This kills 37,000 people in the UK a year

SEE PAGE 2
New app launched to spot and treat sepsis

Powerful weapon in fight against this deadly disease

**SEPSIS** is an intolerable and indiscriminate killer of people of any age, background and social status. It kills 37,000 people a year in the UK and causes more deaths than lung cancer or colon, breast and prostate cancer combined.

It is a life-threatening condition that arises when the body’s response to infection injures its own tissues and organs. It may lead to shock, multi-organ failure and death, especially if not recognised early and treated promptly.

Now a new app has been produced to help staff spot the signs and quickly instigate evidence-based treatment.

The NHSScotland National Early Warning Scoring (NEWS) system and Sepsis Screening app is part of NHSGGC’s Knowledge into Action strategy and provides a NEWS calculator, a sepsis screening tool, an outline of the sepsis six care bundle and finally an algorithm to help identify organ failure, with guidance on when to escalate care for that individual patient.

As a mobile app, it can be safely used at the point of care with the potential to positively influence clinical decision making.

As with the NICE BNF app, staff have been granted permission by medical director David Stewart to use this medical app at the bedside.

Professor Kevin Rooney, consultant in anaesthesia and intensive care medicine who co-produced the Sepsis Screening app along with NHS Education Scotland, said: "Prompt recognition, assessment and timely treatment are key to beating this ruthless disease. Rapid initiation of simple timely interventions, including antibiotics and intravenous fluids, can reduce the risk of death by half."

The NHSScotland NEWS and Sepsis Screening app plays a vital role in this response by facilitating the three ‘Rs’ of the ‘deteriorating patient’ work, namely Recognition, Rescue and Review."

When the NEWS score is elevated, the app prompts the clinician to screen for sepsis as a possible cause of this deterioration.

If sepsis is a possibility, the clinician is then taken to the sepsis six care bundle, where they are prompted to deliver evidence-based treatment in a timely manner, with a rationale for each element of the bundle.

Finally, the app helps the clinician to screen for organ dysfunction, helping them to determine where the patient should be cared for and what next steps should be done.

Every three to four seconds, someone dies of sepsis. Our aim in NHSScotland is to change that. This app enables frontline staff to follow evidenced-based practice and deliver care that is not only safe, but effective and person-centred.

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For further information on the app, visit: [www.youtube.com/watch?v=t0nEnA-Osmo&feature=youtu.be](https://www.youtube.com/watch?v=t0nEnA-Osmo&feature=youtu.be)

A clean breath of air

OUR SmokeFree services are so keen to reach as many staff as possible they’ve been holding awareness sessions at 6.00am at the Laundry in Hillington!

Karen Mather, health improvement lead, said: “We are keen to be flexible with staff and let them know we’re here to support them with quitting.

“We arranged awareness sessions at 6.00am to catch the night shift before they head home. The second session was at 6.45am to cover the day shift coming in.”

Lesley Grant was one of seven laundry staff determined to quit with the support of the SmokeFree service. A smoker for 34 years, she said: “It’s been great to have others around me trying to give up as we’re giving each other moral support and keeping ourselves motivated.

“I work an early day shift starting at 7am and some of the others work a night shift, so it’s really difficult to access mainstream stop smoking groups. To have these groups to suit our shift patterns has been absolutely brilliant.”

Support is available to the staff for seven weeks. Week 1 and 2 is about information and preparation to quit, week 3 being quit week and weeks 4-7 about the support staff will get from the smoking cessation team. Stop smoking products are also offered.

If you want to quit, email: smokefree.staff@ggc.scot.nhs.uk for information.

Anne’s fond farewell to NHSGGC

ANNE Hawkins, director of Glasgow City CHP, has retired following a distinguished career.

Anne began her career in the Inland Revenue, but moved into the health service in 1979, joining the HR department with Argyll and Clyde Health Board. She went on to hold a range of posts in HR and general management in Ayrshire, Glasgow and Forth Valley.

Anne developed a passion for improving mental health services and has been responsible for leading change in this field.

She returned to Glasgow in November 2005 as project director overseeing the dissolution of Argyll and Clyde Health Board and, in 2006, became the director of the Mental Health Partnership. SN caught up with Anne to chat about her career and plans for the future.

What will you do now that you haven’t had time to do before?
Spend time with friends and family and on my hobbies – gardening, photography, sewing, knitting, baking, reading.

What is your biggest achievement during your NHS career?
Problem-solving complex situations.

What did you least enjoy?
Making people redundant in the 80s.

What’s been the biggest challenge?
Creating community mental health services in East Glasgow and the closure of Gartloch Hospital.

What has been the biggest change you have experienced?
The introduction of NHS Trusts.

Is there a project that you would regard as “unfinished business”?
The creation of the Health and Social Care Partnership for Glasgow City.

What do you think will be your legacy?
Making time for people.
Moving from this...

Hospital admission

Community Inter...ce Services

To this...

Community Interface Services

A bold initiative will see a change in how patients in Renfrewshire access healthcare, with a greater link between community and acute services to ensure appropriate care is available at the right time.

KEY staff have been appointed to lead what is being described as a bold and hugely important project in Renfrewshire to create a new interface between acute and community-based services.

The initiative is a key outcome of high-level discussions and research by clinical and patient groups under the umbrella of our Clinical Services Review, led by medical director Dr Jennifer Armstrong, which aims to explore how we can better design services to improve how we meet the changing demands and needs of patients.

The CSR Programme clearly identified a need for some sort of integrated link between community and the acute hospital. These interfaces were portrayed as “yellow blobs or lozenges”.

The ultimate aim is to achieve a balanced system of care by empowering senior decision makers to ensure the most appropriate acute care or community care package is available at any time, night or day, for patients.

Now the pilot project in Renfrewshire will explore various ways of how this might be achieved.

Thinking beyond the artificial boundaries of “hospital” and “community”, the initiative will focus on patient pathways; changes to the delivery of acute care; changes to the provision and accessibility of community services... and, crucially, deploy different ways of working to ensure the right package of care is put together swiftly and efficiently to meet a patient’s needs, either in the community or in the Royal Alexandra Hospital (RAH).

Three lead clinicians – two from the acute sector and a GP – have been appointed to work with managers and directors to drive the project. They are Dr Alistair Dorward, Dr Iain Findlay and GP Dr Chris Johnstone.

Dr Alistair Dorward, consultant physician at the RAH, explained: “As a consultant working in the RAH for the last 26 years, it has become increasingly clear that the rising tide of acute admissions is becoming unsustainable. Older patients with multiple age-related problems and patients with chronic conditions are not always best served by admission through accident and emergency.

“I am keen to encourage and support new ways of organising high-quality care of appropriate patients such as these.”

This “interface” is just as critical at the “back door” of the hospital as it is at the front door to assist timely discharge with a fully adapted package of care to meet patients needs back to the community.

Consultant cardiologist Dr Iain Findlay, said: “I believe strongly that our hospital system is not as effective as it can be, in particular our discharge planning process. The discharge of patients from hospital is not a priority, no matter what we might think.

“All consultants know that patients spend longer in hospital than they need to from a medical point of view. Instead of moaning about this, I decided to take the opportunity to try to improve the efficiency of the system.

“Retirement looms and, as I live locally, it is probably in my best interests that our local health service is fit for the future, so I have a personal interest in making this work.”

Renfrewshire was chosen for this initiative because of its population profile, linked

Listening to our patients

IN 2012, a new law was introduced in Scotland to support patients and carers to give feedback on the treatment and care they receive from the NHS.

The Patients Rights Act makes it a requirement of everybody who works in the NHS to listen to what patients have to say, to understand what is important to them and, wherever possible, improve the services we offer patients and families.

The Act is designed to make NHSScotland a listening health service, one that is sensitive to the needs of all individuals who use it and one which values the opinions of its users.

This, I decided to take the opportunity to try to improve the efficiency of the system.

“Retirement looms and, as I live locally, it is probably in my best interests that our local health service is fit for the future, so I have a personal interest in making this work.”

Renfrewshire was chosen for this initiative because of its population profile, linked

NHSGGC has a great track record in involving patients. Every day, across the Board, staff listen to our patients by involving them in their care and treatment, with the aim of providing the best possible service and, at the same time, listening to their feedback to help us identify where we can improve on what we do.

In addition, we have a wide range
predominantly to the RAH, which gives a large enough group of patients to be able to test out the models of care and patient pathways and assess impact.

The key players are clinical teams in the RAH, GPs in Paisley, community based NHS and social work teams and other local authority staff.

Dr Chris Johnstone, a Paisley GP for more than 26 years, will therefore play a key role in working with his acute colleagues to provide clinical leadership to the project.

Discussion with clinical teams across both primary and secondary care have indicated strong enthusiasm for this work and Renfrewshire Council have also expressed strong interest in working with NHSGGC to progress the initiative.

of ways of seeking feedback, such as focus groups or using suggestion boxes, and we often interview patients or carers to hear their stories and listen to their experiences.

In November last year, we launched our patient and public feedback section on our website. Rosslyn Crocket, director of nursing, said: “We are committed to hearing the views of our patients and their families and the Board will support local teams and frontline staff to do this even more.”

“We know that most patients think very highly of our staff and the service they receive – hearing this is great for morale and reinforces positive behaviour and when we hear of things which aren’t so good, we can learn from them and do better next time. “All staff can play a part in putting the patient at the centre of everything we do. We know that it is the personal touch that our patients value. Listening to what they have to say and acting upon it helps deliver a service that meets the needs of every patient and ensures we strive to put them first always.”

If you would like to learn more about handling feedback, there are 20-minute training modules available on: StaffNet > Human Resources > Learning and Education > E Learning.

Visit our patient feedback website: www.nhsggc.org.uk/patientfeedback

Rosslyn Crocket, director of nursing
Bursary fund in memory of Alison

A BURSARY fund has been set up to commemorate the legacy and memory of Dr Alison Bigrigg, the former director of the Sandyford who died last year. The Alison Bigrigg Legacy Education (ABLE) bursary fund will support education and training for NHSGGC staff who are interested in developing their career or interest in sexual and reproductive health and wellbeing.

It has been set up following discussions with Alison's husband, Dr James Browning, NHSGGC Endowments and the Sandyford to continue Alison's vision.

The fund will be open from now until 2019 and successful applicants will be required to report progress and encouraged to share their experiences by presenting at meetings, conferences and other events.

Staff at any level, discipline and working in any service within NHSGGC are eligible to apply, including trainees and students on placement.

The criteria will favour applicants who need financial support to develop their sexual health careers or career development through attending conferences, events, seminars, study trips, courses, or other learning experiences, and cannot get funding from another source.

Dr Rosie Ilett, Sandyford general manager, said: “Alison made a significant contribution to sexual and reproductive health throughout her career.”

“She was extremely committed to staff education and development and always keen to identify and encourage those likely to make a contribution to sexual and reproductive health.

“Alison nurtured talent and encouraged those with a desire to learn and contribute.”

Alison's work in Glasgow began in 1994 when she modernised the family planning and reproductive health service and went on to develop integrated sexual and reproductive health services across NHSGGC.

She also contributed to the first Scottish Sexual Health Strategy, became the first NHSGGC lead clinician for sexual health and was also the first lead clinician for the West of Scotland Medical Clinical Network for sexual health. Alison was heavily involved in the Royal College of Obstetrics and Gynaecology's Faculty of Sexual and Reproductive Healthcare and was president of the faculty for a number of years.

She was the director of the Sandyford from 2000 until her early retirement in 2012.

For more information, email: Rosie.Ilett@ggc.scot.nhs.uk or charliene.mckay@ggc.scot.nhs.uk.

Electronic information for patients

AN innovative Electronic 'Information Prescription' is now available from all 16 Sandyford clinics throughout NHSGGC.

Following a diagnosis, healthcare professionals can instantly send an Information Referral form from the National Sexual Health System (the secure, clinical, electronic patient record system) to the library service at Sandyford Central.

This provides librarians with details of the information that the client requires about their condition and they then email information and web links from trusted and reliable sources directly to the client.

Those who prefer to receive printed information can still do so and those attending Sandyford Central can call into the library direct from their consultation.

Dr Rosie Ilett, Sandyford general manager, said: "We know that access to quality health information is beneficial to people and helps them to make informed choices about their own healthcare. But often patients are too distressed and worried to fully absorb the information given to them by the doctor, nurse or health adviser during their consultation.

"They can leave unsure about what has been explained to them, or they can't remember some of the information they have just been given. If it is a complex enquiry that may take a bit longer to pin down, we will post or email the information to the client, with their permission, by the next day."

The service is based on the Information Prescription (IP) form created by managers at the Sandyford library and information service in 2003, but at that point it was only available at Sandyford Central as a manual system.

The IP system has been extremely popular with both staff and clients, with around 1800 prescriptions being received per annum, and the new process builds on that.

Everyone is welcome to use the library at Sandyford – it is located in the main foyer and offers a friendly, welcoming, comfortable environment with knowledgeable staff, led by two professional librarians and experienced senior library assistants.

All staff are experienced in dealing with sensitive issues in a confidential, supportive and non-judgemental manner.

For more information, visit: www.sandyford.org
**Power of Attorney campaign update**

**HOPEFULLY** you will have seen some of the TV advertising over Christmas, featuring Johnnie Beattie and his daughter and the Kohli brothers. All three of our adverts can still be viewed on the Power of Attorney website, www.powerofattorney.org.uk. The campaign is continuing through April, when we will be running further TV adverts, plus radio adverts.

If you work in areas where some patients lack capacity to make decisions for themselves, then you need to know about Power of Attorney (PoA) so that you can make sure that any attorney appointed by the patient is appropriately consulted.

We are also encouraging everyone to think about appointing their own attorney. See the website for some examples of why it’s a good idea.

An information pack on PoA can be downloaded from the website. You can also find us on Facebook at www.facebook.com/StartTalkingPoA and on twitter @StartTalkingPoA

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**PROJECT SEARCH success**

**PROJECT SEARCH** is a major international project providing opportunities for people with learning disabilities to gain access to employment and learning and is delivered in Glasgow by NHSGGC, in partnership with Glasgow City Council and Glasgow Clyde Colleges.

The first year of Project SEARCH is coming to a close, with the programme scooping a prestigious award and having already placed six out of 12 students to posts.

In the first year, the 12 students learned different work skills in a variety of jobs while also having daily classroom learning. Students were supported by ‘work buddies’, members of staff who have volunteered to help and support them in addition to the support from their line managers.

Stephen Wallace, head of human resources for facilities and capital planning, said: “Almost a year on and very few of those involved in the initial stages could have imagined the incredible success that this project would prove to be.

“The response has been overwhelming, with the success of the project undoubtedly due to the hard work of the students, the creativity of and the training offered by the job coaches, and the understanding and support offered, in particular by the facilities staff at the Victoria Infirmary. Plans for year two of the project are now being developed and we’re looking for departments to become work buddies for our students.”

If you are interested in becoming a work buddy, email: stephen.wallace@ggc.scot.nhs.uk

If you know of someone you think would like to be involved in Project SEARCH, visit: www.glasgowclyde.ac.uk, click on courses and enter Project SEARCH into the ‘Find a course’ search facility.

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**For more information, visit: www.scld.org.uk/scld-projects/project-search**

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**NHSGGC SN – 7**
A NEW life-changing service aimed at halting obesity in Glasgow teens’ is being piloted in the north west of the city at the Youth Health Service in Possilpark and Maryhill.

Funded by the British Heart Foundation Scotland as part of its Hearty Lives programme, the service is being managed by Glasgow City CHP.

‘Weigh to Go’ gives overweight young people aged 16 to 18 the opportunity to get a bespoke weight loss plan and to enjoy physical activity free of charge.

Teens will initially be given a 12-week programme of intensive support and will be able to take advantage of 12 weeks’ more support if they can demonstrate they are using the supporting services.

Julie Gordon, health improvement lead (Youth) with Glasgow City CHP, said: “We have evidence from a number of surveys that some of our young people are leading increasingly unhealthy lifestyles that, if they continue, will lead to poor health outcomes in later life.

“The service is totally free and aims to help them transform their lives and reduce their risk of serious ill health. Although it is currently available in the north west, if a young person lives in another part of the city, we will still see them at the Possilpark and Maryhill Youth Health Services until Weigh to Go is up and running in their area.”

The service is also available to youngsters in Inverclyde and will soon be available to young people in the south and north east of Glasgow.

Question: What’s NHS Greater Glasgow and Clyde’s twitter name?

T&Cs: The competition is open to all NHSGGC employees. Only one entry per person. Winners must be available for a photograph which may be printed with their details in future editions of SN. The closing date is 30 April 2014.

To find out more about the Appeals Society and Staff Lottery, visit: StaffNet > Info Centre > For Staff > Appeals Society.

Win an iPhone 5s

ONCE again, thanks to the Staff Lottery and Appeals Society, we are bringing you a fantastic competition.

This month we are giving away a brand-new 16GB sim-free iPhone 5s. Facebook, twitter, email, music... all this at your fingertips!

All you need to do to enter is simply answer the question below and email your answer, along with your name and work location, to: StaffNewsletter@ggc.scot.nhs.uk or send to: Corporate Communications, JB Russell House, Gartnavel Campus, 1055 Great Western Road, Glasgow G12 0XH

Question: What’s NHS Greater Glasgow and Clyde’s twitter name?