

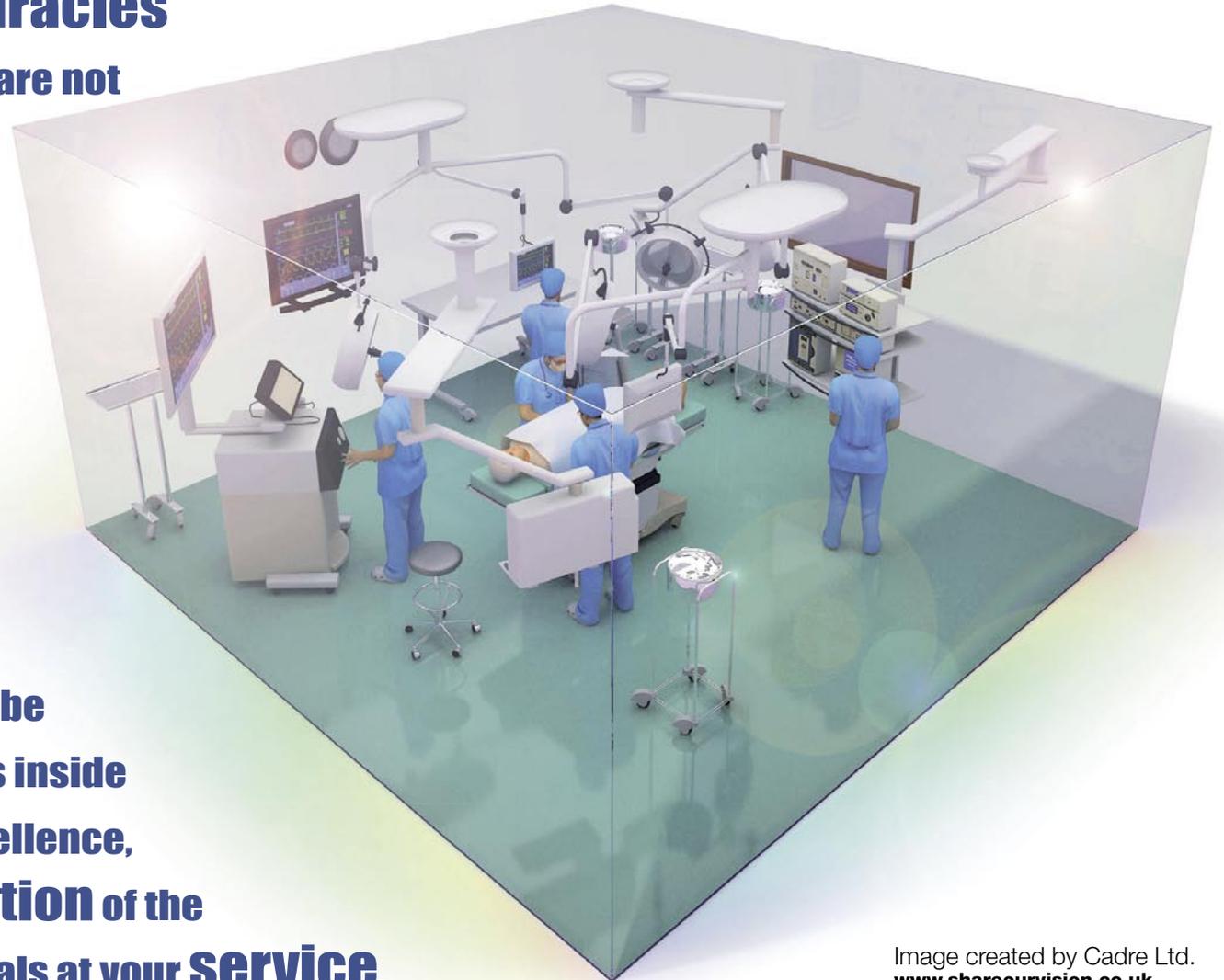
HEALTH NEWS

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All too often the daily miracles that happen in the NHS are not recognised.

This special edition of Health News aims to showcase the very best examples of treatment, research and patient care.

We all know that sometimes things could be better, but in the pages inside we celebrate the excellence, innovation and dedication of the health care professionals at your service.



In a single year there are more than one million patient episodes in Greater Glasgow and Clyde. Over the next few pages we highlight how your NHS staff have saved the lives of just three patients. This is a tiny snapshot of the wonderful impact the NHS has on people every day.

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SAVED BY AN APPLE!

... AND LIFE-SAVING SURGERY TO REMOVE TUMOUR FROM ROBERT'S THROAT

WATCHING three-year-old Robert Kennedy having fun playing on a chute, it's hard to believe that it is only days since he underwent life-saving surgery to remove a rare tumour from his windpipe.

As he and his family prepared to go home after his stay in Yorkhill's Royal Hospital for Sick Children, the toddler was busy enjoying one last slide with big brother Daniel before the journey back home to Kilmartin by Lochgilphead.

Just five days previously he had endured major surgery to successfully remove the tumour which otherwise might have continued to grow and block off both of Robert's lungs.

But Robert's rapid recovery is only part of this young boy's amazing story.

Robert's tumour - an Inflammatory Myofibroblastic Tumour - was so rare that specialists at Yorkhill's Royal Hospital for Sick Children had not seen a similar case for 20 years. Local GPs working to try to identify the cause of Robert's year-long

persistent cough did not therefore suspect a tumour of the windpipe.

But that all changed the day Robert choked on a piece of apple.

Robert's mum Maisie explains what happened. "Robert had already had a persistent cough for a year when he became ill in January. He got croup and a chest infection which developed into pneumonia. Then one day, he choked on a piece of apple and coughed up a lot of blood.

"He was admitted as an emergency to Yorkhill and a bronchoscopy was performed to investigate



LITTLE Robert Kennedy is back on the mend after his operation.

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HOW ROBERT WAS SAVED BY AN APPLE!

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this further. During this investigation, tissue was removed from Robert's windpipe, and this was subsequently found to be the rare Inflammatory Myofibroblastic Tumour.

"Robert's tumour was diagnosed in March. Because his tumour was so rare, he was cared for by a large team, including ENT surgeons, oncologists and cardiothoracic surgeons.

"He was started on a drug trial which didn't work, and the tumour was also so low down that he could not be saved by a tracheotomy, so a decision was made to perform surgery to remove the tumour from the windpipe. This is very complex surgery and it needed the specialist skills and equipment of the national cardiac service and national ENT service based here at Yorkhill. Now that the tumour has been removed he

will be reviewed for the next wee while until we can rest easy that it's not coming back."

How have the family coped with everything they've faced over the past six months?

Maisie said: "It's been tough. There have been a lot of highs and lows. We've spent a lot of time at the hospital and I know the road from Kilmartin to Glasgow like the back of my hand. But all the staff have been really amazing. Robert's been very well looked after and has really loved it here. He enjoyed the play areas at the hospital so much that he didn't want to leave today!"

As the family said their goodbyes to ENT consultant, Mr Haytham Kubba, one of the team of specialists who cared for Robert, Maisie joked: "All we can say is thank goodness for that apple! We've always believed in eating healthily but this really gives healthy eating a new meaning!"



The Kennedy family with consultant Haytham Kubba.

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Dad's gift of life makes wedding day so special for Heather and Jamie



IAN leads Heather down the aisle.

BEING Father of the Bride is a special moment in any dad's life, but for Ian Grieg (62) walking his only daughter Heather (36) down the aisle was particularly poignant.

Just nine months earlier he had saved her life by donating one of his kidneys.

And in a moving ceremony earlier this summer, proud Ian watched Heather and sweetheart Jamie tie the knot on a joyous day the family feared they might never see.

In 2007 the Grieg family were thrown into turmoil when Heather's kidneys failed. Heather had already been suffering from kidney problems and knew that her kidneys would eventually fail, but the sudden worsening of her condition was unexpected.

Ian said: "Seeing Heather so unwell was

heartbreaking. I just wanted to do what I could for my wee girl. It wasn't a question of risk for me, it was about saving her life."

Heather explained: "Before my kidneys crashed completely I knew I would need a transplant at some point. We just didn't expect it so soon. My brother, also called Ian, had already tried to donate a kidney but we weren't a match and that was a real blow. When dad first offered to donate to me I was reluctant because I wasn't sure I could cope with the disappointment if he too wasn't a match."

But her dad was a match, and Ian and Heather began a programme of assessments at the West of Scotland Renal Transplant Unit at the Western Infirmary.

The Unit carries out renal transplants for the whole of the West

of Scotland and is a nationally recognised centre of excellence. Headed by leading renal surgeon Miss Laura Buist, the team has transformed the lives of hundreds of patients.

Ian described his experience of the Unit as "absolutely phenomenal." He explained: "Donating an organ is a very daunting prospect but Laura was my surgeon and she was wonderful. The assessment process is long, more than nine months, and I got to know Laura, Mr David Kingsmore (Heather's surgeon) and the rest of the team extremely well. If it wasn't for them and their expertise I'm not sure Heather and I would be in the good health we are in today. I just can't thank them enough."

Ian singled out Kath Brown, NHSGGC's live donor transplant coordinator, for special praise. "Kath saw us

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Dad's gift of life makes wedding day so special

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through the inevitable ups and downs. The assessment process was hard going at times and she held our hands throughout it all."

Kath explained: "Ian and Heather's story is a wonderful example of how successful living donation can be.

"Living donation is where a family or friend donates one of their organs if they are a suitable match. Prior to living donation, individuals who required kidney transplants had to rely solely on organs from deceased donors.

"The numbers of live donor transplants are increasing to try and extend the benefits of transplantation to more patients and their families. A successful kidney transplant is the best treatment for many patients with established kidney failure."

On 30 July 2008 the day of the double operation arrived. In a gruelling twist to the family's situation Ian's brother-in-law had tragically died the previous week and Marjory, Ian's wife and Heather's mum, had to travel to England for his funeral on the day of the operation.

But when Marjory and her



SEALED with a kiss... Heather and Jamie.

son Ian arrived at the Western Infirmary that night, having flown back home after the funeral, they were given the news everyone had been praying for – the operation had been a success and things were looking good.

There was also another piece of happy news as Heather explains: "As I opened my eyes after the operation I could see Jamie sitting at the bottom of my bed. "Will you marry me?" he said. I said yes immediately – even though it was through my oxygen mask!"

On 2 May 2009 Heather Greig became Mrs Heather Dyer. "It was the happiest day of my life." said Heather. "I want to thank my dad, not just for me, but also for Jamie, because we have a future together and it's all down to my dad."

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I'd be dead on the streets without the rehab team

EARLIER this year Jim Martin celebrated a two-year anniversary.

But this wasn't a run of the mill anniversary.

Jim has been alcohol-free for over two years and is quite clear that he would not have made this landmark without the help of staff from the Alcohol Related Brain Damage Assessment and Rehabilitation Team.

Jim always enjoyed a drink but a number of tragedies in his life including the deaths of both his long-term partner and his brother left him drinking alcohol more frequently.

He ended up homeless and living on the streets which resulted in numerous hospital stays. However, it wasn't until he was rushed to Stobhill Hospital and had to have his heart started twice that he stopped drinking. It was during this stay in hospital that doctors diagnosed Alcohol Related Brain Damage (ARBD).

Hearing from the doctors how close he was to death, and what alcohol had done to his health, made Jim determined to stop drinking and change his life.

Jim was referred to the team by one of the hospital social workers and with their help, and support from Glasgow City Council Homeless Mental



JIM Martin is grasping his second chance with enthusiasm.

Health Commissioners and the Penumbra organisation, who initially provided him with accommodation, he now has his own housing tenancy and has become involved in a number of community projects.

Jim is adamant he would not be on this earth had it not been for the efforts of the team. He said: "Without the team and the staff at the Penumbra Unit I would have been found dead on the streets.

"I have been given a second chance at life. I have my own wee house which I am proud to say I have furnished through saving with the credit union and I now have a fairly independent

lifestyle.

"To keep myself busy I have been researching the history of Possilpark where I was raised and I continue to keep in touch with both Penumbra and the team."

ARBD is a term used to describe a number of serious medical conditions where the function of the brain is impaired as a result of a combination of continued heavy drinking, and poor diet with resultant vitamin deficiency. The conditions include Wernicke-Korsakoff's Syndrome, alcohol related dementia and amnesic syndrome.

Common symptoms include

problems with short term memory, problems with balance and co-ordination, difficulties with attention and concentration and learning new information, and difficulty in planning and organising. Those affected can find it harder to control their emotions and sometimes their behaviour. In fact many often have very little insight into their problems.

The effects of Alcohol Related Brain Damage are not reversible, but don't need to worsen if those affected stop drinking alcohol.

Grant Brand is acting team leader and he knows the last couple of years have not been easy for Jim but the team are delighted he has reached his second anniversary.

He said: "Offering support and help to Jim over the last couple of years has meant I have got to know him quite well and he has made so many positive changes in his life.

"With early recognition and diagnosis of ARBD we can help patients from any further loss of essential daily living skills and, in many cases, help patients make a very significant recovery. Raising awareness of this condition can help to reduce harm in the population of heavy drinkers, and ultimately hopefully to prevent onset."

NHS Greater Glasgow and Clyde has some of the finest brains in the world working in the vanguard of medical research.

Their work will have a positive impact on health care for decades to come.

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Research offers hope for spinal patients

S PINAL cord injury affects around 1000 people in the UK each year, primarily due to falls, diving accidents or road traffic accidents.

Resulting in loss of feeling, bladder function, blood pressure and movement in the body below the point of the spinal injury, the effects on the individual are devastating.

Injury at the neck level usually results in partial or complete paralysis of the arms as well as complete paralysis of the legs. When the injury occurs lower down the spinal cord, the hands, arms, head and breathing are usually not affected.

Paralysis is usually permanent due to the very limited capacity for cells within the central

nervous system to repair.

The challenge to identify ways of repairing the damaged spinal cord and giving patients the ability to walk again is formidable.

But groundbreaking research carried out a team of scientists from Glasgow is now giving hope that it may be possible in the future to do just that – using tissue taken from, of all places, the nose.

Professor Sue Barnett, professor of cellular neuroscience at the University of Glasgow, and co-director of the research project, said: “For many years it was thought that the formation and development of nerve cells stopped at birth. It has now become apparent that there are several areas in the adult nervous system where

cells continue to regenerate throughout life.

“One of these is in the nose, where tissue responsible for detecting smell, is able to regenerate cells - probably in response to its vulnerability to physical and chemical injuries from toxic substances in the environment.

“The basic idea of our research is to take these cells from the part of the nervous system that gives us our sense of smell, which is known as the olfactory system, and to transplant these into the spinal cord to regenerate cells and support its repair.

“We have now tested this idea in the laboratory and this has demonstrated that these transplants can promote the ingrowth of many nerve fibres and protect spared



PROFESSOR Sue Barnett... “test ideas”

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Research offers hope for spinal patients

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tissue around the injury site from further damage. In several models of spinal cord injury restoration of some function has been reported.

"I must stress that we are not at the stage of finding a cure for spinal cord injuries. Whilst there was re-growth, this was contained within the transplant and did not reconnect across the injury. Consequently, for the foreseeable future, the clinical benefits of cell transplantation strategies alone are likely to be modest.

"The future potential of cell transplantation will probably depend on the success with which the transplants can be combined with other therapies to achieve significant cell regeneration and spinal cord repair."

Professor Barnett and fellow researchers are now investigating the characters of particular cells within the olfactory system to discover how to grow the right cells for effective transplantation. In collaboration with Drs John Riddell, Mathis Riehle and Nicolaj Gadegaard, they are also devising microengineered bridges to attempt to promote nerve processes across the lesion.

Professor Barnett added: "With clinical studies ongoing throughout the world using human olfactory tissue it is important to identify the cell types and their repair capacity in culture. For this purpose we are collecting tissue from patients undergoing very common operations for nasal blockages, such as polyp removals. Surgeons Mr David Allen, Mr Saghir Sheikh and Miss Louise

Clark are coordinating tissue collection and this is helping to progress research immensely. It would aid progress significantly if permission is given readily for tissue taken during surgery which would normally be discarded."

Mr David Allan, director of the Queen Elizabeth National Spinal Injuries Unit, at the Southern General Hospital, is very excited about Professor Barnett's research and what it means for his patients. "The work that Susan Barnett and John Riddell have done is world class. What we are trying to do at the Unit is provide the clinical support for that kind of work. It is important patients know they do not have to travel elsewhere to get the best treatment. They really are getting the best locally."

WHAT IS THE SPINAL CORD?

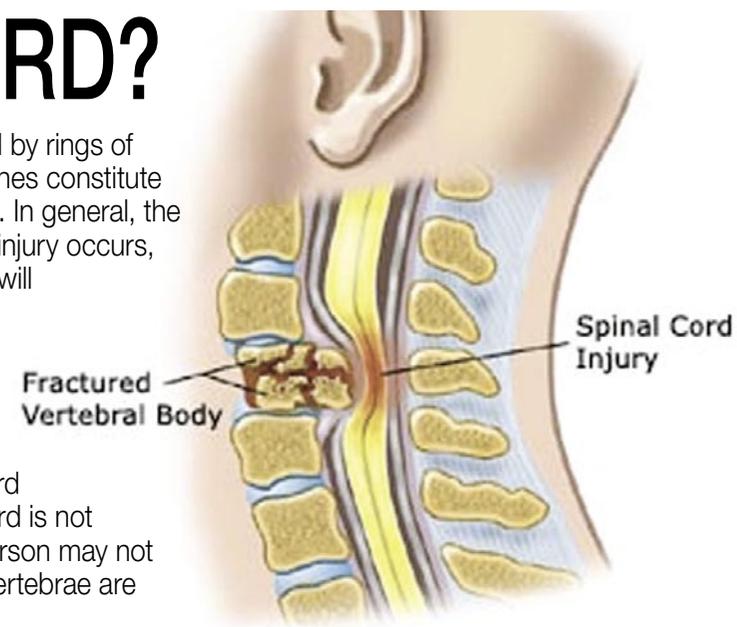
NERVE tracts within the spinal cord carry motor and sensory messages back and forth between the brain and the spinal nerves, which exit and enter the spinal column at different levels and communicate with specific areas of the body.

The spinal nerves that branch out from the spinal cord to the other parts of the body carry outgoing messages in "lower motor neurons" which activate muscles, and incoming sensory neurons.

The sensory components of the spinal nerves carry messages for relay to the brain, for example about pain and temperature, from the skin and from other body parts and organs.

The spinal cord is surrounded by rings of bone called vertebra. These bones constitute the spinal column (back bones). In general, the higher in the spinal column the injury occurs, the more dysfunction a person will experience.

It is possible for a person to "break their back or neck" yet not sustain a spinal cord injury as long as only the bones (the vertebrae) around the spinal cord are damaged, but the spinal cord is not affected. In these cases, the person may not experience paralysis after the vertebrae are stabilised.



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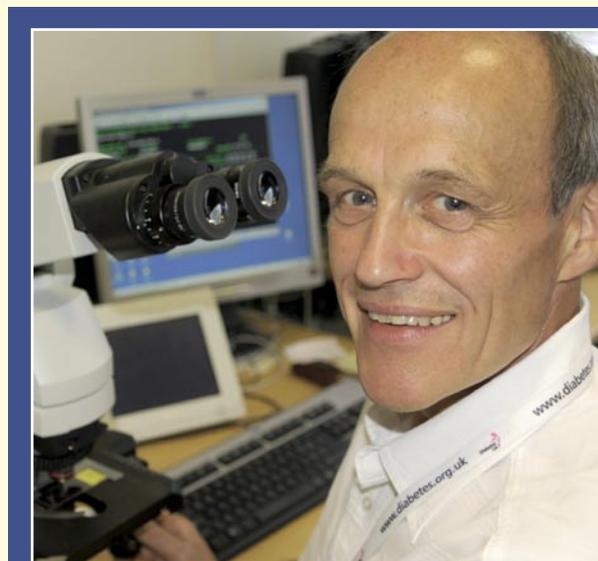
THE VIRAL SPARK TO DIABETES

Study discovers virus may be Type 1 trigger

A COMMON virus may be the trigger for the development of many cases of diabetes, according to new research led by Glasgow pathologist Dr Alan Foulis.

His study revealed a link between a family of viruses, the so-called enteroviruses, and Type 1 diabetes (which usually develops in childhood) and has now raised hopes of a vaccine being developed to stop children developing the condition.

In Type 1 diabetes, the cells in the pancreas that make insulin, the beta cells, are destroyed. This results in loss of insulin secretion and the patient requires insulin injections for the rest of their life. The possibility that beta cells may be infected by a virus has been talked of



DOCTOR Alan Foulis discovered a link between enteroviruses and child diabetes.

for some time, but until recently the technology was not sensitive enough to detect it.

Dr Foulis collected pancreatic tissue samples over 25 years from children across the UK who had died less than twelve months after being diagnosed with Type 1 diabetes. Along with colleagues from southwest-based Peninsula Medical School and the University of Brighton, he tested the

pancreases of 72 young children who had died with the condition. In 60 percent of cases, the pancreas contained evidence of enteroviral infection in the beta cells.

By contrast, infected cells were hardly ever seen in tissue from 50 children who had not been diabetic.

The new research suggests that enteroviral infection of the beta cells, in children with a genetic disposition to Type 1

ABOUT TYPE 1 DIABETES

- Type 1 diabetes usually starts in young people and results from the destruction of the insulin-producing beta cells in the pancreas.
- The condition affects around 300,000 in the UK alone – including 20,000 children under the age of 15.
- There are a further estimated 440,000 cases of Type 1 diabetes in children worldwide.
- Incidences of the disease are increasing by four percent per annum.
- Patients with Type 1 diabetes have to take multiple daily injections of insulin for the rest of their lives.

diabetes, may initiate a process whereby the body's immune system identifies beta cells as 'foreign' and rejects them, as it would a transplanted organ.

Dr Foulis said: "There was already a suggestion that a viral infection might initiate the process of the destruction of the beta cells.

"Before doing the present study the most significant finding I had made was that in Type 1 diabetes

the beta cells also made a substance called Interferon. Interferon is made by cells when they are infected by a virus. That is why we looked for a virus in the beta cells.

"There's nothing I'm doing that could cure diabetes, but the work I am doing is to try to prevent the process starting at all.

"The findings of this new study suggest that vaccination in childhood to prevent enteroviral infections of beta cells might be an attractive means to reduce the incidence of diabetes.

However, there are up to 100 different strains of enterovirus and more research will be needed to identify which particular enteroviruses are associated with the development of diabetes, and whether vaccines could be developed to prevent their spread.

"With 250,000 sufferers of Type 1 diabetes in the UK, the idea of a vaccine being able to prevent this disease would be my life's work in research."

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Glasgow plays lead role in the treatment of stomach cancer

In a significant breakthrough in international cancer treatment research - led in the UK from Glasgow - a new treatment has been discovered to extend the lives of patients with advanced and incurable stomach cancer.

The groundbreaking treatment uses Herceptin, currently used to treat breast cancer patients, in combination with chemotherapy.

The results of the treatment are described by top Glasgow oncologist, Professor Jeff Evans, the trial's UK lead researcher, as: "One of the biggest advances we have made in survival rates for patients with advanced stomach cancer since the introduction of chemotherapy in the 1980s."

Professor Evans explained: "Using Herceptin with chemotherapy for this group of patients has been a four-year study involving patients from around the world. In total 594 patients worldwide took part in the trial and for those who were treated using this combination of treatments the survival



PROFESSOR Jeff Evans at work in the lab.

rates improved by 26 percent. The amount of benefit was even greater in patients whose tumours express higher levels of HER2 and this is very significant indeed."

Gastric cancer is the seventh most common cause of cancer-

related death in the UK with more than 8000 new cases diagnosed each year.

Herceptin can only be used if the individual produces a specific molecule known as HER2. This molecule fuels the growth of tumours and

Herceptin targets that molecule. Around 22 percent of stomach tumours are HER2-positive and therefore the new treatment has the potential to improve survival rates for a significant number of patients, particularly in the west of Scotland where rates of stomach and oesophageal (gullet) cancers are particularly high.

Now that the trial has been completed, the next stage in making this treatment combination available for patients is for the manufacturers to apply for a license. This process is now underway and it is hoped this will be completed within the next 12 months.

Professor Evans added: "This trial has shown for the first time that adding a biological treatment to chemotherapy can improve survival in this patient group and represents a significant advance in how we treat patients with this type of advanced stomach cancer. It is also the first time that we have shown that the activity of Herceptin in targeting HER2-positive tumours is not restricted to breast cancer."

Glasgow's world famous Yorkhill Hospital is a jewel in the crown of the NHS.

Over the next few pages we turn the spotlight on a few examples of the first-class care provided by the team at the hospital.

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THE KEYHOLE WIZARDS

Surgeons work their magic in Yorkhill's Operating Room 1

GLASGOW is home to the most advanced keyhole surgery operating theatre in the UK.

It's known by the skilled teams of surgeons and theatre staff who use it as OR1 – Operating Room 1 – and it positively bristles with technology and multiple high spec HD flat screen monitors and other electronic wizardry!

To the surgeons at Yorkhill Hospital it gives them the best possible opportunity to deliver the highest quality of surgery to the children they operate on.

The skills of the teams who work in OR1 ensure keyhole operations are carried out faster, safer and give patients the fastest and most pain free recovery possible.

Keyhole (or laparoscopic) surgery and the Glasgow story of how the paediatric service has developed is something we can all be very proud of.

The technique used in paediatric



THROUGH THE KEYHOLE... some of the OR1 surgical team. From left - Simon Keys, Claire Anderson, Mairi Steven, Atul Sabharwal, Martin Flett, Linda Thomson, Rania Kronfli, Charles Conlon, Jennifer O'Neil, Roland Partridge and Kathleen Thomson.

THE KEYHOLE WIZARDS

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keyhole surgery involves making a small ($1\frac{1}{2}$ cm) hole just under the belly button and introducing carbon dioxide gas into the abdominal cavity. This creates room to insert a laparoscope (keyhole camera) to see the internal organs and carry out the operation while watching what they are doing on a TV screen. More small holes (usually two to four) can then be made to introduce instruments to carry out the operation.

The laparoscope was first used in the hospital to insert into the abdomen to have a look at what was happening internally only to make a diagnosis.

In 1993 just two operations were laparoscopic. Last year nearly 200 keyhole surgery ops took place and this year there will be 250.

The type of case being carried out has increased in technical difficulty as the skills of the Glasgow surgical teams develop.

Initially diagnostic laparoscopy to appendicectomy (1995),

cholecystectomy (1996), removal of a kidney (2002) and fundoplication (wrapping part of the stomach around the oesophagus) in children with uncontrollable vomiting (2003) are examples of more than 20 types of operations now performed. In 2005 the first spleen was removed,

weighing approximately 150g and 15cm in length. This organ was removed from a $1\frac{1}{2}$ cm hole!

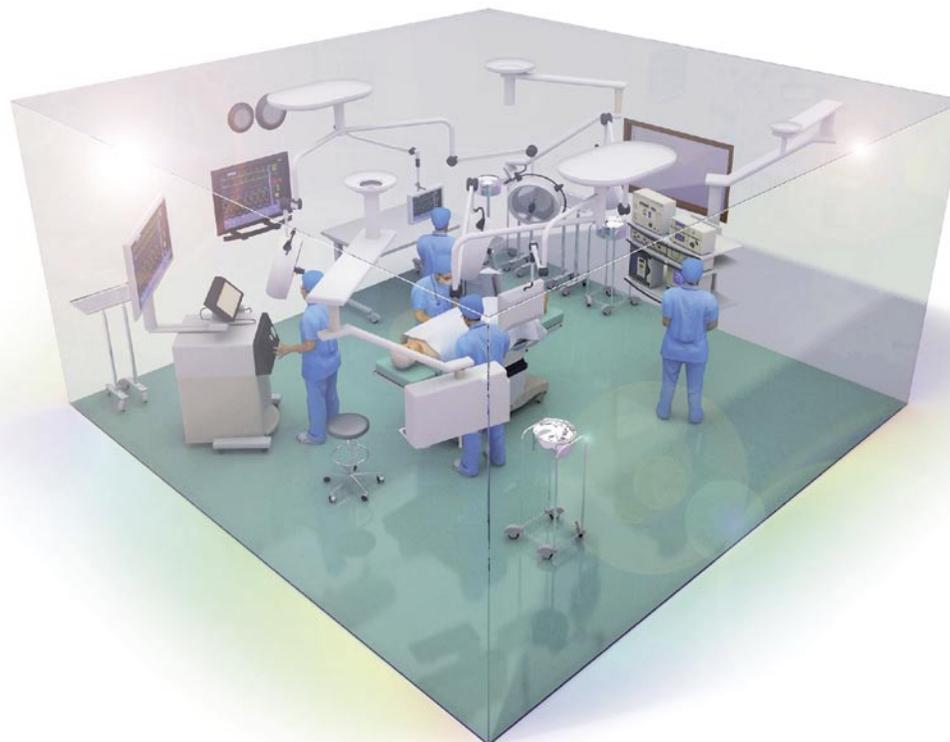
One of the most experienced keyhole surgeons in the country is consultant surgeon Atul Sabharwal. He came to Glasgow in 2003 as a senior trainee and was swiftly dispatched

to the world's leading keyhole surgery hospital in Brisbane, Australia to spend a year honing his skills and learning from the best in the business.

"Now we are training our own surgeons and we have a team that is second to none," he says as he proudly introduces some of his team and

describes the impressive equipment in OR1, much of which was funded by the Yorkhill Children's Foundation.

The set-up in theatre OR1 incorporates three high definition flat screen monitors which can be positioned anywhere globally around the patient, a fourth touch-screen display which allows the surgeon to control many aspects of the procedure, the ability to record all procedures for future reference and a 55-inch plasma display which not only displays the operation but can also be used to look at X-rays, CT and MRI scan images of the patient during surgery. The actual operation can also be transmitted live, not only to selected areas of the hospital for teaching purposes but anywhere around the world. The next stage of development in paediatric keyhole surgery is a collaborative approach between the existing abdomen surgical teams and the Glasgow's paediatric cardiac surgeons to explore and develop lung surgery.



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Supercalifragilisticretroperitoneneoscopic!

WHY CHILDREN ARE SINGING THE PRAISES OF KIDNEY TEAM

SURGEONS in Glasgow are delivering a ground-breaking keyhole surgery technique on children with kidney disease that can often result in the patient going home the next day and needing nothing more than paracetamol for pain relief.

In the world of medicine the technique is known as Prone Retroperitoneneoscopic Partial Nephrectomy. Thankfully consultant surgeon Stuart O'Toole, who was first to use this technique to remove a kidney in Scotland, has a knack of explaining what it's all about rather more simply!

Our world-famous Children's Hospital at Yorkhill carries out between 20 and 25 kidney operations a year. The surgeon will often need to remove one of the child's kidneys or in some cases part of one of the kidneys.

Even when using keyhole surgery to reach the kidney, surgeons had to approach the operation from the front of the abdomen and "move internal organs out of the way" to get access to the lower back where the kidneys are located – one on each



STUART O'Toole in theatre blues.

side of the spine.

Until recently all such operations were performed with the patient lying on his/her back and the surgeon "going in" from the front.

The abdomen cavity is "pumped up" with gas to enable the surgeon to move internal organs out of the way and get to the kidney. The effect of this on the patient is that after the operation there will be a lot of internal pain and the patient will require a longer and more stressful and painful hospital recovery period.

"This is a bit like taking the roof off your house to go in and repair a floor!" he adds.

And this is where Prone



X MARKS the spot for the op.



A TINY scar is the only trace of the op.



AN 'adapted' pump.

Retroperitoneneoscopic Partial Nephrectomy comes in ...

A new technique had been developed in Australia enabling the surgeon to use keyhole surgery to remove a kidney by entering from the lower back which reduced massively the amount of internal interference and post-operative pain for the patient and allowed a far faster full recovery. A London based surgeon had just returned from Brisbane in Australia where he had learned from his peers there of the new technique. This presented the opportunity for Mr O'Toole to go to London's Guy's Hospital and learn the newly acquired skills in theatre that would enable him to return to Scotland and develop the

service for patients in the West of Scotland.

Now three consultant surgeons are performing this highly skilled renal surgery in Yorkhill's state-of-the-art Laparoscopy operating theatre - Stuart O'Toole, Martyn Flett and Salvatore Cascio. Each surgeon can expect his patients to be discharged the day after the operation with the need for only paracetamol to dull the pain. The shorter hospital stay reduces significantly the trauma and stress and pain to the patient but also the stress to the parents or guardians of the child ... not to mention the benefit of more efficient use of acute hospital paediatric beds which are always in high demand.

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Giving children back a normal life

EVERY year hundreds of children across Scotland are born with, or develop, a narrowing of the airways.

The condition, which can occur anywhere along the airway from the throat to the windpipe and lungs, causes severe breathing difficulties and is potentially life-threatening.

Traditionally, the condition has been treated by a tracheostomy, where an incision is made into the windpipe and then a tube is inserted through the opening, allowing adequate amounts of air to pass to the lungs. With this procedure, the child breathes through the tracheostomy tube instead of the nose and mouth.

Whilst tracheostomy does save lives, the long-term consequences for the child and their family are significant. The child requires regular suction tube changes and can suffer frequent chest infections. Speech development is affected and there is also often a psycho-social impact; the child's body image and difficulty in speaking can affect their ability to socialise and mix with others.

Now a team of specialists at Yorkhill is leading the way in offering alternative therapies. Consultant ENT Surgeons, Mr



ENT surgeon Haytham Kubba.

Haytham Kubba and Mr Andy Clement, run the National Airways Service, a highly specialised service in which open surgery is performed to widen the airway.

As Mr Kubba explains, the operation is highly complex: "The operation involves taking cartilage from the child's rib, carving it into shape and then using it as a graft to expand the narrow area. It is important to do this without damaging the vocal cords so that we get good speech afterwards. Children need about a week in the intensive care unit after surgery.

"Being such a major operation,

the team try wherever possible to avoid it. For the vast majority of children, we are able to remove the narrowing endoscopically, using lasers or a shaver device. We treat approximately 350 patients every year using this technique.

"But for a very few babies and infants, major surgery is necessary and around 10 of these operations are carried out each year.

"We provide the national service here at Yorkhill because we have all the equipment and facilities we need. For instance, we have a huge number and range of sizes of endoscopes and sophisticated video image capture systems to give us an exceptional record of our diagnostic procedures. We also have two lasers and a powered shaver device which are invaluable for opening down small airways.

"But more importantly, we provide the service here because we have the right people and expertise to support us. Our experienced airways nurse specialist Syliva Harrison provides support and advice for families of children going through the procedure. Our specialist theatre nurses are well trained in using the specialist equipment.

Anaesthesia for airways surgery is technically challenging and we have a superb department of anaesthetists, all of whom are confident in anaesthetising children with complex breathing difficulties.

"We have paediatric and neonatal intensive care teams to look after our patients both before and after their surgery and the national cardiac surgery team provide invaluable back-up as a lot of children with breathing difficulties also have cardiac problems.

"Lastly we have the support of the national ECMO service, which provides support for the lungs when an airway is irreparable using an artificial lung known as an oxygenator. For us, this is very much a last resort therapy and we have only needed it once in the past five years.

"My job is very rewarding. We treat often very young children with a life-threatening condition who may, in the past, only have survived with a tracheostomy. But we now have the potential to do something which can give them back normal breathing, a normal voice and a normal life. When you imagine how many years ahead these children have, then it's a great privilege to be able to do that."

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Brave Amy's flying high with National Airways

BRAVE Amy Nelson knows the staff at Yorkhill Hospital better than most.

In the past five years, the 12-year-old from Edinburgh has undergone 92 separate operations at the hospital.

The youngster also endured a similar number of procedures at Edinburgh Sick Kids Hospital before being referred to the Glasgow hospital.

Amy has a rare disease known as recurrent respiratory papillomatosis which causes warts to grow continually in her voice box, resulting in shortness of breath and hoarseness.

Diagnosed at the age of three, when she developed a hoarse voice, Amy's doctors tried a variety of drugs to help her but none were successful.

Within three years, her disease had become so aggressive that she needed a tracheostomy to help her breathe.

Her mum Pamela admits times were tough for Amy. "Amy's disease was quite debilitating. She couldn't swim or ride a bike without becoming out of breath. I couldn't let her out of my sight, so she wasn't able to do normal things like go round to her friend's house to play."

Then five years ago, Amy was referred to the National Airways Service at Yorkhill.

They were able to treat her growths with a specialised laser, and whilst this involved the burden of regular 100 mile round trips, it meant that within a year, it was possible to remove her tracheostomy.

Her condition continued to worsen and by the summer of 2008, Amy needed laser



AMY and her puppie... a reward for braving so many operations.

treatment once a week to treat the growths.

Pamela said: "This was a really difficult time. We were very concerned. Then Amy's consultant spoke to us about performing major reconstructive surgery to widen her airways and give her more room to breathe. The operation took place in January of this year. Amy initially did very well, but then deteriorated with a collapsed lung and pneumonia. She was whisked to theatre and was put on a ventilator. She remained on



AMY with her mum Pamela.

ventilation in the ITU for two weeks before she began to recover.

"Whilst in the ITU, we promised that if she got better, we would get her a dog."

Seeing Amy play with her new pet Roxie, it's clear that she's much better now.

Pamela said: "Amy's finding it much easier to breathe now, thanks to the surgery. She's been out on her bike and playing on her friends' trampolines. That's something she would never have been able to contemplate before.

"She's also on medication which is helping stabilise the virus so she's doing really well. And as Amy's immune system continues to develop, there's a good chance that she'll be able to fight the virus and grow out of it so we're very hopeful for the future.

There are a great many new and improved treatments, methods and hi-tech systems helping us to deliver the highest standards of health care possible for thousands of patients.

Over the next few pages we spotlight just a few of the teams who are providing those world-class services.

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Reaping the benefits of Parkinson's treatment

Dr Gilchrist (left) with the Movement Disorders team.



LEAD consultant Dr Willie Gilchrist and his team based at Drumchapel Hospital have a passion and an approach to providing a state-of-the-art service for patients with Movement Disorders that rivals any in the country.

Working with elderly patients in the North West of Glasgow since 1982, Dr Gilchrist has developed a special interest in Movement Disorders and identifying the

most appropriate care to improve quality of life.

Some of the ways they have approached the diagnosis and subsequent treatments are setting the pace for others to follow.

Dr Gilchrist explains that there is a clear and growing need for "proper diagnosis" and management of patients with Movement Disorders such as tremor, Parkinson's Disease and related disorders including

dystonia (abnormal contractions of the muscle).

He told **Health News**: "Parkinson's can be difficult to diagnose and can be mistaken for other related conditions which can lead to the patient being treated with medications designed for Parkinson's that will do little or nothing for the underlying problem.

"For patients who are correctly diagnosed with Parkinson's there

are often other associated issues that reduce the quality of life such as difficulties in sleeping or constipation. While the use of drug therapies may help slow down the progression of the symptoms of Parkinson's there can be side-effects from the drugs too and symptoms such as sleep disturbance continue."

Dr Gilchrist and his team have taken the approach to patient care of working closely as a

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Teamwork is the key in Parkinson's treatment

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PREVIOUS PAGE

multidisciplinary team with other healthcare professionals to manage all aspects of the individual patient.

This has led to an impressive coalition of expertise and experience involving a whole range of fellow healthcare professionals including psychiatrists, physiotherapists, occupational therapists, speech and language therapists ... and recent developments proposed with Glasgow University Department of Sleep Medicine based at the city's Southern General Hospital.

More than 70 percent of Parkinson's sufferers experience significant sleep disorder. The consultant led service at Drumchapel is alert to recognising sleep disorders as a potential diagnostic feature of early onset of Parkinson's.

This warning sign allows early intervention to address the sleep disorder and help the patient have a decent night's sleep which in turn helps daytime problems and can delay the need to start Parkinson's or other drug treatments for associated depressive symptoms which



Dr Willie Gilchrist (left) with nurse specialist Paul Lochrin.

bring with them side-effects.

It is this attention to detail and the joint evaluation of patient conditions with psychiatry colleagues that is delivering the very best diagnostic and treatment programmes for the 350 patients they regularly treat for Parkinson's and other related disorders.

Dr Gilchrist and his core team - Paul Lochrin (nurse specialist), Dr

Helen Dougall (associate specialist in psychiatry), Helen Neil (occupational therapist), Andrew Rothnie (physiotherapist), Anne Sloan (outpatient clinic manager), Betsy Milcairns (secretary) – deserve to be celebrated. They have pushed barriers, developed patient-focused services and have created close working relationships with other health professionals that bring significant benefits to so many patients in their care.

Service heroes benefit from special care

IN the heart of the area served by the North Glasgow Medicine for the Elderly Service lies the Erskine Glasgow Home – a 42 bedded care home for ex-servicemen and women.

Dr Gilchrist and his team are no strangers to the staff and patients at the home... and were no strangers to Flanders House which catered for former forces personnel before the Erskine replaced it a few years ago.

The link is an obvious one – and one that has brought terrific benefits to former servicemen and women.

The levels of complex movement disorders – either Parkinson's or related conditions – may be higher within the former forces personnel than in the general community and Dr Gilchrist thinks this may be explained by exposure to trauma and stress in the field of duty. Of the patients in the 42-bedded Erskine Glasgow Home more than 10 percent suffer movement disorders.

Over the years Dr Gilchrist has worked with Spitfire test pilots, infantrymen, artillery gunners and a whole spectrum of ex-military personnel from all the three forces, Army, RAF and Royal Navy. "They are tremendously interesting people and being able to more effectively diagnose their conditions taking a team approach as to how best to help improve their quality of life is very rewarding", says Dr Gilchrist.

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Eye test system is vision of the future

GLASGOW is leading the way in eye care with the development of two new technologies to help the visually impaired.

Two medical scientists at Gartnavel General Hospital have developed the UK's most advanced eye screening system which can potentially save peoples' eyesight because of its early detection technology.

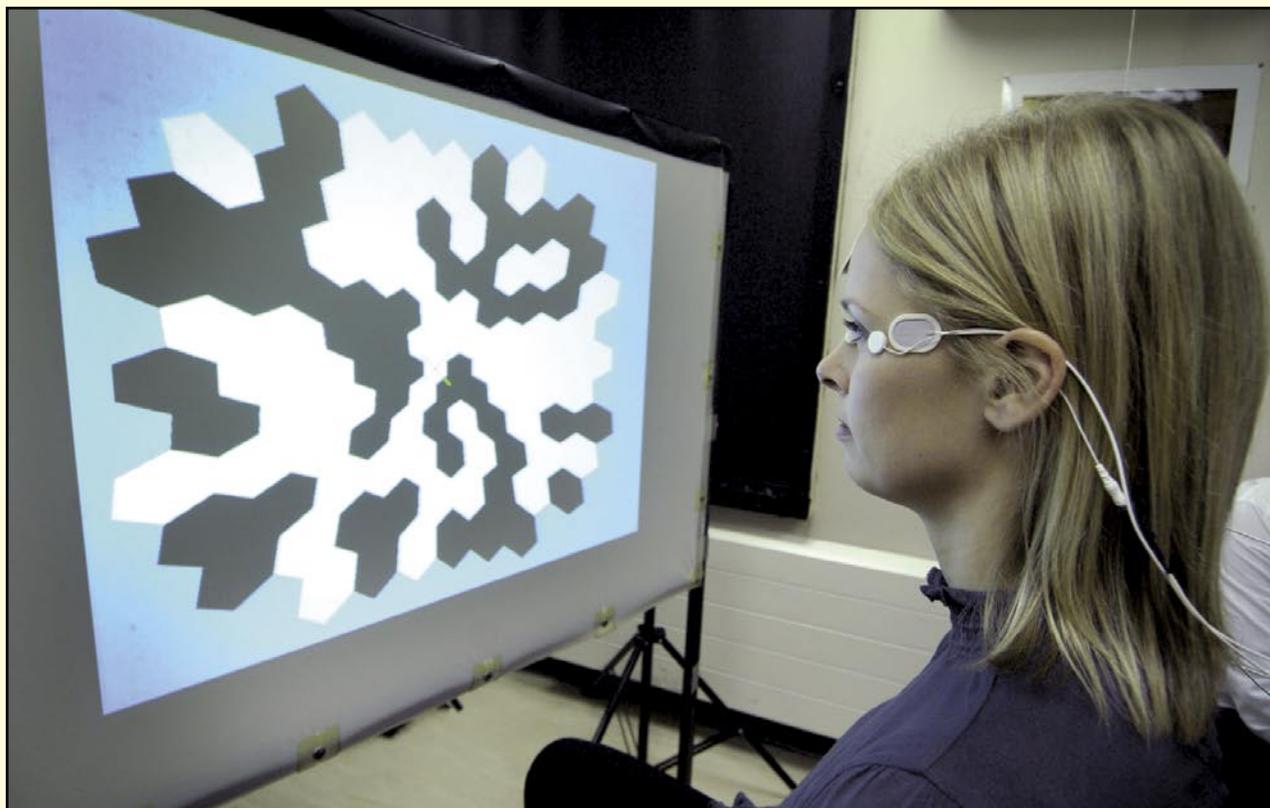
And at Yorkhill, a team has developed software which could revolutionise the lives of visually impaired children.

The eye screening system, developed by Gartnavel's Dr Stuart Parks and David Keating, provides diagnosis and monitoring of retinal problems at a very early stage, including tunnel vision problems, vein occlusions or blockages.

The key is the groundbreaking computer software which interprets many electronic signals sent from different areas of the retina. This system takes measurements from several hundred areas of the retina and these signal responses offer a map of the retinal function.

Dr Keating explained: "From this information disorders can be detected at an early stage and their progress monitored."

The Yorkhill software, called



THE pioneering retinal screening system.

Sight-Sim™, involves taking a series of measurements of the child's eyes, which are translated into computer images allowing others to see the world as the child does.

Using this perspective, parents and teachers are then able to enhance the child's

environment, for instance, by making text and objects bigger and brighter or simply standing at a distance where the youngster can see the expression on their faces.

The groundbreaking idea was conceived by Professor Gordon Dutton, a paediatric

ophthalmologist at the Royal Hospital for Sick Children, and then developed by clinical scientists Dr Ruth Hamilton, Dr Michael Bradnam and Dr Aled Evans, in collaboration with Dr Paul Siebert, a computing scientist at the University of Glasgow.

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Pioneering treatment for blood cancer patients

IN a UK first, Beatson medics have introduced pioneering double umbilical cord blood transplant procedures to treat patients with advanced blood cancer.

These innovative techniques, developed in the USA in the last three to four years, extend the access of potentially curative stem cell transplantation to selected adult patients with advanced blood cancers.

The vital cells are retrieved at birth from blood present in the umbilical cord and placenta. They are then typed and cryopreserved in liquid nitrogen to be available "off the shelf" when they are needed.

These key cells, which would previously have been thrown away, have been found to be capable of regenerating the bone marrow and producing the healthy cells of an entirely new immune system after the patients' cancer has been treated.

Single cords have been used in children for many years but there have been big problems, until now, in extending this technique to adult patients, predominantly because of the size of adults and the small number of stem cells in a single cord collection. A double transplant overcomes many of



DOCTOR Andrew Clark... "a great advance".

these difficulties.

Haematology consultant Dr Andrew Clark said: "Double cord blood transplants have been one of the biggest advances in stem cell transplantation in the last five to ten years.

"They offer a potentially life-saving treatment to patients who only a year ago would not have had this option. So far we have carried out five successful procedures, and our aim is to carry out roughly this number

annually."

The double cord transplant work is part of the programme based at the Beatson and funded through the National Services Division, in total performing 35-45 transplants from unrelated adult donors per year, where no sibling donor is available.

Dr Clark said: "There are many advantages to using cord blood. Most importantly it allows us to transplant patients with unusual tissue types. Crucially this extends access to this therapy to ethnic minorities who have previously missed out."

While there are thousands of units stored in cord banks worldwide, managed by organisations such as the bone marrow charity the Anthony Nolan Trust, Dr Clark says that there is a pressing need to increase the number of units held in these banks. The Scottish blood service has plans to be part of this process by starting to collect units in Scottish hospitals later this year.

Stem cell transplantation is a complex and aggressive treatment. However, if successful, stem cells repopulate the bone marrow and many patients are cured, eventually able to return to a normal life.

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JOINING EXCLUSIVE CLUB WAS 'BLESSING' FOR GRANT

DEEP in the bowels of the Beatson West of Scotland Cancer Centre, a team of researchers, medics and nurses are busy working on clinical trials to test cancer treatments.

Their goal is to develop new and better cancer treatments, like Herceptin, one of a new breed of smart drugs used to treat breast cancer which underwent early trials at the Glasgow Cancer Research UK Clinical Trials Unit.

The Unit is one of the largest in the UK with 120 trials running at any one time.

Some of the trials are early stage studies, known as Phase I trials, which test the safety of newly developed drugs and Phase II trials, which examine the specific tumour sites that would benefit from the treatment. A small number of patients, around a dozen, may be involved in each early phase study. Treatments are offered to patients for whom there is often no other proven or more established treatment.

Those that take part are looked after in a dedicated area of the Beatson by

doctors and nurses experienced in looking after patients on trials.

During the trial they are monitored intensively to examine the effects of the drug. To do this, patients follow a schedule of treatment, check up and blood tests, which usually involves attending clinic at least once a week and can involve overnight stays.

Research shows that regardless of the effectiveness of the therapy under test, trial patients can do better because of the intensity of the focus on every aspect of their treatment and the higher than normal levels of monitoring through scans and other procedures.

One man who would testify to this is Grant Lowe.

Grant has been attending the Clinical Trials Unit for the past two years. He was enrolled on a study to test a new cancer treatment after chemotherapy didn't work and the cancer in his lymph nodes continued to spread.

And he is very clear that, but for the trials, he might not be alive today or at best would be in a "pretty poor state".

Grant had his first brush with cancer at the age of 50 when a mole on his back was removed 'just in case'.



GRANT has developed a strong bond with **Sophia Campbell** and her colleagues at the Unit.

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Chloe targets volunteers for new cancer drug trials

IT takes a lot of skill to approach patients about taking part in clinical trials of new drugs. This is the job of a specialist team of nurses at the Beatson who recruit up to 1500 patients a year to various clinical research studies.

Given that they're asking people to take part in the first trials of new drugs on humans, it might be assumed that they would struggle to get people to take part.

But Chloe Cowan, senior nurse in charge of the team explains: "We often find with small scale early studies that we have more volunteers than places. This is because there's often no alternative or better treatment available.

"It can be more of a challenge to recruit patients for large-scale Phase III studies which involve thousands of patients in testing to see if new drugs are better than the current standard treatment.

"To help address this, we've introduced a network of research nurses and data managers at oncology clinics in hospitals all over the west of Scotland - part of the Scottish Cancer Research Network. Before we set up the network, only three or four percent of patients were recruited outwith the Beatson. Now 30 percent of recruits to these large scale studies come from hospitals such as Hairmyres and Crosshouse."



CHLOE Cowan.

GRANT REAPS BENEFITS OF EXCLUSIVE TRIALS CLUB

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Tests confirmed a malignant melanoma. Grant was successfully treated and was given the all-clear five years later.

Almost 10 years later, when Grant's cancer returned, doctors had to tell him the bad news that his cancer was inoperable.

This made Grant eligible for a clinical trial and he and his wife Sue have been making the weekly journey between his home in Inverness and the Unit at the Beatson ever since.

Grant said: "In my situation, I was very happy to be offered any kind of treatment. I feel blessed and very privileged to have the opportunity to take part in a clinical trial. I also know that what we're involved with here might in the future benefit people worldwide.

"The first trial I was on recently came to an end. It was initially very successful but, after a while, the benefits faded and the cancer began to spread again. I have now begun a second trial and will get a scan next month to see how the tumour is responding to that."

Grant and Sue last year raised £3000 for cancer research when they both completed a 13-mile trek in the Great Wilderness Challenge in Wester Ross - topped up to £5000 by the Challenge organisers. They plan to do the same this August when once again they'll join others in the gruelling charity event.

Grant said: "The staff here are wonderful and Sue and I have developed very strong relationships with them. My sister and daughter have also accompanied me to find out what it's all about. I think there's probably not enough awareness about the tremendous work of this unit. It's like an exclusive club where we're really well looked after.

"My quality of life has been maintained as a consequence of being on this trial. I am really fortunate that my cancer has coincided with a golden age of cancer research."

Prince Charles, Gordon Brown, Nicola Sturgeon and even John Kerr (one of Glasgow's most experienced crime reporters) agree ...we've a lot in NHS Greater Glasgow and Clyde to be proud of. Take a look at some of the stories they were involved in over the next few pages.

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FRAN GOES BEYOND THE CALL OF DUTY

FOR 25 years she has been an "angel" to thousands of patients in hospital wards and outpatient clinics - and now she has been named Britain's top nurse.

Sister Fran McKenzie, the lead clinical nurse specialist in stoma care at Glasgow Royal Infirmary, has been voted Nurse of the Year.

For a quarter of a century, Fran, from Bearsden, has dedicated her career to stoma patients; those suffering from bowel cancer, ulcerative and irritable bowels, and Crohn's disease who need to have a colostomy.

And Fran has been a driving force in helping patients return to leading a normal life.

She said: "One of the most rewarding parts of my job is seeing my patients getting better and making sure we are offering

Patients receive super care from UK's Nurse of the Year and the Royal team

them the best possible levels of care from pre-operation through to aftercare."

One long-standing patient of the stoma care department is Audrey Gilmour who had a major surgical procedure in 1999 and is a regular at outpatient clinics.

Audrey (39) also happens to work as the ward clerkess in Ward 62 at the Royal where the stoma care unit is based.

She said: "From 1999 until 2003

I underwent five major operations and in a way it became a bonus when I got a job on the ward and was close to the stoma team.

"But there have been many occasions when I have been too ill to work. But I know Fran and the other nurses are only a phone call away and also they will be at my door at the drop of a hat if I need medical attention.

"Fran really deserves this award for going above and beyond the call of duty to promote the best possible care for her patients."

After receiving her crystal rose bowl trophy in the awards, organised by Salts Healthcare, Fran said: "It is not only me that does the work. I have a great team of girls with me and they're all not only popular but supportive to the patients."

Sister Deirdre Leckie, one of Fran's colleagues at the unit, said:



NURSE of the Year Fran McKenzie.

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Fran goes beyond the call of duty

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"It came as no surprise to us when we heard of Fran's award. She thoroughly deserves it.

"She is professional and highly organised - it's a joy to be part of her team.

"I know there must be thousands of patients who will share in celebrating her success."

Fran trained at Stobhill Hospital in Glasgow before moving to St Bartholomew's Hospital in London. Since coming back to Scotland she has worked on the urology and surgical wards at the Royal.

One of her most memorable successes was seeing her stoma care department become the first in the UK to gain a Charter Mark accreditation in 1997.

The Charter Mark is awarded to organisations providing excellent public service, setting standards, performing well, and demonstrating continuous improvements.

An official from the National Association of Crohn's and Colitis said: "That is exactly what Fran and her team are achieving. She did not know she had been nominated for this latest honour but it is one that she thoroughly deserves."

During her career Fran has made a huge impact in the stoma field. She is a well-known figure in medical circles, regularly writing articles and giving presentations on her research findings - including at the World Congress of Enterostomal Therapists.



JOHN Kerr has good reason to say thanks to Fran.

Photographs and words:
Courtesy of the Evening Times

HER EXPERTISE AND THE WAY SHE ORGANISES HER TEAM ARE OUTSTANDING, SAYS JOURNALIST AND PATIENT JOHN KERR

A DECADE ago I first encountered the care and comfort given by Fran McKenzie and her devoted team of stoma clinical specialists.

A few months before Fran became my "appointed angel" I was rushed to Glasgow Royal Infirmary as an emergency.

It was a Wednesday. The pain in my abdomen was excruciating. On the Thursday morning I was taken to theatre.

The operation revealed I had developed Crohn's Disease and my large bowel was badly infected.

At that stage I was prescribed a course of medicine in the hope that drugs would control my condition and prevent further surgery.

After three months it had become obvious the drugs were not suppressing my problem and it was back to theatre.

The surgeon gently advised me what was happening - a stoma would be created from a section of my large bowel and a pouch, used externally, placed on my stomach.

It was a bewildering and traumatic thought, leaving me with a fear of the unknown.

Then into my hospital room came Fran McKenzie, and her reassuring words of strength and how I would cope took immediate effect. It was just the way she
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WHY JOHN'S A FAN OF FRAN!

CONTINUED FROM PREVIOUS PAGE
put it across to you that gave you strength.

She explained to me the reason a stoma was required and how my bowel motions would be brought under control.

Fran left no questions unanswered and before she left that day she had measured my abdomen and with a black marker pen had pinpointed the best spot for the surgeon to create a stoma.

I was to become one of the around 200 stoma patients looked after by Fran and her unit each year.

The day after my operation and still groggy from the anaesthetic, Fran was the early morning caller at my bedside, monitoring my progress.

Over the next few days before I was sent home she was seldom away from my bedside, encouraging me and ensuring that I was coping with the important task of changing my stoma pouch.

Thanks to her I was soon to become adept at that. And I know that thousands of other patients in the same boat as myself will agree how much they have to thank Fran.

Her expertise in this field and in the way she organises her nursing team is outstanding.

Unfortunately, over the next eight years my condition persistently worsened and I underwent 12 more operations - a total of 14 since 1999.

Before and after every visit to theatre Fran was there as if "to hold my hand" and will the operation to be a success.

At the latter end, as the operations failed to secure a remedy, my attitude to life in general changed.

From being a model patient I became rude and argumentative to medics and nurses.

I had a chip on my shoulder, and I watched the shock and dismay on Fran's face, considering all she had done for me over the years - but my bile did not deter her.

Her professionalism never faltered and she buckled to the task of restoring my confidence.

Thank you Fran, and your girls.



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NHS Greater Glasgow and Clyde

Showing the best

Latest

Welcome to our new celebrating success microsite. Lorem ipsum dolor sit amet, consectetur adipiscing elit.

Your stories

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Health Professionals

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Celebrating our website success

A BRAND new exciting addition to our website aims to showcase just some of the achievements and behind-the-scenes work that goes on everyday in NHSGGC to improve patient care.

Showcasing the best is where our doctors and nurses can share examples of best practice and tell you more about how we are improving and advancing medical techniques and treatments to improve outcomes for all our patients.

You can read all about the awards and achievements that recognise not only our staff but the many services they are providing in hospitals and in

the community.

Find out about the cutting edge treatments and medical advances we are making every day as well as the pioneering research we are taking part in to improve and advance health outcomes for patients.

Showcasing the best also allows you, our patients, to tell us your positive experiences of being treated in NHSGGC and thank those staff you think have gone beyond the call of duty to help make your patient journey the best it could be.

Find out more and visit: [www.nhs.gov.uk/showcasing the best](http://www.nhs.gov.uk/showcasing-the-best)

Pathways project wins top accolade

AN innovative project to help unemployed people gain an HNC in health care and eventually a full time job while working in the East Glasgow Community Health & Care Partnership has been awarded the Scottish Social Work Services Councils' Care Accolades 2009.

The Pathways project also provides ongoing support for individuals who may experience difficulties maintaining training and employment.

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Award-winning NHS service helps Shana rebuild her life

LOOKING at vivacious Shana MacArthur today it is hard to believe that only two years ago severe depression almost ruined her life.

Shana, from Greenock, feared she'd never work again after developing the debilitating illness while employed as a support worker, ironically, helping others with complex problems.

But thanks to an award winning scheme – the NHSGCC Condition Management Programme - Shana is rebuilding her life.

Shana explained: "I was working as a support worker for the homeless but when I found myself being treated for severe depression, I found it impossible to continue.

"Then through Jobcentre Plus I was referred to the CMP (Condition Management Programme) where I met practitioner Pauline Wilson and from then things began to get better."

The programme focuses on assisting people improve and manage their health, fostering



self-belief and coping skills. And in recognition of its strengths in increasing the wellbeing of people who have poor health and its partnership working with Jobcentre Plus, the programme recently won a national award from His Royal Highness, the Prince of Wales.

Pauline explained how it works: "People with chronic health conditions can languish in unemployment for years, gradually losing hope and skills and becoming socially isolated. The CMP, which is funded by the Department of Work and Pensions and provided by NHS staff in partnership with Jobcentre Plus, helps to bridge

the gap between health and work, thereby allowing people to turn their lives around.

"Shana was feeling low and decided to participate in our programme where she quickly grasped the concept of a Cognitive Behavioural Therapy approach. This is a practical therapy that aims to help customers understand the link between thoughts, feelings and behaviours. Through the therapy Shana learned to challenge her thoughts and associated behaviours.

"Shana is a professional singer and has regained her love of music by attending a weekly class to learn guitar. Continuing to provide inspiration and encouragement to others with similar experiences, Shana meets regularly with other people from her support group and is hopeful that she will return to work in the near future."

Shana added: "Without the help of CMP team I know I wouldn't be in the position I am today. I can't thank them enough."

Nursing awards boost for Gartnavel

NURSES from Gartnavel General scooped a national prize for innovation at the Nursing Times awards ceremony in London attended by Prime Minister Gordon Brown.

Staff who run the Vascular Access Service (VAS), based within Ward 4B at the hospital, picked up the 'innovation in your speciality' award for their work to develop a nurse-led service for dialysis catheter insertion.

Prior to the introduction of the service, tunnelled dialysis catheters were inserted by radiologists or surgeons. Due to their increased workloads, patients had an average wait of 23 days for catheter insertion.

Since the introduction of the new nurse-led service, waiting times have been reduced to between seven and 14 days. Radiologists and surgeons have also been freed up to perform more invasive interventional and surgical procedures.

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Mental health award as Jim fixes it for his patients

THERE is much to celebrate in our NHS and much to marvel at – everything from cutting edge technologies, medical breakthroughs and ground-breaking research programmes.

But at the heart of our NHS the most important asset is the individual who delivers care, compassion and dedication over and above a high level of professionalism.

One such person is senior charge nurse Jim Henderson. Based in Campsie Ward of Leverdale Hospital in Glasgow's south side he works tirelessly to deliver a warm and friendly environment for the mental health patients he and his team of highly trained and dedicated nurses care for.

It is widely recognised that lifestyle and a warm, caring and understanding environment can be absolutely key to recovery and quality of life ... and after more than 30 years service Jim has more than a few ideas of his own to make that happen!

And this is where Jim shines as an example of best practice. He helps organise structured activities for patients such as five-a-side football and walking groups.



CHARGE nurse Jim Henderson in the aviary at Leverdale.

He organises short holidays for patients in a Highland cottage where they can spend time fishing and walking. He's developed a healthy eating plan that has been considered so influential by his peers that all of the forensic inpatient areas within Leverdale Hospital have now adopted it.

The most recent project has been to organise staff and patients (with the help of a Mental Health Services grant) to build an aviary which houses 24 budgies.

"This has been great to stimulate interest from the guys we are caring for here. Some of them have been in care for a long time and it's important to keep life stimulating and interesting and we are now trying to learn about breeding the budgies."

The wonderful thing about Jim is that he doesn't think he's really all that special. He reckons he's just a nurse doing what a nurse should do... deliver the very best quality of care to his patients.

Going the extra mile is the norm for Jim. But last year he was picked out from a large workforce of dedicated mental health care professionals and presented with the top honour in his field – the NHS Scotland Mental Health Award presented at a glittering ceremony attended by Cabinet Secretary for Health and Wellbeing Nicola Sturgeon.

Nominations are currently being sought for the 2009 awards. Nomination forms are available online at www.scottishhealthawards.com

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OF course it's not just those patients being treated by the staff we've featured here who should expect to get the best possible service from their NHS.

Everyone has the right to high standards of care every time they use their health service.

Regrettably, we know that's not everyone's experience.

So we're making changes to drive up the standards of care across all our services. The following are just a few of the improvements we're making to ensure that patient care is the very best it can be.

Stamping out inefficiencies

NURSES have begun using pedometers in a bid to stamp out inefficiencies in Greater Glasgow and Clyde's hospital wards.

The distances being walked by staff during their shift is just one of a number of observations being made in a pioneering new scheme scrutinising the way wards are organised.

The aim of the national scheme is to tackle inefficiency in hospital wards and free up more time for staff to dedicate to caring for patients.

"The phrase 'A place for everything and everything in its place' is well known, and one that many of us try to practice in our homes," explained acute director of nursing, Rory Farrelly.

"Now we're taking that saying and applying it to our wards. By looking at our ward environment

and how it affects the way we work, we will be able to identify simple and effective ways of reducing wasted time.

"A simple example is the location of the linen cupboard on the ward. Staff will look at this and the amount of time they spend walking to and from that cupboard to change patients' bedding. In some wards, there will undoubtedly be wasted time walking long distances to get linen that is not within easy reach. This is time that would be better spent looking after patients."

The ward layout is only one area that will be examined in the new initiative which has already been rolled out successfully in England. We will also work with the staff, observing practices - such as how they carry out ward rounds, prepare and serve

meals and arrange admission and discharge - to see if there are areas that could be tightened up.

Rory went on: "We know this works because of experiences in England. The key to its success is that every member of the ward team, from the senior charge nurse to the domestic, is involved and has ownership of both the problem and the solution. Patients can also get involved and let us know if there are inefficiencies from their point of view.

"I believe that the scheme will help identify some great ideas to improve our wards which will allow our nurses to spend significantly more time with our patients."

The scheme is currently being rolled out to all wards across Greater Glasgow and Clyde.



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Best possible care - always!

A GROUNDBREAKING scheme to improve the safety of care in hospitals, which has had major success in America, is now being rolled out across hospitals in Greater Glasgow and Clyde.

The programme, which resulted in the prevention of more than 122,000 avoidable deaths in the United States, helps staff manage care so patients have the best possible outcome from any care they are given.

By universally adopting the same clinical intervention every time with every patient, it has been shown that there is less risk of things going wrong, including contracting infections such as MRSA, experiencing drug errors or post-surgical complication.

The programme puts this into practice and standardises approaches to care – based on evidence of best practice. As it is implemented, the programme will change how we do things in surgical care, critical care, in the general ward and in medicines management.

Medical director Dr

Brian Cowan explained the importance of the programme. “Although we have been working on patient safety initiatives for nearly ten years, this new programme is unique in that it involves everybody from the chief executive to frontline staff. It makes patient safety the main subject on our agenda and I think all staff as well as patients will welcome this.”

Brian continued: “Our staff want to do the best they can for patients. Staff are doing a professional job sometimes in very complex situations and these programmes are designed to help them.

“The early results from 31 of our hospital wards taking part in the programme are very encouraging. We are seeing a significant reduction in the rates of MRSA infections, ventilator associated pneumonia and infections associated with surgery and central lines. Although it’s still early days it’s clear that this programme has the potential to make a real difference to patients and we will continue to roll it out across our hospitals over the next three years.”



BRIAN Cowan and **Dr Kevin Rooney** are pleased with the initial results of the programme in the Royal Alexandra Hospital's ICU.

CONTENTS

Charging ahead with excellence on the ward

HAVE you ever visited your relative in hospital and wanted to ask someone questions about their care but didn't know who to speak to?

This experience is now set to become a thing of the past following a major review of the role of the ward's most senior healthcare professional.

It's the role of the senior charge nurse or midwife to ensure patients and families receive excellent nursing and midwifery care and that information is clearly explained by the team.

But up till now, these nurses were also often required to do other tasks which kept them away from these all-important duties.

Now a new programme is set to address this and return the focus of the senior charge nurse and senior charge midwife to making sure the experience of the patient and their family is the best it can be.

Rory Farrelly, acute director of nursing, explained: "Senior charge nurses and midwives play a crucial role in ensuring visibility

in their wards and departments to make sure that patient and family care is of a high standard, but they face many challenges to prioritise work on a daily basis.

"This programme enables them to reprioritise duties within the team and free up their time so that they have more flexibility to spend time with patients and their families."

Senior charge nurses and midwives are accountable and responsible for ensuring safe and effective nursing and midwifery clinical practice, enhancing the patient and family experience and managing and developing their teams to ensure consistency across every day and night.

By making these their main priorities, all senior charge nurses will be in a strong position to improve and sustain the patient and family experience.

The leadership scheme is currently being rolled out across NHS Greater Glasgow and Clyde and will be fully implemented by the end of 2010.



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