented patient Phillip Ryan, pictured left.

Gold for health and safety team

NNUH HAS gained the Gold Award in the RoSPA Occupational Health and Safety Awards 2003 – one of only two Trusts in the health care sector to achieve this accolade. The Trust has made steady progress in its health and safety programme over the last four years, achieving a performance rating of 75 out of a possible 100 during a recent RoSPA health and safety audit. The number of reportable injuries – caused mainly by manual handling – has fallen from 64 in 1999 to just 23 last year. The gold award marks our commitment to continuing improvement in health and safety standards throughout the Trust.

Lynne Ainge, Health and Safety adviser (pictured right), commented: "It's especially



pleasing to reach such a high standard after all the upheaval of the move. Our training programmes and publicity events such as waste awareness days are clearly helping to raise awareness among staff.

The Health and Safety team will be presented with their gold award in Birmingham on 21 May.

Moya strengthens links with UEA

MOYA WILLSON, pro-vice chancellor (external affairs) at the UEA, has been appointed a non-executive director of the Trust. Her appointment by the NHS Appointments Commission strengthens our growing links with the UEA.

Moya, 53, was a founding director of the UEA's School of Occupational Therapy and Physiotherapy and was subsequently caretaker Director of the School of Nursing and Midwifery. She is an experienced undergraduate and postgraduate teacher and has worked as a consultant to health



PICTURE: EDP

services in Moscow and in Egypt.

A director of the Norwich Millennium Company, she has no political affiliations and will be paid £5,295 a year as a non-executive director.

We're in the top 40!

NNUH IS among the country's 40 Top Hospitals, according to hospital analysts CHKS. The award came just days after the Dr Foster Good Hospital Guide 2003 reported that the NNUH was in the top five hospitals in the region, based on mortality figures. All major teaching and district trusts were assessed by CHKS, who looked at our performance in relation to 15 key issues.

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

Saturday 10-4pm

WRVS shops

East Atrium, open 8am-8pm Mon-Fri,
10am-6pm weekends

Plaza (West) open 7am-8pm Mon-Fri
8am-6pm Saturday and Sunday

Serco (for housekeeping, 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

Enquiries/ complaints: 01603 620146

fec.norwich@firstgroup.com

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

Open to all. For details of services and to
contact the Chaplains, call 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 ext. 2202

Cromer Hospital

Mill Road, Cromer NR27 OBQ

Tel: 01263 513571

Restaurant

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

• The following departments are based at
Norwich Community Hospital,
Bowthorpe Road, Norwich NR2 3TU,
Tel: 01603 776776: Breast screening,
Health records library, Diabetes Research,
Pain Management

• The following departments are based at
Aldwych House, Bethel Street, Norwich,
NR2 1NR. Occupational Health (ext.3035),
Outpatient Appointments, Clinical Governance,
Training and some of Nursing Practice

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



FOCUS ON PATIENTLINE

These eye-catching posters, produced
with the help of the Hospital Arts
Project, are designed to remind staff to
help patients switch on to Patientline,
the bedside entertainment system.

“There are still some patients who are
missing out because they haven’t been
shown what it can do,” says Patientline’s
Frances Prior. They may not realise that
incoming phone calls and some other
services, including hospital radio, are
completely free. It takes only a few
seconds to learn how to use the system.”

On course for excellence

NUH HAS been chosen as a ‘centre of
excellence’ for colonoscopy training by the
Royal College of Surgeons, in preparation
for a national screening programme for
bowel cancer. The first of a series of courses
was held in April, with registrars travelling
from Ireland and Pontefract to take
advantage of the high-quality training
on offer.

“We’re delighted to be one of only 10

hospitals in the country to be chosen for this
training” commented consultant
gastroenterologist Hugh Kennedy. “Our
facilities at the new hospital are some of the
best in the country and the teamwork in the
department is really excellent.”

Delegates and representatives of the Royal
College of Surgeons are pictured at NNUH
with course convenor Professor Duncan Bell
(far left) and Dr Kennedy (third from left).



WELCOME

...to **Dr Yun Pun Chan**, consultant in
Medicine for the Elderly, **Dr Philippe
Grunstein**, consultant in respiratory
medicine, and **Dr Martin Phillips**,
consultant in gastroenterology,
Dr Duncan MacIver, consultant
radiologist with special interests in
paediatric radiology and nuclear medicine,
who have joined the Trust since
March 2003.

FAREWELL

...to the following staff who have left
the Trust since 1 March 2003:
Margaret Banner nursing auxiliary at
Cromer, after 34 years’ service,
Christine Pollendine, receptionist in

Plastics outpatients, after 25 years,
Patricia Willis-Jones, Library and
microfilm clerk, after 25 years,
Jacqueline Cooper, physiotherapist in
Paediatrics, after 24 years, **Patricia
Speller**, clerk in Audiology, after 24
years, **Joan Speake**, staff nurse on
Easton Ward, after 23 years, **Alice
Collins**, nursing auxiliary on Cley Ward,
after 23 years, **Eric Tan**, charge nurse in
the Renal Unit, after 22 years, **Patricia
Barraclough**, staff nurse in Main
Theatres, after 22 years, **Margaret
Mann**, staff nurse in Ophthalmology
Theatres, after 21 years and
Penelope Whiting, nursing auxiliary in
Gynaecology outpatients, after 20 years.



CANARIES IN THE COMMUNITY

Norwich City star Malky Mackay helped launch a new scheme to bring football action to the wards when he visited NNUH in April. Supported by Norwich Union, the scheme keeps patients in touch with the club by showing them video footage on a laptop computer.

The project was devised by hospital volunteer Duncan MacInnes, a former merchant banker and a keen football fan. "I wanted to do some volunteer work and I'm a great football fan so I came up with the idea of merging the two," says Duncan. "The response from both adults and children has been brilliant."



FOUR-YEAR-OLD Chloe Purnell took time out from decorating plastic bottles to show off her new 'doggy' eye patch... courtesy of the orthoptists at NNUH. She is one of the first members of a new 'Patch Club' for young children with 'lazy' eyes.

"Wearing a patch over the good eye makes the 'lazy' eye to work harder," explains NNUH's head orthoptist Tracey Salisbury. "Our Patch Club aims to make it more fun."

Adrian's research brings results

A 'HAPPY ACCIDENT'

sparked off a research project that resulted in senior radiographer Adrian Batholomew receiving a cheque for £200 from the Bicentenary Trust Fund. The project began when Adrian discovered that a grid traditionally used for lateral skull X-rays was no longer required.

"It all came about when I was trying to make a

patient comfortable for her X-ray but the grid kept getting in the way," says Adrian. "I decided to see whether we could get the same results without it.

"Traditionally the grid was used to remove 'scattered' radiation so that we got a clearer image - in fact, with computerised images we are able to reduce our radiation levels and manipulate the image to get a much better picture.

"Research trials with other patients



showed that the results were consistently good without using the grid - it's much better because we can concentrate on the patient without worrying about whether the grid is in the right place."

Adrian is pictured receiving his cheque from Dr Paul Jenkins, on behalf of the Bicentenary Trust, and Carol Edwards, chair of the judging panel.

• You can read more about our computerised X-rays on page 10.

Pager keeps parents in touch

A FLASHING pager used by passengers on a cruise ship gave Karen Basham a bright idea... and now the system has been adapted for parents and carers of children who have operations at NNUH.

"The setting could not have been more different from a busy operating theatre but I could see the principle was the same," says Karen, clinical team leader in the paediatric theatre.

"The Glowster pager is ideal because it's easy to use and works independently of the hospital bleep system. It's

reassuring for parents because it means they can go and have a coffee while their children are in theatre and we can contact them instantly if they are needed."



WANTED... DIABETES 'CHAMPIONS'

The Norfolk Integrated Diabetes Management Group (NIDM) is looking for 'Patient Champions' to help them develop diabetes services in central Norfolk.

"Diabetes is a major health issue locally and we need to find patients with diabetes who will join the group and help us shape our services to meet their needs," says NNUH Consultant Dr Mike Sampson.

If you interested in becoming a Patients Champion, contact Dr Mike Sampson (01603 287094) for more information.



PICTURES BY SARAH PATCHETT

The CE

Ever wondered what happens to all the tissue specimens that go to the lab for analysis? The Pulse takes a look behind the scenes in Cellular Pathology



Tissue samples selected by pathologist Anne Girling (above left) are processed and shaved into sections a thousandth of a millimetre thick (top). Searching for abnormalities is a skilled job for the cytology team (above) who analyse cells from cervical smear tests

WHILE MEDICAL science is increasingly technology-driven, pathologists continue to rely on tried and tested methods of preparation and observation to diagnose disease from body tissue.

Around 33,000 specimens are analysed in Histopathology each year, varying from a tiny fraction of tissue such as a mole or polyp to a large resection of lung or colon.

“People often think pathologists spend their days dissecting dead bodies,” says the histopathology laboratory manager Julia Burton. “But post mortems account for only three per cent of the histology workload. The rest involves diagnosis from surgical tissue.

“While around 20 per cent of our surgical histology results in a cancer diagnosis, in another 50 per cent of cases a clinical suspicion of cancer is excluded. The other 30 per cent of the workload is related to non-cancer disease including inflammatory diseases of the kidney and gut.”

During daily ‘cut-ups,’ the pathologist or biomedical scientist selects the samples to be analysed. These are processed overnight, replacing any water with molten paraffin wax which, when cooled, creates a solid ‘block’ of tissue.

A series of thin sections is cut from the block, each measuring around a thousandth

of a millimetre thick - half the thickness of the average red blood cell. The sections are floated on to a warm bath to remove any creases, then picked up on to a glass slide and ‘stained’ with a variety of dye solutions to identify their different components.

Another technique involves the use of antibodies to define tumour cells and other specific tissue components. A great deal of

“Most people think pathologists spend their days dissecting dead bodies. But post mortems account for only 3% of the histology workload”

accurate work is required to help the pathologist decide whether a tumour is benign or malignant and to assess the patient’s prognosis.

In an emergency, small tissue samples may be frozen rapidly and a thin section cut and stained for analysis. If necessary, a report can be phoned through to the theatre within 15 minutes, while the patient is still on the operating table.

• More information on the Histopathology department is available on the Trust intranet.

LL detectives



BREAKTHROUGH FOR CERVICAL SMEAR TESTS

Up to 150 cervical smear tests are analysed by the cytology team each day. But while the cells still need to be carefully examined by experienced staff under a microscope, a new method of preparing the slides has been successfully piloted at NNUH. Cells are collected from the cervix in the usual way but instead of being 'smeared' on to a slide by the GP or nurse, they are mixed into a vial of liquid and processed in a machine.

"It's much better for patients because the machine can produce better quality samples for us to look at," explains cytology's deputy lab manager, Sylvia Pullinger (*pictured left*

with pots ready for processing). "This means there is rarely a need for the patient to return to the GP or clinic for a repeat test as very few turn out to be unsatisfactory.

"Also, the samples are 'homogenised' to create a more representative selection of cells for examination."

The Trust is one of only three in England to pilot this new system - called *Liquid Based Cytology* - and NICE (the National Institute of Clinical Excellence) is recommending that it be rolled out nationally.

Nearly all GP practices in central Norfolk have now switched to the new system.



CHROMOSOME patterns are analysed with the help of new technology (*left*) in the cytogenetics laboratory. Most of the analysis is carried out by skilled scientists under a microscope

FACT FILE

- Cellular Pathology includes histology (analysis from biopsies and other body tissue) cytology (cervical smear tests) and cytogenetics (chromosome analysis).
- There are 11 consultant pathologists and five specialist registrars working in histology, supported by nine qualified biomedical scientists and six medical laboratory assistants.
- Except for emergencies, histology results are generally available on the ICE reporting system within 48 hours. Faster results can be requested, but advance warning is required as the department does not operate 24 hours a day.
- Research is continually being carried out in conjunction with the UEA. The histopathology department operates a tissue bank, with full ethical consent from patients who donate their tissue for this purpose.

TESTING FOR DOWN'S AND OTHER ABNORMALITIES

THE CYTOGENETICS laboratory offers pre- and post-natal diagnosis of chromosome abnormalities such as Down's Syndrome. Around 1500 samples are analysed each year, of which 10 per cent turn out to be abnormal.

The scientists are searching for any variation, however small, in the normal pattern of chromosomes. Cells are cultured to make chromosome preparations before being examined under a microscope. This is a time-consuming process and all findings are carefully checked by two scientists.

"We're acutely aware of the implications

of genetic findings for the parents and families and we take great care with our investigations," says the department head, John Pearson.

"The defects we find can be extremely rare and sometimes unique. If they are discovered before birth the pregnancy may be terminated, but this is always for the parents to decide.

"In the case of children and adults, our investigations may be the culmination of years of tests. The condition may be incurable but at least the family can see an explanation and start to come to terms with it."

A quiet revolution is taking place in Radiology as we embrace some of the latest advances in X-ray science. Consultant radiologist John Cockburn explains how our patients are benefiting from these exciting new developments



Dr John Cockburn prepares to create a 'map' of patient Doris Tolver's arteries by injecting dye into the blood vessels

WIRED for

PICTURE THE scene: The surgeon, wearing virtual reality goggles, is working on a patient hundreds of miles away, using remote-controlled robotic arms. Science fiction? Not at all - this ground-breaking procedure was carried out recently in the United States. How long before it becomes virtual reality at NNUH?

According to consultant radiologist John Cockburn, it may be sooner than we think. "Interventional radiology is undoubtedly the way of the future. It's only a matter of time before such operations become commonplace."

John points to recent developments in angiography whereby a mesh tube, or 'stent', is inserted into an artery to restore blood circulation to a limb.

A device similar to a tiny umbrella can be used to 'capture' a dangerous blood clot and prevent it from travelling to a lung and

causing fatal damage. Other devices are designed to stimulate blood clotting or even dispense drugs directly to the site where they are needed.

"These new procedures can do a great deal to improve a patient's quality of life and they are carried out through an

"These new procedures can do a great deal to improve a patient's quality of life... and they are carried out through an incision the size of a pinhole"

incision the size of a pinhole," says John. "In some cases the patient is able to go home within a couple of hours. It's fantastic

for the patient - and it means inpatient beds can be kept free for those who really need them.

"We are witnessing a real explosion of knowledge in Radiology. Our ability to diagnose patients with the help of CT and MRI imaging is nothing short of miraculous. It's truly amazing how MRI can tune in to the body's own radiowaves to identify a tumour measuring only 1mm across.

"With the next generation of PET (Positron Emission Tomography) scanners, we will be able to see whether, say, a lymph node is enlarged because of a cancerous tumour.

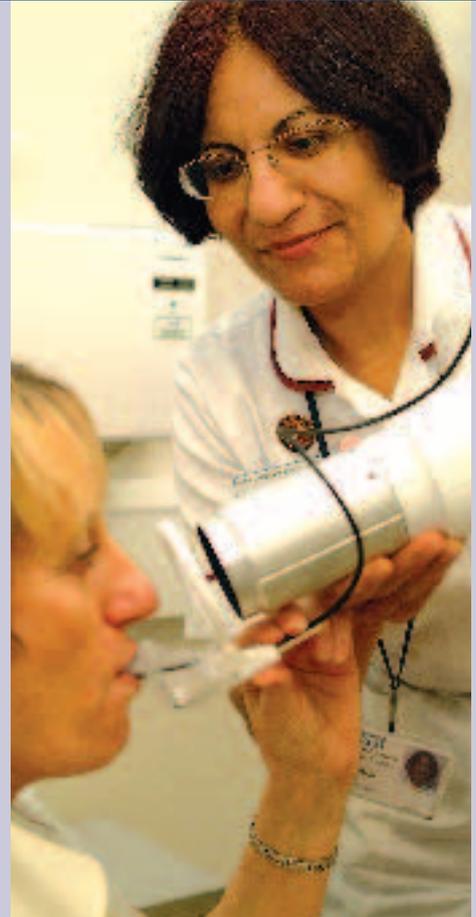
"I don't know a single radiologist who isn't excited to be working in this field at the moment. The only problem is waiting for the NHS to provide the cash for us to catch up with all these exciting new developments."

BUILDING FOR THE FUTURE

THE MOVE to NNUH has facilitated changes in Radiology that would never have been possible on the overcrowded N&N site. For instance:

- The A&E department now has its own X-ray suite and no longer has to share with the busy fracture clinic.
- X-ray images are available instantly on the PACS computer system (see page 10), removing the need for cumbersome film packets and increasing the possibilities for training and research .
- Thanks to new state-of-the-art equipment and the hard work and dedication of radiology staff, waiting times for an MRI scan have been reduced from a year to just eight weeks.
- Radiologists are flocking to NNUH - there were 120 applicants recently for six SpR posts. Many are attracted by the potential for collaborative teaching projects with the UEA.
- Electronic wizardry is bringing unexpected benefits for the Radiology team. John Cockburn and several of his colleagues now use voice activated software to prepare their own reports. "It takes a while to set up but in the long run it's a real time saver," says Dr Cockburn.

PICTURES BY SARAH PATCHETT



progress

NEW, FAST-TRACK chest and dental clinics (pictured right and above) have been set up for patients referred directly from their GP, dentist or consultant. The results are available on screen within minutes and a report can be faxed to the relevant GP or consultant the same day.

Meanwhile, staff in the Fluoroscopy section of Radiology have devised a three-session day to increase the number of patients they see in a day. "This initiative came from the radiographers themselves, led by Jonathan Pearson," says Simon Girling, clinical director for Radiology. "We are now awaiting Trust approval of protocols to allow radiographers to be responsible for reporting the results on barium enemas.

"All these changes in our working practices are having a significant impact on the time patients need to wait for diagnosis and treatment."



Now showing at a screen near you ... digital images have taken over from X-ray film at NNUH. Consultant radiologist John Pilling talks to Sue Jones about the revolutionary computer programme that's changing the way we diagnose and treat patients



FOR JOHN PILLING, the switch from film processing to digital X-rays was the culmination of nine years of hard work. Ever since he first read about the embryonic PACS (Patient Archiving and Communication System) in a radiology journal in the early 1980s, he could see the potential of a system that allowed X-rays to be viewed on a computer screen instead of a light box.

The possibilities seemed endless. Not only could we do away with all those cumbersome packets of film, but the images could be instantly transmitted and viewed in several locations at once. What this would mean, in terms of diagnosis and patient care, was open to the imagination.

John's determined campaign to bring the technology to Norwich has not all been plain sailing, however. Back in 1996 a successful pilot had to be put on hold for lack of funds, and Hammersmith Hospital took the lead in PACS technology in the UK.

"Yes, I was hugely disappointed at the time but I was sure the project would be revived eventually," he recalls. "Also, I was clinical director for Radiology at the time so I was too busy to have regrets. Then

suddenly the move to Colney was announced and we had only two-and-a-half years to plan the biggest PACS project in the UK."

Today, on computer screens in wards, consulting rooms and offices throughout the Trust, John's vision is coming vividly to life. Even the most techno-phobic sceptics in the organisation are now among the most enthusiastic.

X-RAY VISION

"Of course, there were challenging times in the early days when we were scanning thousands of historical X-rays and training our staff. But we had a fantastic team who were all very committed to success."

The son of a GP who went on to become the Sheffield coroner, John studied medicine at Oxford and trained in Sheffield and Cambridge before joining the N&N as a "jobbing radiologist" in March 1980.

After 23 years he is still passionate about

his work. "It's like being a detective, sifting through the clues to arrive at a diagnosis. Take a barium enema - a potentially awkward and embarrassing procedure. You have about 20 minutes to gain the patient's confidence, carry out the procedure successfully and leave them feeling that it's a good job well done. That's quite a challenge.

"Doctors can be overwhelmingly patronising. But I find the whole atmosphere changes when you take the trouble to communicate with patients and treat them as a human being rather than another case to be processed."

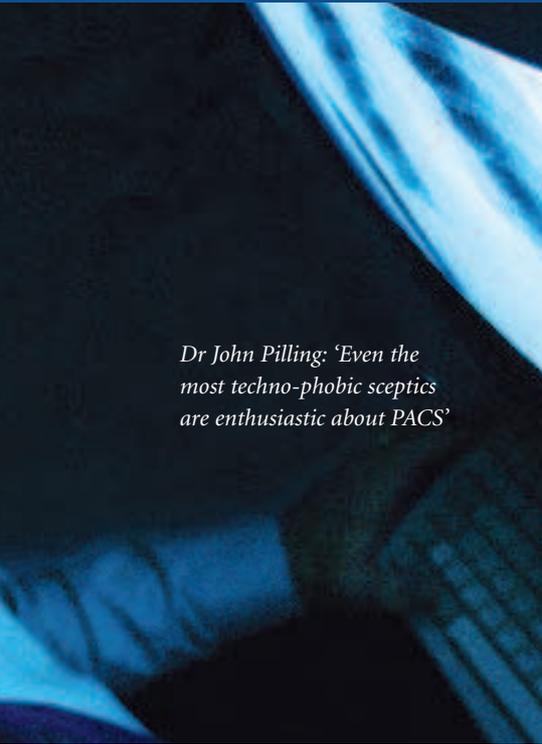
A 'natural enthusiast', John applies the same attention to detail to his hobbies as he does to his work. He was bitten by the sailing bug at the age of nine and is about to start building his fourth boat. "I'm just as happy working with my hands as my brain," he says.

Remarkably, he met his wife Helen, now a counsellor, when she was just 15 and he was 16. They married while he was still a student and are still together after 32 years.

"My wife says I'm extremely patient and she's probably right! Certainly I don't 'do stress' and I don't believe in taking work

PACS: THE FACTS

- NNUH is only the second hospital in the UK to convert entirely to digital technology for viewing X-rays
- More than 2.5 million images are now stored on the system
- In the case of MRI or CT scans, up to 1,000 images may be created for diagnostic purposes, though the typical number is more like 100
- Images can be manipulated or combined using special monitors to create a 'moving' 3-D effect.
- Qualified staff can access the images on any computer screen via the hospital intranet
- Valuable minutes can be saved in an emergency because images are available more rapidly.
- Staff are no longer required to carry bulky envelopes containing X-ray films from place to place
- Patients can be dealt with more quickly, reducing the time they need to wait around in hospital.



Dr John Pilling: 'Even the most techno-phobic sceptics are enthusiastic about PACS'

ION

“My father’s generation witnessed the birth of penicillin. I’ve been privileged to see a similar revolution - in our ability to diagnose and treat patients using computer technology”

home - cycling home to Catton helps me to unwind and get things in proportion.

While five of his relatives are medics - “the family ethos was that you could do whatever you liked as long as it was medicine” - John is happy that his own two sons have chosen different careers.

“My father’s generation witnessed the birth of penicillin and saw that doctors really could save lives. I’ve been privileged to see a similar revolution - in our ability to diagnose and treat patients using computer technology. PACS has made that technology more accessible, which is a real step forward both for our patients and for us.”

THE VIEW FROM HERE

Lack of windows, a noisy restaurant and complaints about the buses... but is life at NNUH really that bad, asks Michael Ranson, a Meet and Greet volunteer

AS A VOLUNTER member of the Meet and Greet team, with no axe to grind, I was interested to read the comments from staff in the September IWL (Improving Working Lives) survey.

Most of the criticisms refer to the lack of natural light in some departments. Is this because for some extraordinary reason the architect was American and Americans are much more used to living in air-conditioned boxes than we are? Short of redesigning the whole hospital, I don’t know what can be done to improve the window space, but it remains a problem.

Are staff facilities really so bad? As I wander round, I see numerous sitting rooms for staff relaxation. Maybe it’s my imagination!

As for the main restaurant being too small, this is nonsense. I have never found any shortage of space in which to eat. And I have always found the food appetising, well cooked and reasonably priced. But yes, it *is* noisy.

Some say the restaurant is too far to walk to. Poor things! With all the obesity I see in the hospital, I would hope that more walking was exactly what the doctor ordered for many people.

Are the buses totally unreliable? I don’t think so. They seem to me to be reasonably frequent and to make good progress to and from the city, being held up only by traffic jams.

I am certainly not a paid lackey of the Trust. In fact, as a volunteer I can have a genuinely broad and impartial view, based on visits to all part of the hospital. And having attended many meetings of the Trust as a member of the public, I have been enormously impressed



“With all the obesity I see in the hospital, I would hope that more walking is exactly what the doctor ordered ”

by the conscientious desire of all Trust members, from the Chairman down, to go out of their way to respond to genuine criticism.

Like all Meeters and Greeters, I have to liaise with reception staff throughout the hospital. I have found them unfailingly courteous and cheerful. Patients, too, are almost always grateful for the help that volunteers and staff are glad to give them.

Altogether, I find this place a pleasure to work in.

• *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 dept, NNUH.*

A one-stop approach to health care is the philosophy behind the proposed development of health services in North Norfolk



The Case for CROMER

A **NEW TYPE** of hospital, built on a new green field site and providing a range of different services, is described in the Strategic Outline Case (SOC) for the development of health and social care services in Cromer. Details of the case are due to be considered by the Strategic Health Authority in June.

Co-ordinated by the North Norfolk Primary Care Trust, in partnership with the NNUH Trust and with the involvement of local people, the SOC prefers the option of a new site rather than developing the existing Cromer Hospital because it would be more economical.

The case is based on an estimated capital cost of £16.1m for delivering the first phase of the plan, compared to £17.05 for developing the existing site. Funding will be explored when the business case is drawn up but a range of options is being considered including PFI (private finance

initiative) and LIFT (Local Improvement Finance Trust) schemes. Revenue costs are estimated to increase by £597,000, compared to £699,000 for redeveloping the existing site.

The SOC takes account of an expected population growth in North Norfolk of 16.7 per cent by 2020, with the number of people over 65 expected to rise by 35 per cent. It points out that there is also a high number of visitors to the area, requiring a flexible approach to the provision of local health services.

The SOC offers solutions to achieving current and future national NHS targets. For instance, it suggests the number of outpatients could be doubled from 25,000 to 47,000, helping to reduce waiting times. With a one-stop approach, the hospital could call on the services of specialist GPs to carry out minor surgery, orthopaedics, ophthalmology, urology, dermatology and

stroke services. And Emergency care would be available at the point of need, in the local community.

The development of health services in North Norfolk is seen as a major contribution to improving the performance of PCT services, especially in the light of new national guidance on 'keeping the NHS local'. Technological developments have opened up a new range of possibilities for smaller hospitals and localised services.

Potential sites for the new hospital are currently being discussed but are being kept under wraps due to 'commercial sensitivity'.

Cromer Hospital (above) has 'great local ownership', but the 1930s building 'has been developed in a piecemeal way and is in need of much maintenance'

What the new hospital would provide

Acute services with a day treatment centre, double the number of outpatients and a minor injuries unit integrated into a new model of care involving primary care practitioners and community paramedics.

Primary Care with a one-stop approach geared to providing fast and convenient services.

Mental Health Care with a community mental health team and services designed to meet the needs of people with mental health and drug misuse problems.

Intermediate Care with day treatment and therapy services for older people, including improved facilities for active rehabilitation.

THE PULSE

Head of Communications

Andrew Stronach (ext.3200)

Editor Sue Jones (ext.5944)

Pictures Sarah Patchett, Lin Wymer, Simon Dove (Medical Illustration: ext. 3245)

Design Consultant Steve Kirkendall (www.kirkendalldesign.co.uk)

Communications Assistant

Hayley Gerrard (ext. 5821)

Please send your contributions for the July issue by 10 June 2003.

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