

How patients will use new-look A&E
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Staff bank pays dividend
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Stop this ticking time bomb

IT'S the fourth leading cause of death in most developed countries including the UK, the leading cause of blindness, foot and leg amputations, nerve damage and kidney failure and is a major contributor to heart attacks and strokes.

It affects more than 200,000 Scots - approximately 42,000 of those living within the Glasgow and Clyde area - and doctors believe that there are still many thousands of people with the disease who don't know it.

Worryingly, health experts predict this figure may double in the next ten to 15 years.

More than 75 percent of people who have this disease, doctors believe, have it because of being overweight and leading an unhealthy lifestyle.

So if you are overweight, if you do little exercise or if you are a smoker, then turn to our feature inside.

It provides information on how NHS Greater Glasgow and Clyde is tackling this disease and gives advice on how to prevent this disease affecting you and your family.

TURN TO PAGES 2 AND 3
IT MIGHT JUST SAVE YOUR LIFE



SEE INSIDE

A VISION OF THE FUTURE - PAGE 5

NEW MENTAL HEALTH CENTRE TO CARE FOR YOUNGSTERS

A NEW state-of-the-art mental health centre serving the West of Scotland is to be built in Glasgow.

Housing 24 beds, the £7.6m purpose-built centre will have separate residential, educational and therapeutic facilities and has been specifically designed to meet the needs of young people who need inpatient care.

It will be as bright and cheerful as possible with lots of natural light and space to help make the place more welcoming and less stressful.

Building work at the Stobhill Hospital campus in north Glasgow gets underway later this year with completion scheduled for late 2007. The new centre replaces an existing interim facility for young people at Gartnavel Royal Hospital and patients were closely involved in the design of the new centre.

The design features individual bedrooms and better facilities for carers and relatives. The layout will also be more flexible to enable staff to care for young people of different ages and treat patients with different medical conditions such as eating disorders and depression.

Around 30 young people aged between 12 and 17 years are admitted each year to the existing young people's mental health ward at Gartnavel.

Staff from NHS Greater Glasgow and Clyde visited several other inpatient facilities for young people around the UK to get feedback from colleagues on what did and didn't work in relation to the design and layout.

Read how guest writer Helen Puttick, health correspondent of The Herald, covered this exciting development in her newspaper.

SEE PAGE 4

BALANCING BUDGET FOR THE CLYDE AREA

IN April of this year, NHS Greater Glasgow assumed responsibility for NHS services for Clyde - taking in all of Renfrewshire, Inverclyde, West Dunbartonshire and East Renfrewshire.

Over the next three years, the new Board that is NHS Greater Glasgow and Clyde face the challenge of re-designing services and identifying best-value opportunities that emerge from merging two substantial organisations.

NHS Argyll and Clyde had serious financial problems and, although £80m of debts were written off by the Scottish Executive, we still have to find additional savings to balance the budget for the Clyde area.

There is currently an annual overspend of £28m which is around 5% of the total budget for the Clyde area. Savings of this scale are obviously not deliverable without significant changes to services.

Over the next few months we therefore plan to carry out a programme of work to review all clinical and non-clinical health services across the Clyde area. This will include reviewing the efficiency, organisation and levels of existing services as well as exploring opportunities for change and consolidation following the merger of Clyde into a larger NHS system.

While changes to the way services are delivered will obviously be necessary, we are committed to doing everything possible to minimise the impact on frontline patient care.

We will also develop a three-year cost savings plan for the Clyde area to reduce this funding gap year-on-year with the aim of achieving financial balance for the whole of our new organisation by the end of 2008/09. This work will be taken forward in partnership with patients, staff, community groups and local politicians.

The capital plan for the former NHS Argyll and Clyde is also being reviewed as it was over-committed and we need to ensure we address the overspend before taking on new financial commitments.

More than 200,000 Scots suffer from the



THE new diabetes strategy will improve services for patients.

New strategy the diabetes

TWO new mobile retinal screening units are being introduced to Glasgow to provide on-the-doorstep eye screening services for people with diabetes.

This is just one of the latest developments within NHS Greater Glasgow and Clyde's new diabetes strategy.

Developed by our Diabetes Managed Clinical Network (MCN), the new strategy aims to make diabetes services more accessible to the increasing number of new diabetes patients.

Working with patients and patient groups, the Network has produced a strategy that will see a new way of delivering diabetes services across Glasgow. This strategy is for Greater Glasgow only. The MCNs for Greater Glasgow and Clyde are working closely to integrate the strategy into the Clyde area.

Patients wanted easy access to services and the strategy is addressing this. For instance, patients with Type 2 diabetes have, for some time now, been treated through the Diabetes Local Enhanced Services (LES) within general practices. This means that, because of improvements to services, their condition is detected earlier and they can access lifestyle and treatment options that will help delay the onset of the various complications brought on by diabetes.

Soon-to-be available is an improved retinal screening service, which, as well as having a service within hospital, will also include the two aforementioned mobile screening units offering local communities, including homeless people, the opportunity to have eye screening on their doorstep.

Adults and adolescents with Type 1 diabetes also receive treatment at five dedicated centres in Glasgow, with children still receiving treatment at the Royal Hospital for Sick Children.

Marianne Hayward, MCN Diabetes Co-ordinator, said: "Diabetes is a potentially serious and rapidly growing health problem in Scotland with around 200,000 people diagnosed with the condition and many thousands more have the condition, but have not yet been diagnosed.

"If not properly controlled the complications of this condition include a higher risk of heart disease, stroke, kidney failure, eye disease and foot ulcerations.

"It is important to highlight that treatments are highly effective and the more aware the person is of the condition and how to control it, the more they can do to avoid any of the serious complications associated with diabetes that could affect them later in life.

"We have worked hard at producing a strategy that will ensure patients with diabetes can access services as easily and quickly as possible."

For information on stop smoking services and the exercise

fourth biggest killer disease in the country



THE new strategy aims to make diabetes services more accessible to the increasing number of new diabetes patients.

aims to defuse time bomb...

WHO'S MOST AT RISK?

People at risk of developing Type 2 diabetes include:

- White people aged over 40 and people from black and ethnic minority groups aged 25 and over
- Someone who has a close family member with diabetes (mother, father, brother or sister)
- People who are overweight and who have a sedentary lifestyle
- People who smoke
- People who have ischaemic heart disease, cerebrovascular disease, peripheral vascular disease (problems with circulation including heart attack or stroke) or hypertension (high blood pressure)
- Women who have had diabetes during pregnancy
- Women with polycystic ovary syndrome who are obese
- People who have impaired glucose intolerance or impaired fasting glycaemia

HOW DO I KNOW IF I HAVE DIABETES?

Common symptoms of diabetes include:

- Increased thirst
- Urinating a lot more than usual - especially at night
- Extreme tiredness
- Weight loss
- Genital itching or regular episodes of thrush
- Slow healing of wounds
- Blurred vision.

A simple blood test will see if you have diabetes - ask your GP for one. Some pharmacies also offer this test. Check with your local pharmacy.

referral scheme, turn to our Listings Section on page 9

£1.4m renal Inverclyde expansion

SIX new renal dialysis stations at Inverclyde Royal Hospital are due to open in September this year.

Costing £1.4million, the new stations will provide dialysis services for an additional 28 patients and help meet the increasing demand for provision locally and in Glasgow.

In addition to providing these expanded facilities, NHS Greater Glasgow and Clyde is currently recruiting additional staff for the hospital. In total, some £500,000 has been allocated to provide additional medical, nursing, pharmacy, dietetic, medical physics and other staff.

Operational Services Project Manager, Gordon Whitelaw said: "The expansion of the service represents the completion of another stage in providing much improved local services for dialysis patients. This extra service contributes significantly to the overall West of Scotland provision as well as providing much improved local services for both Inverclyde and some Renfrewshire patients."

Work starts on Jubilee centre

CONSTRUCTION on the new West of Scotland Heart and Lung Centre has started at the Golden Jubilee Hospital.

This follows the announcement that the Scottish Executive Health Department's Capital Investment Group has approved the new centre's Full Business Case.

The newly expanded Executive Cardiothoracic Clinical Implementation Group, which has representatives from NHS Lanarkshire, NHS Greater Glasgow and Clyde and the NHS National Waiting Times Centre, will continue to oversee the project through this phase.

TEENS with mental health problems can be left to struggle by a creaking in-patient system.

But Herald health correspondent Helen Puttick finds there is some light at the end of the tunnel...

SPENDING six months in hospital would be a daunting prospect for anyone. It is hard to imagine how vulnerable teenagers must feel when they arrive with their hold-all at Gartnavel Royal's adolescent mental health ward.

Converted from an adult unit 20 years ago, staff repeatedly used the same four understated words to describe the facility: "It is not ideal."

Yet the ward has been crucial in the context of inadequate provision for child and adolescent mental health across Scotland. Its 16 beds at one stage made up more than half of the available service nationwide.

Research indicates that an increasing number of young people suffer from mental health problems - a Scottish Executive commissioned report in 2003 revealed that 10-per cent of young people in Scotland - 125,000 - at any one time have problems substantial enough to interfere with their day-to-day lives. It was in that context that the Royal College of Psychiatrists described the shortage of in-patient beds for children as a national disgrace.

Now, however, NHS Greater Glasgow and Clyde has designed a new centre from scratch, purpose-built for teenagers whose conditions vary but include such problems as anorexia and psychosis.

With an undulating glass facade, and a full-sized badminton court, the planned unit presages a new era in the treatment of adolescent mental health.

Yet it will manage this while also accommodating more patients. The number of beds for 12 to 18-year-olds with mental health disorders in the west of Scotland is to increase from 16 to 24 under the plans.

Mary Hattie, adolescent mental health services manager with NHS Greater Glasgow and Clyde, says: "Sixteen beds is not a lot. The [current] unit does



Artists' impression of the new Adolescent Mental Health Inpatient Centre at Stobhill.

Unit with the young at heart

HOW A SPECIALIST CENTRE WILL HELP TO DELIVER BETTER CARE FOR YOUNGSTERS WITH MENTAL HEALTH PROBLEMS

run at capacity. The expansion in community mental health services for young people has led to an increase in the identification of people with difficulties. There is always a small number who need more intensive work."

These teenagers can face a queue for a hospital bed, and even the prospect of being admitted to an adult ward, if they need urgent care.

The new "unit" will in fact be a mini campus of three buildings on the site of Stobhill Hospital, Glasgow, much less of an "institution" than the current arrangement and more like the outside world.

Dr Michael Smith, consultant psychiatrist, says: "It has been recognised for a long time that there are insufficient in-patient beds for young people in the west of Scotland, and it does mean that some young people are admitted to general adult wards."

Under the current design, the 24 beds will be divided between

three interconnecting houses. All rooms are single and en suite.

Hattie says: "Each unit has its own lounge and a supported dining facility for them, and the nursing team will be organised around the eight-bedded unit, so it just feels a bit more homely. They [the patients] will get to know the staff better."

Teenagers who have experienced the existing service cite another advantage. One 16-year-old girl, who has been admitted to a number of different hospitals, told The Herald Society: "I like the fact that it is split into three separate units. This will allow people who are recovering to be separate from more unwell people."

It also gives staff the opportunity to group together those who can support each other, and distance those who mix less well.

In addition, NHS Greater Glasgow and Clyde has decided to separate the living space

sports facilities, but the plans for Stobhill should provide more opportunities for all patients to exercise. McMillan notes that hospital stays are often sedentary and this can compound depression. "There is increasing research to suggest that physical exercise also benefits mental health," he adds.

Campbell and Arnott, a Scottish architecture firm that has specialised in mental health facilities for 15 years, is behind the plans for the site. Director Arnie Dunn describes NHS Greater Glasgow and Clyde as an encouraging client.

"It is a bit more architectural than a lot of other public sector buildings," he says of the planned facility.

Natural light was apparently important to the teenagers consulted on the design. Glass panels, installed at an angle to each other, form the front of the school and the intention is to use stained glass on some sections. Natural light will fall into the main school corridor and thought has gone into giving the other buildings in the project an airy feel.

Dunn says: "We will be putting in larger windows than you would expect in buildings with a degree of security about them."

He also points to the shape of the treatment block, with a roof that overhangs the entrance, as another attractive feature.

"It is so much better than what it was ten or 15 years ago," he says. "You really had to work very hard to make something domestic in feel which had to be a 30-bedded ward with two bedrooms and bathrooms."

Perhaps surprisingly, Dunn also says having three separate buildings has some advantages for the public purse. Land would have had to be flattened to throw up one large block, he explains, and this is an expensive process. Three separate buildings can be constructed on different levels.

The total budget for the project is £7.6m, but it is an investment

that Julie Metcalfe, clinical director of adolescent mental health services for NHS Greater Glasgow and Clyde, believes will make a difference to patient recovery.

Assuming that planning permission is granted, the aim is to start building in early August and complete the project by early December 2007. While such delay is perhaps inevitable, it does mean the improvements will come too late for some teenagers.

The 16-year-old interviewed via e-mail by The Herald Society signs off with the cheerful words: "It sounds great, but I won't have to be there. I'm going to be discharged soon."

Article reproduced courtesy of The Herald Society magazine.

At the moment, teenagers who are well enough use community



YOU'RE MORE THAN A NUMBER IN HEALTH INDEX

PATIENTS across Scotland will now be identified using a Community Health Index (CHI). CHI is the unique number given to every patient registered with a GP in Scotland and must now be used in every clinical communication.

Every year, NHS Greater Glasgow and Clyde produces millions of communications about patients in their care. From GP referral letters to discharge summaries, x-ray requests to laboratory results, a patient's care is dependent on the safe, accurate flow of information between the various clinicians caring for that patient.

And with more and more patients receiving treatment from different teams, perhaps working in different hospitals or even across different Health Boards, it has become increasingly important to use a single, consistent way of identifying patients.

Dr Brian Cowan, Medical Director, NHS Greater Glasgow and Clyde, explained the benefits to both staff and patients of using a single patient identifying number: "We are all aware of the rare occasions when a patient is mixed up with a fellow patient of the same name and a clinical incident occurs. The CHI number will eliminate the risk of such an error."

"It will also enable clinicians to access all relevant clinical information for a patient - no matter where that patient has been receiving treatment."



KATERZYNA Zawadzka with husband Marcin and baby son Wlodek.



VISION OF THE FUTURE: Optometrists will now provide a first port of call for many people with a wide range of eye problems.

The eyes have it!

DID you know that you are entitled to a free eye examination at your local optician?

From April this year, opticians, or to give them their proper name, optometrists, now offer a new eye examination on the NHS.

That means you can walk into any optometrist's shop and be given a range of comprehensive tests and procedures that are tailored to you, rather than just the old sight test.

Gale Leslie, Chair of the Greater Glasgow and Clyde Area Optometric Committee, said: "The Scottish Executive Health Department has recognised the valuable resource of community optometrists and the health benefits of regular eye examinations. Deputy Health Minister Lewis Macdonald has said that optometrists should be the first port of call for any and all eye problems."

So what will this new contract mean for the public?

She continued: "If someone is experiencing any eye problem, blurred vision, red eye, flashes and floaters, worries about a child's eyes etc. they can attend their local optometrist and will be given a thorough, comprehensive examination which will be centred

FREE EXAMS FOR ALL AT YOUR LOCAL OPTICIANS



round their symptoms.

"The new optometry contract means that a number of core tests will be carried out routinely. Certain groups, such as those over 60 years of age will be more likely to have drops put in their eyes to enlarge the pupil so that their retina (the back of their eye) can be thoroughly examined.

"Checking of the visual field - how well a person can see out of the corner of their eye - will also be more common. To meet these improved standards all optometrists have recently undergone training to refresh some of their skills."

She revealed that thanks to the new contract, optometrists will now be

able to deal with a number of minor eye problems. This will help reduce the number of people referred to the hospital. By making treatment of simple eye problems and diagnosis of more serious conditions available at a very local level for most people, the new service aims to reduce waiting times for those in need of the specialist care provided by the ophthalmologist in hospital.

Optometrists will also work with other healthcare staff to establish the 'care pathways for eyecare'. These pathways will help patients move smoothly from community to hospital care and back again when it is appropriate. These pathways are for macular degeneration, cataract, double vision, flashes and floaters, disease of the front surface of the eyes and eyelids, glaucoma and squint and lazy eye.

She added: "The new NHS eyecare contract will help optometrists detect and diagnose eye problems at an earlier stage, improve the quality of care and improve the delivery of that care at a local level.

"It will bring more appropriate eye care closer to the patient and create a cornerstone for comprehensive care amongst optometry, ophthalmology, GPs and social care."

Kate beats language barrier with dental Polish!

THE recent arrival of Polish dentists to Scotland is one way the Scottish Executive is aiming to tackle the problem of accessing NHS dentistry across the country.

At the Elizabeth Martin Clinic in Greenock, Katerzyna (Kate) Zawadzka is tackling the problems of patients' dental health and, even more of a challenge, the local accent, head on.

"Everything so far is going alright, I enjoy working here. The dentistry is almost the same. There are small differences in ways of doing things, but it is mostly the same. The worst thing is the language difference. The different accent means I sometimes have difficulty understanding what

my patients say! But I have a very helpful dental nurse, Dawn, who helps me with this."

Kate came over with her husband Marcin and her 17-month-old son, Wlodek, who is already picking up lots of English at the local nursery.

"It's fun to see him develop and he knows lots more words than me so that's good!"

Kate's husband is also bringing skills to Scotland, as an IT specialist, and is currently looking for work.

So far, Kate has found all her patients very nice and she thinks relationships with patients here are very different than in Poland.

"Here, it is quite different, in Poland, it is not so personal, but here

everything starts with a chat so you know about their family and their lives."

Regarding the oral health of patients, Kate has been impressed with the support here for dentists and patients from oral hygienists and other dental health professionals.

"This has made it all the more helpful for me and is quite different from Poland where we have less help."

More Polish dentists are expected to arrive in Scotland later in the year, with possibly another two in Clyde - another one expected to go to Greenock and the second to Paisley.

Mental health leaders come to Glasgow

MENTAL health leaders from around the world have recently visited Glasgow to experience for themselves some of the city's most innovative approaches to mental health service delivery.

The mental health leaders, visiting from as far away as New Zealand and the United States, were here as part of an exchange event

organised by the International Initiative for Mental Health Leadership (IIMHL).

During the week-long exchange 50 of the 250 mental health leaders visited some of Glasgow's 40 strong mental health projects and initiatives to gain an insight into Scottish mental health practices.

STATINS PLAY THEIR PART IN HEALTHY HEART CAMPAIGN

INCREASED prescribing of statins - a cholesterol-lowering drug which assists the prevention of coronary heart disease (CHD) - is contributing to our ongoing work to reduce heart disease in NHS Greater Glasgow and Clyde.

The number of statins now being prescribed annually in Glasgow has increased with almost three times as many people now taking the drug. Higher doses of statins are also being prescribed more. These changes, in conjunction with a healthy diet, more exercise and stopping smoking, are all playing a part in reducing heart attacks in the city and beyond.

However Dr Linda de Caestecker, Director of Public Health at NHS Greater Glasgow and Clyde, warned statins alone should not be viewed as the answer to coronary heart disease (CHD).

"While this is an encouraging trend, prescribing statins must be undertaken within the context of other public health initiatives to support behavioural change such as



changing eating habits to improve diet, weight loss, physical activity and stopping smoking.

"In Greater Glasgow and Clyde, our CHD prevention programmes incorporate these many different aspects of prevention."

It is now a priority for NHS Greater Glasgow and Clyde to target those people thought most at risk from CHD - many of whom live in our poorest and most socially deprived areas. By making sure that people at the highest risk of heart disease have access to statins and are given the encouragement and support needed to make changes towards a healthier lifestyle, it is hoped we will continue to see a reduction in heart disease.

As well as reducing the risk of heart attack, statins are also used in stroke prevention and for all patients with type 2 diabetes who have a high risk of coronary heart disease.

Changing face of emergency care

EMERGENCY care has changed enormously since the NHS was created nearly 60 years ago.

Our A&E departments have continuously evolved since the Health Service began in 1948, but demand on the service has been inexorably rising and patients' expectations of emergency care have, quite rightly, considerably increased.

However, despite the efforts of the doctors and nurses to adapt the out-of-date facilities to the changing demand, modern emergency care requires new and purpose-built departments in order to provide the best possible service to patients.

Nowadays A&E units are being renamed as Emergency Departments and the specialists who work in these departments have dropped the "Accident and" from their specialty and it has been renamed simply as "Emergency medicine" in line with their counterparts in the ERs of North America and Australasia.

But it takes more than just a name change to bring Glasgow's service into the 21st century...

And that's why NHS Greater Glasgow and Clyde is looking again at how A&E services are provided in Glasgow's hospitals.

Our plans for A&E are an integral part of our £750million modernisation programme. Here's what we plan to do...

At the moment, there are A&E departments in five Glasgow hospitals providing emergency care across the city. Those departments are currently housed in: Stobhill, Glasgow Royal Infirmary, the Victoria Infirmary, the Southern General and the Western Infirmary.

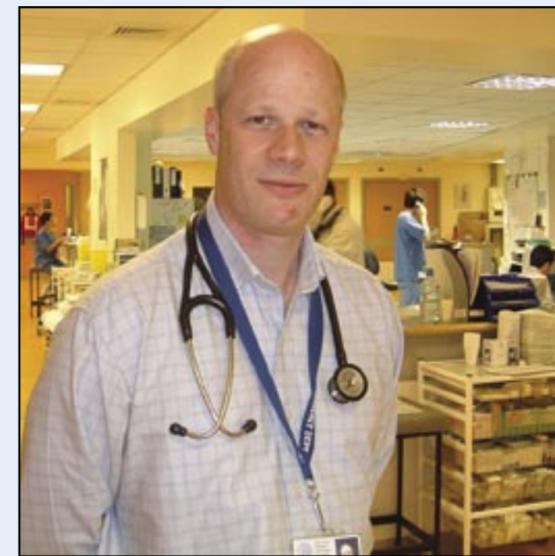
Our plans will create two, state-of-the-art Emergency Departments at Glasgow Royal Infirmary and the Southern General Hospital. The new Stobhill and Victoria Hospitals will each have a Minor Injuries Unit and when the Western Infirmary eventually closes, a Minor Injury Unit and Assessment Area for GP referred patients will be created at Gartnavel General.

An estimated 25-30% of people who currently attend existing A&E departments will be likely to be cared for at Minor Injuries Units.

The new Emergency Departments at the Royal and the Southern (as well as the Gartnavel Unit) will feature an additional area for assessment. This new type of Assessment



FRONT DOOR MEDICINE: Many high-tech tests will now be performed in the new assessment areas.



ALASTAIR IRELAND... the Clinical Director of Emergency Medicine sees many benefits of the new system.

Area will allow a range of investigations to be carried out - usually with the aim of shortening patients' stay in hospital to a few hours rather than days.

The "high-tech" tests traditionally associated with hospital admission will increasingly be able to be performed at this "front door" area allowing much earlier decisions about treatment or ruling out serious conditions.

Mr Alastair Ireland, Clinical Director of Emergency Medicine

in Glasgow and Consultant in Emergency Medicine at Glasgow Royal Infirmary, said: "Some of our hospitals are already developing such areas and they are proving successful. For example, patients with chest pain often require 24 hours in hospital to exclude heart conditions as initial ECGs and blood tests often have to be repeated, but these new units can use the latest evidence-based guidelines to reassure and discharge patients within 12 hours. As technology improves,

so the time will shorten further. Also if tests prove positive, protocols can fast-track those who really need it into definitive treatment much more quickly."

The Assessment Area will also be a more comfortable environment for patients, just slightly removed from the hustle and bustle of the busy Emergency Department but still part of the "front-door" emergency receiving complex and benefiting from the new facilities and senior clinical staff.

He continued: "However,

if someone is identified in the Emergency Department as needing admission to hospital then they will proceed to the most appropriate Admissions ward, where their definitive treatment, started in the Emergency Department, can continue."

Patients referred to hospital by their GPs, may if clinically stable, virtually bypass the Emergency Department and go straight into the Assessment Area where doctors will decide on the best way forward for



How emergency care is delivered at present

Everyone goes into the one door and, if you are one of the people with less serious injuries, you may have to wait for a long time as people with more serious illnesses and injuries are seen first.

How emergency care will be delivered in the future



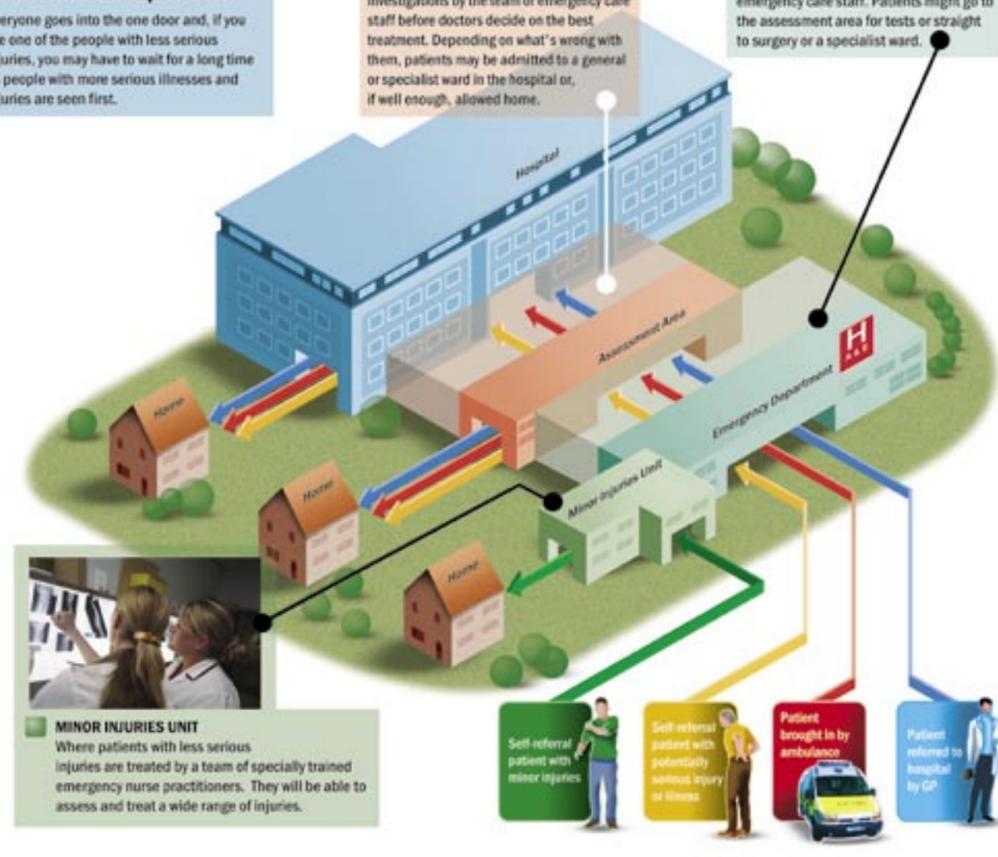
ASSESSMENT AREA

Patients with a potentially serious injury or illness are assessed and undergo appropriate investigations by the team of emergency care staff before doctors decide on the best treatment. Depending on what's wrong with them, patients may be admitted to a general or specialist ward in the hospital or, if well enough, allowed home.



EMERGENCY DEPARTMENT

Where people with more serious injury and illness are seen by a team of highly skilled emergency care staff. Patients might go to the assessment area for tests or straight to surgery or a specialist ward.



MINOR INJURIES UNIT

Where patients with less serious injuries are treated by a team of specially trained emergency nurse practitioners. They will be able to assess and treat a wide range of injuries.

A&E - THE PRESENT

At the moment, staff at A&E departments see people with a wide range of different illnesses and injuries. There are three distinct groups or patients:

- Those who require immediate resuscitation
- Those who have a potentially serious illness or injury (who may arrive following a 999 call to the Ambulance Service or be referred by their GP or may walk in)
- Those who have walked in with a less serious injury

They are all assessed and doctors then decide on treatment and the need for admission. Usually patients are admitted to a receiving ward and if they need on-going hospital

care are transferred to general wards - usually within 24 hours.

Many patients need to remain in hospital simply for tests to be carried out - sometimes waiting for several days for certain "high-tech" investigations, despite probably being well enough to go home.

Sometimes these tests are required to rule out serious conditions and only once these diagnoses have been excluded, can patients return home.

This causes considerable pressure on beds for newer patients and is one factor in the delays sometimes experienced in A&E.

A&E - THE FUTURE

ALL 999 emergencies will be taken to either the Royal Infirmary or the Southern General as well as any potentially unstable GP referred patients. Patients who feel that they may have a serious condition or injury who need to see a doctor should go to either the Royal Infirmary or the Southern General. These departments will be fully equipped and expertly staffed and able to manage the full range of emergency conditions, either illness or injury, likely to present.

People with less serious injuries will usually be seen by specially trained nursing staff at the three Minor Injuries Units based at the Victoria, Stobhill, and Gartnavel. Staff will also have access to advice from senior doctors in these departments. The Emergency Departments

at the Royal Infirmary and Southern General will also incorporate minor injuries services and many patients going there with minor injuries will be seen in their specially staffed Minor Injury Units.

The nurses staffing these units are referred to as Emergency Nurse Practitioners - who are very experienced A&E nurses who've had extra minor injuries training. These nurses will be able to assess and treat a wide range of injuries and illnesses and will be able to perform a number of tasks including:

- Requesting and interpreting X-rays
- Stitching wounds
- Applying plasters to broken limbs
- Deciding whether or not the patient needs more specialist care

tests or treatment. But its not just the buildings that are improving. Staffing within Emergency Departments, like other areas of the hospital, is set to radically change during the next few years.

Alastair Ireland sees a shift away from the current service, which is largely provided by relatively junior medical staff supervised by a small number of senior staff, to a modernised structure whereby most of the direct care and treatment of patients is provided by fully

nearing full specialist status.

Alastair continued: "We're aware that there are some concerns from the public about the increased journey times to an A&E department, particularly those who've been used to having an emergency department on their doorstep. The increased journey times are unlikely to be that significant for patients because a large number of emergency treatments, such as those for cardiac patients, can be started in the ambulance.

In fact, there's a new service commencing now which gives Paramedics the option of administering a clot busting drug directly to heart attack patients before they even get to hospital."

With the new A&E departments come new targets and emergency care staff will be aiming to see, assess, treat, admit or release patients within four hours of arrival.

Alastair added: "The redesign of A&E has been carefully

planned to take account of the needs of the service and should make emergency care more efficient and effective.

"There are real pluses in this. The new Emergency Departments will be purpose-built, making the service more effective; it will be staffed only by experienced emergency specialists; and other healthcare departments, such as our colleagues in community health, and the Ambulance Service, are all working towards the same goal."

THE COMPLETE HEALTHY HOLIDAY GUIDE

MAKE sure you're in holiday heaven not holiday hell this year by following our top tips.

Your holiday is supposed to be relaxing and enjoyable, there's nothing worse if you or a loved one becomes ill when abroad. A few simple preparations before you go can save you or your fellow travellers becoming sick.

Immunisations

BEFORE your trip, look at the potential health risks for the country you're going to. These will vary depending on where you're going, the time of year, how long you will be staying and what kind of accommodation you'll be staying in.

Your doctor can give you advice and arrange any immunisations and anti-malaria medication you need, or you can go to a specialist travel clinic (contact numbers below).

Try to go for travel health advice at least two months before your trip - you might not be able to get all the immunisations you need in one go and some immunisations take a while (usually two weeks) to become fully effective. Tell the doctor or nurse where you're going, if you're pregnant (or thinking about getting pregnant) and whether you're taking children with you.

You may also need to start taking anti-malaria medication before you leave. You need to start taking it about three weeks before you travel, and continue taking it while you are away and sometimes on your return.

You can get some anti-malaria medication from pharmacies without a prescription, so ask the doctor or nurse about the cheapest way to get what you need. Your GP or practice nurse may only be able to provide the free vaccinations. These can vary across practices, but are usually:

- Booster for typhoid, tetanus and polio
- Hepatitis A
- Meningococcal vaccines eg ACWY

Other vaccinations are not



usually free. Your GP may charge for them (including an administration fee) or refer you to a special travel clinic. They include:

- Yellow fever
- Japanese encephalitis and tick-borne encephalitis
- Hepatitis B
- Rabies.

Specialist travel clinics

Glasgow Travel Clinic - Tel: 0141 221 4224

Brownlee Centre - 0141 211 1074
Glasgow Airport - 0141 848 4800
Glasgow Royal Infirmary - 0141 211 0422

Kinning Park Clinic - 0141 429 0913

Parkside Clinic 0141 636 0054

Food and drink

LOTS of travellers get diarrhoea from eating or drinking something contaminated. You can reduce the risk by taking these simple precautions:

- If you're not sure whether the water is safe, sterilise it by boiling it or using purification tablets, or use bottled water (preferably fizzy) instead. Always use clean water for washing food and cleaning your teeth as well as drinking.

- Avoid ice unless you're sure it's made from treated, chlorinated water. This includes ice used to keep food cool as well as ice in drinks.

- Make sure food has been freshly and thoroughly cooked and is still piping hot - avoid food that has been kept warm.
- Avoid uncooked food, unless you can peel or shell it yourself.

In addition, fish and shellfish can be suspect in some countries. Uncooked shellfish, such as oysters, are especially risky.

Stay safe in the sun

AS well as giving you painful sunburn, too much sun can age your skin and increase your risk of getting skin cancer. Follow the Sun SMART code

STAY in the shade between 11am and 3pm.

MAKE sure you never burn.

ALWAYS cover up.

REMEMBER to take extra care with children.

THEN use factor 15 plus sunscreen.

Another risk is heatstroke or sunstroke. Don't do anything too energetic during the hottest part of the day and make sure

you keep yourself hydrated by drinking lots of non-alcoholic liquids.

Getting treatment on holiday

IT'S not always easy to get treatment abroad, so you should always make sure you have planned ahead. You should always ensure you have adequate private health insurance.

If you're going to a European Economic Area (EEA) country or Switzerland, you should also make sure you've got a European Health Insurance Card (which replaced the E111 form) as well as private health insurance. The card entitles you to reduced cost, sometimes free, medical treatment in most European countries. You can get a form from the Post Office or online from www.dh.gov.uk

Sexual health safety abroad

WHEN on holiday you might do things you wouldn't normally do at home. This might mean drinking more than usual, taking drugs or having sex with someone you've just met. Have friends with you and make sure you all look after each other by letting each other know where you are and who you are with. It's important to enjoy your holidays, but don't put yourself at risk whilst doing so.

Don't forget your condoms!

WHEN you're on holiday, relaxed and having a good time, you may end up in situations you hadn't intended. So, even if you don't plan to have sex on holiday, make sure you carry condoms, just in case. Research has shown people have a higher risk of acquiring a sexually transmitted infection (STI) whilst abroad.

- In the UK, most people newly diagnosed with HIV are infected in another country. Some of these people are immigrants and some are holiday-makers.

There are excellent sexual health services available in Glasgow and Clyde... see page 9 opposite for full listings.

Award for daily living aid service

A COMPUTER system, which helps people with mobility issues to continue to live in their own homes, has been recognised as among the best in e-government.

The Greater Glasgow Independent Living Equipment Service's (GGILES) computer system claimed the prize in the recent Government Computing BT Awards for Innovation 2006.

The system has helped GGILES overhaul how it delivers daily living aids to thousands of people in the Greater Glasgow and Clyde area.

Around 67,000 pieces of daily living aids, including bedroom hoists and dynamic mattresses, supports and bathroom equipment, is delivered to patients per year.

Previously all equipment purchased by GGILES for clients was brand new, but now, thanks to the improved tracking that comes with the system, 50% of the top 20 items required are recycled. This has led to savings of £1.75 million per annum.

The service is a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council and East Dunbartonshire Council and is used by more than 1200 district nurses, occupational therapists and other professionals.

The DIRECTORY

NHS 24 08454 24 24 24

Confidential telephone health advice and information service for people in Scotland.

NEW ONLINE HEALTH GUIDE

A NEW NHS Self-help Guide and Health Encyclopaedia resource is now available from NHS 24 and can be accessed through the NHS Greater Glasgow and Clyde website.

Our website at www.nhs.gov.uk will offer a link to the guide which consists of 5000+ pages. Simply click on the NHS 24 logo to access the NHS Self Help Guide and Health Encyclopaedia.

It has a series of easy-to-use, interactive sections on conditions such as sore throat, backache, dizziness, vomiting and toothache. Patients reach an outcome suggesting either self-care advice, ring NHS 24 or dial 999. The Health Encyclopaedia covers a range of illnesses, operations, tests and treatments and aims to answer any questions patients may have.

The aim of the site is to improve patients' understanding of their health conditions through access to information, and provide reassurance about individual wellbeing. By having correct information, it is hoped that patients may also make better-informed decisions and be able to participate as full partners in their healthcare.

You can also access the guide direct at: www.nhs24.com

ADDICTIONS Alcohol and Drug Addiction Services

National Alcohol information line

0800 917 8282

Alcoholics Anonymous (AA)

0845 769 7555

www.aa-uk.org.uk

Alcoholics Anonymous, 50 Wellington Street, Glasgow

0141 226 2214

Al-Anon (for families of people with alcohol problems) 020 7403 0888

www.al-anonuk.uk

Al-Anon Information Centre, 22 Mansfield Street, Partick

0141 339 8884

For information on your local Community Addiction Teams

0141 276 6602



Good sexual health

MAINTAINING good sexual health is as important as making sure you have a healthy heart or eating the right things.

And in Greater Glasgow and Clyde we've got a range of sexual health and wellbeing services available.

In Glasgow, the Sandyford Initiative provides sexual and reproductive health services for women, men and young people. This includes Well Women clinics, contraception and specialist clinics for health issues such as menopause and vasectomy.

It also provides a range of counselling services and other specialist services, including services for women experiencing physical, mental and emotional problems.

For more information, contact: The Sandyford Initiative, 2 Sandyford Place, Sauchiehall Street, Glasgow G3 7NB.

Tel: 0141 211 8600

Web: www.sandyford.org

Email: helpsandyford@glacomen.scot.nhs.uk

Information on sexual health services is available at: www.yoursexualhealth.org.uk

For people living in the Clyde area, there are a range of sexual health services available at the following healthcare centres:

Russell Institute, Paisley

0141 889 1649

Inverclyde Royal Hospital

01475 504 978

Dumbarton Joint Hospital

01389 812 001 / 034

Barrhead

0141 880 6161

EXERCISE - FIRST STEPS TO A FITTER LIFESTYLE

The Live Active Exercise Referral Scheme

The scheme may be appropriate for you if...

- You are not currently regularly physically active and you are thinking about becoming more active
- You are doing some activity but would like to do more and feel additional advice and support would help you
- You have been advised to become more active, eg by your GP or Practice Nurse, but you don't really know where to start.

Contact your GP, Practice Nurse or Physiotherapist for a

referral to this scheme which offers advice, support and encouragement to help you exercise more. Information: Fiona Hamilton - Tel 0141 201 4756.

First Steps Programme

This is an eight-week rolling social support programme for people who are new to physical activity and require some support and motivation to become more active. This programme takes place in ten Leisure Centres across Greater Glasgow and allows people to taste a variety of local physical activities in a friendly and supportive environment. Information: Hugh McNish - Tel 0141 287 0238.

DATES FOR THE DIARY...

THE date for the next NHS Greater Glasgow and Clyde Board meeting at Dalian House, 350 St Vincent Street, Glasgow will be Tuesday, August 15, 2006 at 9.30am.

July 17-19

2006 Medsip 2006 International Conference organised by the Institution of Engineering and Technology Healthcare Technologies

Professional Network. Venue: Teacher Building, Glasgow. Information:

conferences.theiet.org/medsip

July 2-8

Alzheimer's Awareness Week

www.alzheimers.org.uk

Metabolic Disease Awareness Week

www.climb.org.uk

July 3-8

Twins, Triplets and More Week

www.tamba.org.uk

July 9-15

National Transplant Week

www.transplantsinmind.co.uk

Aug 7-13

Sexual Health Week

www.fpa.org.uk

BEREAVEMENT

Family Bereavement Service

The Family Bereavement Service based at Yorkhill works with parents, siblings and carers of children who have died. They can be contacted by phone, tel: 0141 201 9257, or via email at: yfbs@yorkhill.scot.nhs.uk

CRUSE Bereavement Service

0141 248 2199

or contact the national office for a local contact, tel: 01738 444 178.

CARERS

A special information and support line is available for carers. Tel: 0141 353 6504, email: carerssupportline@crossroads-scotland.co.uk or go to: www.nhs.gov.uk and click on Health in the Community for more information for carers.

Inverclyde Carers Centre

01475 735 180

Renfrewshire Carers Centre

0141 887 3643

West Dunbartonshire Carers Centre

0141 941 1550.

STOP SMOKING

There's lots of support available for people who want to stop smoking:

Starting Fresh is available in more than 160 pharmacies throughout Glasgow, where trained staff can offer one-to-one support with Nicotine Replacement Therapy (NRT), on a drop in basis, once-a-week for up to 12 weeks. For more information about participating pharmacies tel: 0800 389 3210.

Stop Smoking groups also meet in most areas of Glasgow once a week, offering one of the most effective ways to quit. Details about these groups are available by contacting 0141 201 9825, or log onto: www.smokingconcerns.com.

If you live outside the Glasgow area, there are a number of places you can go to for help. Please call the relevant number for your area:

Paisley

0141 842 4829/4833

West Renfrewshire

07810 832 167

Barrhead, Renfrew and Erskine

0141 314 0815

Inverclyde

01475 724 477

Dumbarton, Vale of Leven and

Lochside

01389 812 344

In Glasgow, pregnant women can get help to quit through the **Breathe** project.

Celebrating the work of unsung heroes

WHATEVER the time, whatever the weather, whatever the task, a large band of very special people are always ready to help.

They are the volunteers - our unsung heroes - who dedicate themselves to help the Health Service and patients across our Health Board.

These people make a massive difference to both the lives of our patients and our staff, and come September this year, we are aiming to recognise and mark the work of all our volunteers in a celebration at the Royal Concert Hall. This will all be reported in a special edition of your Health News (next issue

due out August 30).

We have already taken the opportunity to publicly say thanks to the 2000 plus people who give up their spare time to fundraise or to work in our hospitals and wards during Volunteers' Week at the beginning of June. But our event in September aims to fully recognise the dedication of many of our volunteers who selflessly give time and effort for many others.

Chair of NHS Greater Glasgow and Clyde, Professor Sir John Arbuthnot said: "Patients, staff and managers owe a debt of gratitude to those volunteers, not only for the generous financial

donations that they make every year through their hard work and endeavour, but also for the excellent services they provide for staff, patients, their families and the general public on a daily basis. Having so many local people undertaking voluntary work demonstrates the level of goodwill towards the Health Service and a real willingness to help others in the local community. It is much appreciated."

There are lots of ways you can volunteer for NHS Greater Glasgow and Clyde. If you are interested in finding out more, phone your local hospital and ask to speak to the Voluntary Services Department.



Volunteering can be extremely rewarding.

Home is where the help is for sick children



HELPING children and families are nurses Caroline Porter, Alyson Methven and Nicky Bridges.

CARING for a child who has a long term illness or condition is a worrying prospect for any parent.

But in the Dumbartonshire area, parents have got additional support in the shape of NHS Greater Glasgow and Clyde's Community Children's Nursing Team.

Staffed by six specially trained paediatric nurses, the team has been operating for six years and has helped literally hundreds of children with conditions ranging from asthma, diabetes, bed wetting and constipation through to children with complex needs and those with life limiting conditions.

At the moment, the team has around 120 children that they care for on a regular basis and they also provide support to children being cared for at Robin House Hospice in Balloch (a children's hospice built by the Children's Hospice Association of Scotland).

NURSES TAKE THEIR SKILLS OUT TO THE COMMUNITY

Based in the Acorn Centre at the Vale of Leven Hospital, the team works very closely with colleagues at the Royal Alexandra Hospital in Paisley and the Sick Kids' Hospital in Glasgow to ensure their patients receive the best care possible.

How they work is simple: the team is there to provide nursing care to children in their own homes and schools. Not only does this mean children who have been hospitalised can come home earlier, but it means less hospital admissions for children who would otherwise have needed it and less time spent in clinics and surgeries.

One of the nurses, Nicky Bridges said: "Flexibility is key to the care we provide. Sometimes it's not possible for

the child and their parents to travel to hospital on a regular occasion, which is why we go out and see them. We try our best not to disrupt a child's schooling, seeing them during a break, at lunchtime or after school. We also run nurse-led clinics at the Vale of Leven Hospital and in Helensburgh.

"We provide a link to families and other services, we're able to tell them about the types of things they are entitled to, such as travel expenses. We also work closely with other healthcare colleagues and West Dunbartonshire's Social Work and Education departments to ensure the child is given all the support they need."

She added: "People are very grateful for the care we provide and they like the fact it's a local service. It is a demanding job, but one we all find worthwhile."

NHS Greater Glasgow and Clyde also has a Community Children's Nurses team and a Home Is Where The Heart Is service for children in the Greater Glasgow area.

ASHLEIGH'S STORY...

FIFTEEN-year-old Dumbarton schoolgirl, Ashleigh Morrison is like any Scottish teen. She's just sat her standard grades and is looking forward to her summer holidays.

But, things were very different only a year ago when the plucky Dumbarton Academy pupil found out she had the debilitating illness, Crohn's disease (an inflammatory disease mainly of the small intestine and colon).

Diagnosed in May 2005, Ashley spent three weeks in the Royal Hospital for Sick Children, extremely ill and being fed through a tube in her nose.

Mum, Laura explained: "When Ashleigh was diagnosed, it was the worst day of my life. The disease had left her with an horrendous wound, the tissue had been eaten away by the Crohn's and she was in a lot of pain."

Under the care of doctors, nurses and other specialists at the Sick Kids', Ashleigh's condition was brought under control and eventually she was well enough to go home. However, doctors were reticent about allowing the teen home so soon.

Laura said: "The only reason Ashleigh was allowed home earlier than she would normally have been was because we would be

supported by the Community Children's Nursing Team and nurse, Alyson Methven, in particular. We couldn't have got through it without her support."

Ashleigh said: "The fact we had Alyson there to support us, made us all feel better about it. It's good to have her here to support me and my family."

Over the following weeks and months (Ashleigh was off school for five months), Alyson, with the continued support of colleagues at the Sick Kids', slowly helped the youngster back to strength.

And it wasn't only Ashleigh who appreciated her support. Laura, husband, Billy, and son, Scott, also benefited from her expertise. Alyson was able to give the family emotional support, helping them to cope with what was happening to Ashleigh.

At first, Alyson was visiting Ashleigh three times a week, but, more recently, as Ashleigh's condition improves, she's been able to cut those visits down to once a month and she's always available by phone.

Laura said: "It was nice to know that she was there if I had a question to ask her or wanted to talk about some of my fears. If I have any concerns at all, I know I can phone her. That's such a comfort."



ASHLEIGH receives a visit from Alyson Methven, one of the Community Children's Nursing Team.

FACT FILE ON CROHN'S DISEASE

- Crohn's disease is a persistent inflammatory disease, most commonly affecting the small intestine and/or colon.
- It causes inflammation, deep ulcers and scarring of the wall of the intestine.
- Main symptoms include pain in the abdomen, urgent diarrhoea, general tiredness and loss of weight.
- It affects between 30,000 and 60,000 people in the UK and between 3,000 and 6,000 new cases are diagnosed every year.
- The cause is not known and there is no cure for it at the moment.
- The disease can be managed using drugs.

New online form makes job application easier

THE NHS in Greater Glasgow and Clyde - and in Scotland as a whole - is going through a series of far-reaching changes as it adapts to the realities of 21st Century healthcare and meeting patients' needs.

Many changes of clinical and non-clinical services are underway within NHS Greater Glasgow and Clyde including plans to create a Recruitment Shared Services Centre.

This new centre will service the recruiting needs of the whole organisation from one focal point and will be a real benefit to candidates applying to NHS Greater Glasgow and Clyde as they will soon be able to apply for any post with one single application form rather than having to apply to each area independently.

Since January this year, applicants for certain vacancies within NHS Greater Glasgow and Clyde Partnerships were able to apply "live on line" via the Scottish Health On the Web (SHOW) website. Very soon, applicants will be able to submit on-line applications for all vacancies within NHS Greater Glasgow and Clyde.

This is very different to any other system currently available as it does not require the completion of either a "MS Word" or PDF application form for email submission. Online applicants fill in data screens and the information is immediately submitted to the database for forwarding for shortlisting. This project is still in its pilot stage, but the long-term aim is to roll this facility out to all of NHS Scotland in due course.

Banking on staff pays dividends

NEW SYSTEM PROVIDES FLEXIBLE WORKING SOLUTION TO TEMPORARY SHORTAGES

NHs Greater Glasgow has also developed a way to supply staff at very short notice to its wards, offices and other healthcare settings to cover sick leave and other staff shortages.

Our admin and clerical, nursing and support services "banks" were developed as a direct result of the success of

the existing Nurse Bank based at Stobhill Hospital - a service which provides nursing staff to cover short and longer term vacancies.

The Nurse Bank itself is expanding to reflect the city-wide unification of NHS Greater Glasgow and Clyde and is currently in the final planning stages to provide Bank Nursing Staff, both qualified and Nursing Auxiliary Staff, to all hospitals across the city. If you would like an application form to join

our Nurse Bank or for more information, tel: 0141 201 3366.

The Admin Bank aims to provide a flexible working solution for staff and to provide NHS Greater Glasgow and Clyde with a cost-effective alternative to expensive temporary agency staff. With pay rates starting at £6.00 per hour and assignments ranging from one morning a week to full-time Monday to Friday positions, joining the Admin Bank means bank staff have the freedom to work when

and where they choose in a range of locations across NHS Greater Glasgow and Clyde. For more information and an application form to join the NHS Admin Bank call John O'Connor tel: 0141 211 3747 or email your address details to: john.oconnor@gartnavel.gla.ac.uk

The Support Services Bank provides domestic staff working on an "as and when required" basis to hospitals and health centres throughout the Greater

Glasgow area and specialises in providing early morning, evening and weekend staff to our sites. We also have a number of permanent part-time vacancies available across the city. For more information on permanent vacancies in your area and/or for an application form to join the Support Services Bank contact Sharon McIlwraith tel: 0141 211 3579 or email: sharon.mcllwraith@gartnavel.gla.ac.uk

As our recruitment services continue to develop, job applicants can be confident that the teams that they are dealing with are experts in recruitment and respect the diversity of our communities. Working with the NHS isn't just a job, it's a career that can take you as far as you want to go and, in return for your commitment, you'll get a forward-thinking employer offering an excellent salary, genuine career prospects and continuous training and development.

To learn more about working for the NHS in Greater Glasgow and Clyde visit www.nhsggc.org.uk

BETTER STAFF: NHS Greater Glasgow and Clyde is constantly improving its recruitment process to ensure patients in its area are given the highest quality of care.



Local television ... in hospital!

TWO Glasgow hospitals are to host a new community television project that aims to provide local news and information to the city's residents.

Glasgow Royal Infirmary and the Southern General Hospitals are just two of the sites across the city to have plasma screens installed which will screen the 'Glasgow Matters' programmes.

The project is the brainchild of Glasgow City Council.

Have your say on the National Transport Strategy

CONCERNED about transport? The Scottish Executive is consulting on Scotland's first ever National Transport Strategy. It's your chance to have your say.

For a copy of the draft strategy, go to: www.scotland.gov.uk/consultations or call 0800 771234 or phone NHS Greater Glasgow and Clyde 0141 201 4923 and we'll send you a photocopy of the summary free.

Hurry, you must reply before July 13th!

FOR a list of current job opportunities in NHS Greater Glasgow and Clyde visit www.nhsggc.org.uk

Teenage football girls put on a show



THE girls from Paisley did well in the tournament.

FORTHBANK Stadium in Stirling was the place to be recently for the finals of the women's Scottish Youth Cup.

Although the weather was poor, with heavy rain throughout the day, this didn't detract from the action on the pitch.

Congratulations go to our very own Paisley Saints U13s (pictured above right) for reaching the finals.

The girls played a magnificent game, displaying a great deal of skill and character. The game could have gone either way, but sadly Paisley Saints missed out on lifting the trophy to the Hibs Girls,

who triumphed 5-3.

Tom Divers, Chief Executive, NHS Greater Glasgow and Clyde congratulated all the teams on their achievement and added: "The dedication of all the girls taking part is clear when you see the skill relayed on the pitch.

"The level of fitness sustained to accomplish the success these girls showed is what we are trying to encourage all young girls to achieve.

"The girls should be proud to have reached the finals and we look forward to supporting more West of Scotland teams in

the finals next year."

Six teams took part on the day and put on a great show of football.

And, whether they were taking part or merely spectating, everyone who attended the final was treated to a great day of football.

Scottish Youth Cup Final Results

U13s Hibs Girls 5 Paisley Saints 3

U15s Aberdeen FC Girls 4 Hamilton Accies GFC 2

U17s Hibs Girls 7 Dundee West GFC 2

IRONMAN ALAN IN CHARITY CHALLENGE

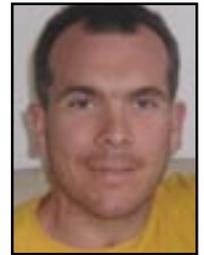
ALAN CRAWFORD is our very own man of steel.

The Inverclyde Royal's alcohol liaison nurse is set to compete in the Ironman UK triathlon in Dorset in August.

Alan is raising funds for the Cystic Fibrosis Trust, a cause which is very close to his heart as his 10-year-old son Ross suffers from the life-limiting disease.

He explained: "For people with cystic fibrosis life can be challenging and that should provide them with the honorary title of Ironpeople. The continued commitment to essential time-consuming and often unpleasant daily treatment regimes required by these individuals is often humbling and inspiring.

"Our hope is that a cure for cystic fibrosis will be found soon, with Ross then being able to decide which challenges he wants to undertake in life rather than



having this unpleasant one forced upon him.

"I am always looking for a greater challenge for each annual fundraising event and this year will be my greatest so far. The Ironman UK triathlon comprises of a 2.4 mile open water swim followed by 112 miles cycling then a full 26.2 miles marathon to finish. I have been training most of this year with this in mind."

Previously Alan has taken part in various sponsored events including the Great Scottish Run half marathon, various triathlons, as well as swimming across the Clyde from Kilcreegan to Greenock and the New York City marathon to raise funds for the Cystic Fibrosis Trust.

If you would like to support Alan in his Ironman quest, you can donate online at: www.justgiving.com/ironman4cf

For more information on Cystic Fibrosis, visit: www.cftrust.org.uk



PATIENTS and staff from the Solace Unit at the Southern General took part in the Women's 10K Run in Glasgow.

Run for the money

FUNDRAISERS HIT THE ROAD TO BRING A LITTLE LUXURY TO PATIENTS' LIVES

FEMALE patients, friends and staff of the Solas Unit (Ward 24 at the Southern General) joined forces at the recent Women's 10K in Glasgow to raise funds for the unit.

The 39-strong Solas team ran, walked and hobbled their way through the race, with all proceeds donated to ward

funds where it will be used to benefit patients.

Clinical Nurse Specialist Carol King explained: "The Solas Unit is an 18-bedded ward area where patients with blood disorders receive intensive treatments. Patients often require lengthy periods of isolation from others whilst receiving their treatments, so any little luxuries they can receive are a wonderful bonus to relieve the boredom, money

raised will go towards this."

Meanwhile, one of Glasgow's British Lung Foundation (BLF) Nurses Lynne Eshelby is in full training mode for the charity's annual 'Lung Run' round Glasgow Green, which is happening on August 27.

Based at the Southern General, Lynne is one of six nurses appointed by BLF to roll-out a new Early Supported Discharge (ESD)

service across Glasgow for sufferers of Chronic Obstructive Pulmonary Disease (COPD).

Lynne, who is also a captain in the TA, admits to being something of a fitness fanatic so the 5K Lung Run should literally be a stroll in the park.

For more information on the Lung Run - open to all runners and spectators - visit: www.britishlungfoundation.com/scotland.asp

OUR PARTNERS -

NHS Greater Glasgow and Clyde works with a number of partner local authorities, charities and other organisations such as Strathclyde Police and NHS 24. Our main partners are:

