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GIRL TALK

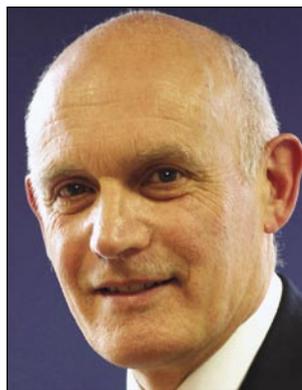
EVERY girl aged between 12 and 17 in Scotland is now being offered a vaccine that will protect them from Human Papilloma Virus (HPV) - the most common cause of cervical cancer.

It's an NHS initiative that could help consign cervical cancer to the history books within a few decades.

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Getting it right for kids of today



SCOTLAND'S top child health doctor, Morgan Jamieson (above), is more aware than most of dramatic changes in kids' health in recent decades.

Sixty years ago, when the NHS was just starting, common diseases included diphtheria, measles and whooping cough, cancer was usually incurable, someone born with cystic fibrosis would rarely survive the early years of life and one in twenty died in infancy.

Today, thanks to modern medicine, successful immunisation programmes and healthier lifestyles, diphtheria and whooping cough are virtually unheard of, more than 75 per cent of children with cancer survive and those with cystic fibrosis live well into adulthood. And the



THE Teenage Cancer Unit is just one example of how NHSGGC is providing specialist care for young people.

outcomes for children with serious illness will continue to improve as long as we keep investing in the best of 21st century care.

But as Morgan explains, it's not all good news. New health problems have now emerged. Obesity is a major problem affecting one boy in six and one girl in seven in Scotland and drug and alcohol misuse, teenage pregnancy and mental health disorders are all too common.

The health service has had to adapt to these new challenges.

Morgan has therefore been working with others in the NHS and the Scottish Government to develop plans for a modern health service that is well-equipped to respond to the needs of young people.

Children's services across Scotland are now better organised than ever. The country's major regional hospitals are increasingly working together to support local care where possible and specialist care where necessary.

And hot on the heels of the

opening of a new children's hospital in Aberdeen in 2004 and the extensive refurbishment of Tayside children's hospital in Dundee, two new children hospitals are being built in Glasgow and Edinburgh. Within a decade all of Scotland's specialist children's hospital services will be provided from brand-new purpose-built accommodation.

But, as Morgan points out, perhaps one of the biggest improvements since the creation of the NHS in 1948 has been that we have come to treat children not simply as small adults.

He said: "In the 1940s and 50s many children were admitted to adult wards. This has now changed for the better and children in hospital are now cared for in dedicated facilities and by staff trained in the specific needs of a child."

But where Scotland has, up till recently, lagged behind other western countries is in how it cares for young people in their teens. In this country, patients have traditionally been treated in children's hospitals until their 13th birthday after which they would

Getting it right for kids of today

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mainly be cared for in adult wards. This often led to teenagers feeling isolated, placed in wards with much older people with whom they had little in common.

Morgan explained: "Young people have distinct needs in every way and these needs are not well met in adult healthcare. We are therefore looking to develop dedicated services for these patients - such as the excellent Teenage Cancer Trust ward in the Beatson West of Scotland Cancer Centre - across the country."

As well as being equipped with chill-out rooms, internet access, play stations and satellite TV, these facilities allow teenagers to meet other teenagers in a similar situation and build friendships which can often help them cope better with their illness.

Morgan is encouraged with what has been achieved so far. "With all the complex health problems that are associated with later life, the NHS is inevitably focused on the health needs of adults. However it is also important to have loud and clear voices that encourage a parallel focus on the needs of children and young people and ensure that the NHS continues to strive to deliver the best services for Scotland's kids."

Children deserve a great start

"I PASSIONATELY believe that every child deserves the best possible start in life – from birth right through to their teenage years.

"In Scotland, this isn't a whimsical vision or a hopeful ideal. We are fortunate that our children have access to some of the world's best healthcare facilities and technology, not to mention the expertise and compassion of thousands of dedicated NHS staff.

"The Scottish Government's health strategy – Better Health, Better Care Action Plan – makes clear just how big a priority our children are to us.

"Enormous resources are being invested in major initiatives to safeguard our children's health, such as the HPV immunisation programme. From this month, girls in their second year of high school across Scotland will be offered the life-saving vaccine to help protect them against cervical cancer, while a one-off three year catch-up campaign will also offer the vaccine to girls aged 13-17.

"In Glasgow we're looking forward to the new Children's Hospital at the Southern General: which, together with its counterpart in Edinburgh, marks an investment of around £350 million. During the summer I was lucky enough to meet some inspirational young people who have been helping plan for Glasgow's new hospital and I was very impressed by just how involved they have been.

**By Nicola Sturgeon,
Cabinet Secretary
for Health and
Wellbeing**



"But of course, children's health isn't just about the multi-million pound projects or even making sure the right treatment is provided if a child is unwell.

"It is simply unacceptable to me that Scottish children growing up just a few miles apart should have markedly different life expectancies. The Ministerial Task Force on Health Equalities recognised we can help change this by giving children the best start in life, and we are taking forward action to turn around the prospects for some of Scotland's most vulnerable children and young people.

"We're also reviewing guidance on screening, surveillance and checks to make sure every child gets the best preventative healthcare.

"It's about helping make small differences that add up to better health. By supporting children and their parents to make healthier choices we can help them build good habits and respect for their own health which lasts into adulthood.

"Our younger generation deserves nothing less."

Maternity units saved

CAMPAIGN TO ENCOURAGE LOCALS TO USE COMMUNITY BIRTHING SERVICES

THE patter of tiny feet will continue to be heard at the Vale of Leven and Inverclyde Royal Hospitals, following a decision to retain local birthing services.

Earlier this year, NHS Greater Glasgow and Clyde consulted on a proposal to transfer the midwife-led services to Paisley as the birthing suites within the Community Maternity Units (CMUs) at both hospitals were underused.

During the consultation, however, local people put forward a strong case for these birthing services to be retained. As a result, we have approved plans to keep the CMU birthing suites at the Vale and Inverclyde Royal open for the next three years, backed by a high-profile marketing campaign.

Tom Divers, Chief Executive of NHS Greater Glasgow and Clyde, explained: "Far fewer women from West Dunbartonshire and Inverclyde were choosing to give birth at their local CMU than originally predicted and we therefore felt the service did not make best use of staff skills and resources.

"It was clear, however, that both communities valued their local birthing service and felt the CMUs needed more time to develop. A recent survey of service

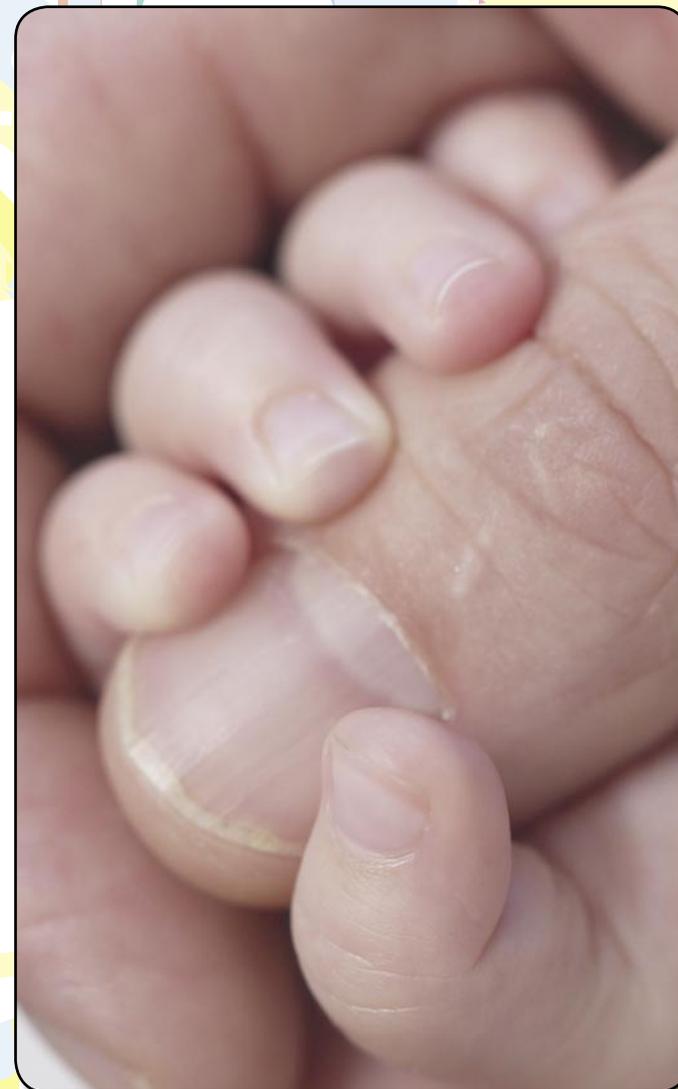
users also revealed a significant number of women would consider giving birth in their local CMU in the future.

"Having listened carefully to the views and concerns of local people we now plan to keep the birthing suites open for the next three years. This will give us the opportunity to see whether increased publicity and growing demand will lead to an increase in the number of local births."

Eleanor Stenhouse, Head of Midwifery for NHS Greater Glasgow and Clyde, said: "There are also many misconceptions about who can give birth in a CMU and this is one of the key issues we want to address as part of the public information and marketing campaign."

The CMUs at the Vale of Leven, Inverclyde Royal and the Royal Alexandra Hospitals are run by experienced and highly skilled midwives. They offer a wide range of antenatal, birthing and post-natal services delivered in a friendly and relaxing environment.

The birthing suites provide a quiet, peaceful haven where you can give birth naturally in comfortable, non-medical surroundings. All Units offer gas and air and pain relieving injections, if required.





BABY
Jasmine with
mum Debbie
and dad Wez
at the Vale
of Leven
Maternity
Unit.

Special delivery for mum Debbie

BABY Jasmine is the picture of contentment as she sleeps peacefully in her mother's arms. Born at the Vale of Leven CMU on the same day it was announced that the birthing suite would remain open for the next three years, Jasmine's birth signals the start of a brighter and hopefully busier future for the Unit.

Proud parents Debbie Stewart (30) and Wez Stevenson (31) from Helensburgh are delighted with

the decision to retain local birthing services. Debbie explained: "Wez and I were both born at the Vale of Leven so we wanted our baby to be born here as well. We were also keen to show support for the local unit as we knew the birthing suite was under threat."

Although she initially considered giving birth at Royal Alexandra Hospital, Debbie is glad she opted for the Vale. She explained: "I was a bit nervous as this was

my first baby but the midwives were fantastic and encouraged me every step of the way."

Debbie was also impressed with the facilities available. She said: "Being able to get up and walk about, have a bath and lie down when you wanted really made a difference. The birthing suite is also very private and self-contained so I could do anything I wanted to without having to worry about other people!"

FACT OR FICTION

You can't give birth in a CMU if it's your first pregnancy.

False – you can have your first baby in a CMU.

You can't give birth in a CMU if you are aged over 25.

False – women up to the age of 40 can opt for a CMU birth.

You can't have any pain relief in a CMU.

False – gas and air, aromatherapy and pain relief injections are available and the birthing pools can also help relieve pain during labour.

There is no back-up if you develop complications.

False – if you develop any complications which can't be dealt with locally staff will arrange to transfer you to a neighbouring consultant-led unit.

You can't give birth in a CMU if you have high or low blood pressure.

False – although changes in your blood pressure may mean you have to deliver in a consultant-led unit if your blood pressure has settled at the time of delivery you will be assessed and may still be able to give birth in a CMU.

You can't deliver in a CMU if you go into labour early.

False – you can if you are at least 37 weeks pregnant however if you are under 37 weeks you will be referred to a consultant-led unit as a precaution.

Better care for Glasgow mums-to-be

WOMEN and babies across Glasgow are set to benefit from plans to develop local maternity services throughout the city.

Rosslyn Crocket, Director of Women and Children's Services for NHS Greater Glasgow and Clyde, explained: "Currently the way we deliver local maternity services varies across the city. We want to develop a network of local midwifery-led facilities so women can access the same range of local maternity services, regardless of where they live."

"This will enable the vast majority of women to have their antenatal care delivered in the community by experienced midwives - while women who develop complications will be seen by a consultant at one of the city's maternity hospitals."

There are also plans to develop three main community maternity centres, including one for the West of the city. The new centre, which is due to open on the Western Infirmary site before the end of the year, will provide antenatal services currently delivered at The Queen Mother's Hospital.

These plans form part of a wider package of improvements which will be taken forward over the next year. Rosslyn explained: "We plan to extend our Early Pregnancy Assessment Service to ensure women who experience problems,



such as pain and bleeding, can access support and treatment during weekends. Additional birthing pools will be installed at the Princess Royal and Southern General Maternity Hospitals, a new dedicated home birth team is being developed and specialist services to support women with drug and alcohol problems will be rolled out across the city.

"We are also aiming to offer all pregnant women a screening test and special scan which can detect a range of genetic and physical abnormalities, including Downs Syndrome, by September 2009. These tests are currently only offered to women who are considered at high risk."

While these developments will enhance local care, others are set to benefit women and babies from further afield. A major new extension of the Southern General maternity unit will not only increase capacity and create links with the planned new children's hospital, but will also house a brand new fetal medicine department to diagnose and treat unborn babies from across Scotland.

When the extension is complete at the end of 2009, The Queen Mother's Hospital will close as planned and services will transfer to the Southern General and the Princess Royal Maternity Hospitals.

Our chance to make it better

Opportunity to build world class hospital for the kids of tomorrow

The West of Scotland is to get a brand-new children's hospital in early 2013 and staff and young people are helping make sure it's designed to meet the needs of kids of the future.

The hospital, being built on the site of the Southern General in Govan, will provide advanced medical care to children in a safe, child-friendly environment.

Covering five floors, it will have 240 beds and will include seven state-of-the-art theatres, dedicated facilities for young teenagers and an integrated therapy suite.

Every bed will also have space to allow a parent to stay overnight and, in keeping with the views of children, young people and their families, the inpatient wards will include a mix of four-bedded and single-bedded accommodation.

The new hospital will be a worthy successor to the Royal Hospital for Sick Children at Yorkhill and will be linked to Maternity Services and the



An artist's impression of how the new hospital might look.

Adult Hospital in order to provide the best possible care for new babies and their mothers too.

As planning takes shape, Health News asks just a few of the staff involved to tell us about their hopes for the hospital and how they think it'll make a difference to the thousands of kids that will use it every year.

Lesley Smith, Head of

Physiotherapy, Robert Greig, Orthotics Manager and Anne Maclean, Head of Dietetics are excited about the opportunities the hospital will bring for their services.

Lesley explains: "At Yorkhill many of our patients have treatment plans which involve multiple therapies. Physiotherapists, dieticians and other allied health professionals therefore need to work within multi-professional

clinical teams.

"However our various departments and bases are spread widely throughout the site and are not ideally suited to delivering this model of care.

"We now have an ideal opportunity through the new children's hospital to develop a dedicated therapy centre for children and young people. Such a facility would bring together

Our chance to make it better

CONTINUED FROM PREVIOUS PAGE

a range of therapies including, amongst others, dietetics, physiotherapy, clinical psychology, orthotics, occupational therapy and speech and language therapy; the first of its kind in Scotland.

"This will bring together a wide range of skills and expertise and benefit the children, their families and carers."

Anne continues: "Young people and their families benefit from meeting other people with similar conditions as they can talk through shared experiences, which will ultimately improve their knowledge and benefit the management of their condition. Traditionally opportunities for bringing children and parents together for group education sessions have been limited due to lack of dedicated space being available. We see the therapy centre as an ideal chance to address this."

Robert goes on: "There's also much more than just having the benefit of a 'one-stop shop' model for therapies; it's also about ensuring the design of the centre is cheery and positive and that patients feel empowered and confident. This is not just a place to treat sick children but one where they will return home in positive health to their family and community. We firmly believe we can achieve this through design in the new therapy centre."



Robert Greig, Lesley Smith and Anne Maclean all agree that the new hospital offers a chance to create a world-leading therapy centre.

JANE Peutrell is a consultant paediatric anaesthetist and has been leading work to review short stay surgery within Yorkhill in preparation for the opening of the new hospital.

She explained: "The New Children's Hospital has created the opportunity to get everyone thinking about doing things differently. People are thinking really smartly about change and innovation because of the flexibility that's created by having a new hospital."

"Currently within Yorkhill, many patients being booked for surgery are admitted on the day before.

"Pre-operative assessment at a special clinic (known as the pre-admission clinic) - where patients are assessed and prepared for



surgery and anaesthesia, their admission planned and discharge arrangements commenced in advance - is also currently offered only to about 40% of patients having planned surgery, and usually only to those having relatively straight forward operations. And where it is undertaken, it does not always extend across the full range of

clinical professions that participate in the care of the patient.

"Working with a wide range of staff, patients and their families, we have now developed proposals for the new hospital that will see admission of the day on surgery becoming the norm and multi-disciplinary pre-admission clinics established.

"These proposals will really change the way patients are cared for in the run up to, during and after an operation and we're leaving no stone unturned as we consider the best design of our theatres, admission, day surgery and recovery areas to support these new practices."

MORE BENEFITS THAT THE NEW CHILDREN'S HOSPITAL WILL BRING 

Staff highlight more benefits of the new hospital

DR JIM Beattie is a consultant in renal medicine and Clinical Director of Paediatrics and Neonatology at Yorkhill.

He said: "The New Children's Hospital gives us a once in a lifetime opportunity to further enhance the high quality services provided in Royal Hospital for Sick Children (RHSC) in Yorkhill by relocating them to a building that will be fit for purpose for 21st century health care.

"It will allow us to further develop the ethos of children's and young people's care while at the same time preserving the distinct identity of the RHSC in a large complex general hospital site.

"Co-location with the adult and maternity hospitals will also bring particular benefits. Newborn babies requiring complex care will be managed in an integrated neonatal intensive care unit within the maternity hospital but connected to the critical care floor in the directly adjacent children's hospital.

"Within paediatric neurosciences we will bring together on the same site clinical teams responsible for both neurological and neurosurgical services to children and young people and develop the future vision of an integrated neuroscience unit that will serve the groups of patients currently housed in RHSC and in the children's ward in the Institute of Neurosciences at the Southern General.

"In adolescent care, an area that has been relatively neglected, the co-location of the New Children's Hospital and the new South Glasgow Hospital will enable us to provide a very wide spectrum of clinical expertise to these young people and serve to greatly enhance the transition of young people with chronic conditions to adult services.

"On a final note, as the biggest children's hospital in Scotland and one of the biggest in the United Kingdom, RHSC has always had an excellent track record for clinical and scientific research. The promise of not only the service links I've described, but also a major research facility to be developed close to the South Glasgow site, should put research & development for this group of patients on a very secure footing for the future."



KAY Maley is lead nurse for Surgery at Yorkhill.

She said: "The Royal Hospital for Sick Children at Yorkhill provides a very high standard of care, but since it opened there have been many changes in the way we nurse children.

"In surgery, for instance, the typical length of stay for children and young people is much shorter, children are more acutely sick for the duration of their stay but are able to be returned home earlier with greater support in the community. As a result we need different facilities to support these changes, such as admission and discharge lounges and advanced pre-operative assessment.

"Our responsibility is to deliver safe care for children and young people while they are in hospital and infection control is clearly a key priority for everyone in the NHS. Appropriate isolation facilities are therefore very important and, with the new hospital, we can design a hospital that will give us the facilities to put infection control firmly at the top of the agenda."

Your views matter in planning of new hospital

Involving youngsters in the creation of the new children's hospital is a top priority for NHSGGC's planners.

Before we drew up any plans for the new building, we made a commitment to involve children and families from the very beginning... and it's a commitment that's really paid off.

Community Engagement Manager, Kate Munro, is part of the team charged with ensuring that young people and their families have their say in how the new hospital will look and how the health services within it will be run.

She's been behind a number of events which have enabled children and their families to feed their own ideas, hopes and aspirations into the planning process.

Kate said: "Over the past two years, we've been working with hundreds of young people, their families, charities and voluntary agencies, to help them put across their views on how the new hospital should look, what sort of things it should have in it and how services could be developed to better fit the



Alison Cloudsley was a member of one of the panels that helped with the creation of the new hospital.



Kate Munro... has spoken to hundreds of people over the past two years to get their views on the planning.

needs of young patients.

"We used a whole range of different methods to ensure that how we went about engaging with children and young people was appropriate for their age.

"For instance, we set up Family and Youth Panels to help advise on aspects of the new build that affects them. Teenagers themselves are experts on what they want from us and they told us exactly what they wanted from the new building."

Alison Cloudsley is a member of the group. Like others on the panel, she's a former patient of the Royal Hospital for Sick Children in Glasgow.

She said: "We're all former or current patients at Yorkhill. Although we're all from different medical backgrounds and different parts of Greater Glasgow & Clyde, we have that in common and we're all very close as a result.

"Members of the Youth Panel have all enjoyed being involved in the creation of the new hospital. Apart from helping with the planning of the new building, we've also been looking at services for young people, how they are treated

in hospital and how we can further improve that. We've visited other new hospitals – children's and adult – to see if there's anything they do that we can use in Glasgow and we've surveyed other young people to see what they would like in the new hospital.

"It's definitely been a worthwhile experience to be involved in."

Information provided by the Family Panel is also really important as it is helping planners to provide a new children's hospital that also take into account the needs of families.

"Their input makes sure that we have the highest quality hospital and health services for their children," said Kate. "They know better than anyone what it's like to be in hospital and we are very grateful for all the time they have given to help us understand how we can best support them through the difficult times of ill health."

If you would like to put across your views about the new children's hospital, contact Kate at: kate.munro@ggc.scot.nhs.uk or telephone 0141 201 4755.

GIRL TALK

NEW VACCINE TO HELP PROTECT WOMEN FROM CERVICAL CANCER

EVERY girl aged between 12 and 17 in Scotland is now being offered a vaccine that will protect them from Human Papilloma Virus (HPV) – the most common cause of cervical cancer.

It's an NHS initiative that could help consign cervical cancer to the history books within a few decades.

This is a major breakthrough in public health protection. In Scotland more than 300 women a year get cervical cancer and every year 100 women die from the disease.

Girls will be offered the vaccine at school. If you have left school your local NHS Board will contact you.

The HPV vaccine is about protecting you from cervical cancer throughout your life. This is a vaccine that will save lives. All that is involved are three injections in your arm over a period of six months.

Although the reasons for taking

the vaccine are clear there will be many girls (and parents or guardians) who have some questions to ask...

You may want to know how long the protection lasts; or how does HPV cause cancer in the first place; or maybe some media comments in regard to sexual activity and the vaccine have left you a bit confused.

The answers to these questions and dozens more are available on a specially developed Healthier Scotland website which contains everything you need to know about the new HPV vaccine for girls which will help reduce their risk of cervical cancer. Check it out at www.fightcervicalcancer.org.uk or simply lift the phone to our free NHS helpline for impartial advice and information on 0800 22 44 88 or textphone 18001 22 44 88. Lines are open 8am till 10pm seven days a week.

FACTFILE

- Cervical cancer is the second most common cancer affecting women under the age of 35 in this country.
- HPV virus, which causes 99 per cent of cervical cancer, is so common that around 75% of women in Scotland will have been infected by the age of 50 regardless of the age at which they became sexually active.
- It would be extremely unusual for a woman not to catch HPV virus during her lifetime.



Tackling teenage problems

THERE'S no doubt that our teenage years can be some of the most confusing and difficult of times.

It's also often a period in our lives when we are least likely to seek help or to talk about the problems we are facing.

As a health service, NHSGGC has been working hard to ensure we are providing care to the teens who need it, at the right time and in the right way.

One area we've been looking at is developing how we care for teenagers and young people with eating disorders.

Every year in Greater Glasgow and Clyde, we treat hundreds of teenagers with eating disorders, including Anorexia Nervosa and Bulimia Nervosa. While the majority of these cases are young women, around 10% will be male.

At present, young people with eating disorders will receive community-based care through our Child and Adolescent Mental Health Services (CAMHS) or, in more serious cases, will be admitted as inpatients to the West of Scotland Adolescent Inpatient Unit at Gartnavel or to the Yorkhill Child Inpatient Unit at the Royal Hospital for Sick Children.

Following the development of a new care pathway for young people with eating disorders, we hope to build on the services already available, improve the standard of care and work with community-based staff to identify these



youngsters much earlier in their illness.

Julie Metcalfe, Clinical Director for Child and Adolescent Mental Health Services in NHSGGC, explained: "Eating disorders are particularly serious for children and young people as they carry physical, psychological and social risks and concerns. Early identification and treatment

is very important as the patient will have the best chance of recovery the earlier they receive treatment."

With this in mind, NHSGGC will be developing a service to help community services working with young people to try and identify 'at risk' youngsters earlier.

Tackling teenage problems

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Care standards will be agreed right across Greater Glasgow and Clyde and a training initiative will be also rolled out to health staff who work in the community - including GPs, health visitors and practice nurses – to help them identify and treat young people with an eating disorder earlier in their illness.

Julie continued: “We’ll also be looking to develop the care we give youngsters at home to try and prevent the need to admit them to hospital and to minimise lengths of stay.”

Should any young person require hospital admission, they will be cared within the new Skye House – a modern, fit-for-purpose unit created especially for young people with mental health illnesses, including eating disorders (see next page for more on Skye House).

Sexual health and drinking is another area where things are happening.

Young people attending Sandyford clinics for sexual health advice and help are to be screened for problem drinking.

A new initiative has been set up that will see health staff working with young people to uncover any who have a drink problem. The brainchild



Trish Keogh chats to one of her young patients at the Sandyford Clinic.

of Sandyford Alcohol Worker, Trish Keogh, the scheme is being rolled out to Greater Glasgow and Clyde’s eight Sandyford clinics over the coming months.

Trish said: “When I first arrived at the Sandyford, the idea was that young people would be referred to me if they thought they had a problem with alcohol. That didn’t really work as young people don’t see themselves as having a problem.

“However, when I went out and spoke to them in the clinic and calculated how many units they had been drinking and when I explained how alcohol affects skin, eyes, energy levels, weight and so forth, they took more interest and began to think about how much they were actually drinking.

“I knew we had to find different ways to inform

and educate, and work out the best way to get across information to them.”

The result was the setting up of a pilot project in Sandyford central which aimed to find out how much young people attending the Sandyford knew about alcohol and to offer them help if they needed it.

Said Trish: “From a survey of the young people we have helped so far, more than 95% felt the intervention had been helpful and said they were now more aware of binge drinking and where to go for help, which is a good result.”

She added: “The pilot was so successful that we are now looking to train Sandyford staff across Greater Glasgow and Clyde on how to screen for potential alcohol problems, not just for young people, but across all the services we provide.”

Offering youngsters a place of their own

BEING a teenager is tough enough. Dealing with a changing body, hormones and mood swings is difficult, but when you add mental health problems into the equation, it can lead to very real and sometimes life threatening conditions.

Enter Skye House... a new purpose-built facility on the Stobhill Hospital site that will provide a range of dedicated services for young people aged 12-to-18 years, from across the West of Scotland, who have serious mental health problems.

Replacing the existing West of Scotland Adolescent Inpatient Unit at Gartnavel, the new £7.6million facility will have 22 beds – six more than before - and two emergency admission beds for young people.

Building of the new unit will be finished in Autumn 2008, with the existing patients expected to move to Skye House early in the New Year.

Former patient 19-year-old Nicola* can see how the new unit will benefit others in her situation. She was a patient at the existing adolescent ward for more than a year, after suffering an acute episode of mental illness. She says: "I had a bad time and was really quite ill, so I needed to go into hospital to get help. I was lucky because I was admitted straight away - there were other patients at the time who had to go into adult units before they could come here.

"Until you're in this situation, it's difficult to guess how important it is to be with people your own age. Just to feel a wee bit as though normality's carrying on in some way means a lot. There are plenty of young people who have mental health problems and I think Skye House will make a big difference to them."

Skye House will provide inpatient treatment



Skye House should open for business early in the New Year.

for young people who suffer from conditions like severe depression, eating disorders, psychosis and obsessive-compulsive disorders. In addition to the en-suite bedrooms, Skye House will have a purpose-built gym, fully equipped classrooms and landscaped gardens.

Nicola says having separate education and recreation space is an important contribution towards making the environment stable for patients: "The last thing you want when you're suffering from mental illness is to feel that you're "different". Keeping up the usual routine of being able to go to

school keeps you in touch with reality. Another thing that I don't know people realise is important when you're suffering mental illness is to keep busy and have things to do. Patients at Skye House will be able to go the games hall and try to have fun.

"These things might sound small but until you're in the position of a teenager who has to spend months in hospital away from their family, you can't know how much they mean."

* The patient's name has been changed to protect her anonymity. All other details are unchanged.

Working hard to give asthma sufferers a better life

AROUND 10 per cent of children are affected by asthma at some stage in their childhood, with two thirds growing out of the symptoms during their teenage or young adult years.

The good news for those who suffer from it is that it can be managed with appropriate education and services.

For NHS Greater Glasgow and Clyde this is delivered by a team of respiratory consultants and specialist nurses.

A nurse specialist works exclusively with children and teenagers who have asthma at the Sick Children's Hospital, and a nurse at the Royal Alexandra Hospital provides a similar service throughout Clyde.

Dr Dominic Cochran, Consultant Paediatrician at the Royal Hospital for Sick Children, explained the service: "There is good access for



children with asthma in consultant clinics throughout Glasgow and Clyde and many asthmatic children, including teenagers, are seen in this way."

Hospital-based asthma care focuses on cutting down further hospital admissions, including an evening clinic for teenagers at Yorkhill to cut down on school absences due to medical appointments.

Dr Cochran said: "This was established in response to finding out what are issues for teenagers in terms of their care.

"They told us that they wanted to avoid taking a day or even a half day off school to attend clinics."

The sick children's hospital asthma nurse, Philippa Madge, holds a weekly clinic for children/teenagers with more troublesome asthma and follow-up checks after hospital admission.

She also specialises in drawing up asthma care plans for patients and their families.

A separate service also operates to identify children whose severe condition has a significant effect on their lives. This ensures careful

monitoring of their treatment.

It includes a psychological assessment, because the impact of living with chronic ill-health on a daily basis can include feelings of anxiety or depression.

The use of steroids is also closely scrutinised, to manage any reduction in those naturally produced by the body.

Dr Cochran said: "We are constantly working to enhance the links between the various strands of the health service that deliver asthma care in Glasgow and Clyde."

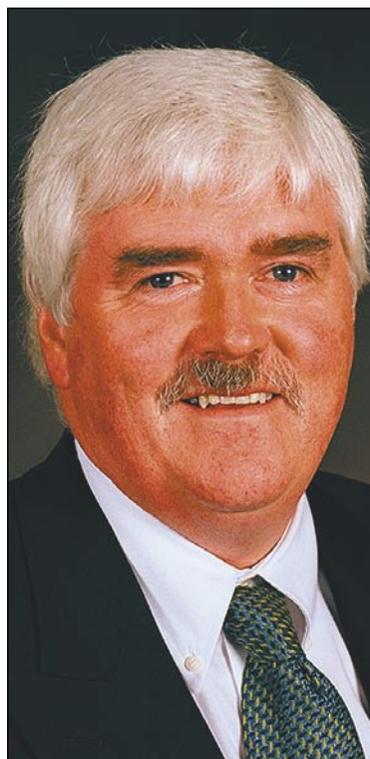
Child protection led from the top

EVERY child deserves a safe and secure childhood. All too often however, there are many children who live in fear of neglect, abuse and violence. Worse still, this abuse is often at the hands of those people children trust the most.

Child protection is everyone's responsibility and the Health Board works closely with local authority and police partners to ensure that there is a strong, joined-up approach to tackling child abuse.

The Health Board's commitment to ensuring the basic right of a child to feel safe and protected is led from the very top.

Here Chief Executive, Tom Divers, tells Health News why child protection is so critical to the work of your local NHS....



Health practitioners work hand in hand with social work and police colleagues to make sure that children do not slip through the net.

- TOM DIVERS

“Thankfully most children grow up in homes where they are loved and well cared for. Sadly however, the key word in my previous comment was ‘most’, I wish I could have said ‘all’.

“The reality is that last year across Greater Glasgow and Clyde some 535 children were placed on the Child Protection Register. The most common form of abuse these children experienced was physical neglect, followed by physical injury, then emotional abuse, then sexual abuse.

“The impact and eventual outcomes for children who experience abuse and neglect can be utterly devastating. Many children go on to suffer long-term behavioral and psychological problems which often adversely affect their educational achievements and future relationships.

“As the custodians of health for the area, child protection is therefore a high priority for this Health Board.

“Ensuring that the most effective systems are in place to tackle child abuse and neglect is something that we, together with our partners, never stop refining and improving.

“Key to this work has been the strengthening of our partnerships with local authority social work departments, Strathclyde Police and other organisations. Child Protection Committees with representation from all these groups now operate across the region and meet regularly to ensure that the work they carry out jointly is making a difference and to identify and put

in place new techniques.

“Health practitioners, be it those on the frontline such as GPs and health visitors or those working in hospitals, work hand in hand with social work and police colleagues to make sure that children do not slip through the net.

“Another significant aspect of child protection has been the recent round of UK Government joint inspections, focusing on all key services that have contact with vulnerable children, for example, health, social care, education and police. These inspections have scrutinised the joint arrangements we have in place to ensure the strongest of links with our partners for the benefit of children. The inspections, which will conclude shortly with a review of the NHS arrangements with Glasgow City and Inverclyde Councils, not only provide us with the opportunity for self-evaluation prior to the inspections but also to learn from the observations of the expert external team of inspectors.”

“Critical to the work of the Health Board was the creation of a Child Protection Unit (CPU) in 2006 which has already made significant inroads in providing training, support and advice to ensure that they are aware of child protection issues and know exactly what to do if they encounter a child at risk. The CPU has also developed some highly successful techniques to make our work with partners more seamless and the benefits of this are already bearing fruit.”

Special team provides NHS with skills to help

THE NHSGGC Child Protection Unit was set up 2006 with a dual remit - to give staff the skills and advice to tackle child abuse and neglect and to put better systems in place to ensure partnership working, both vital in the joint fight to protect children.

Jean Herbison, Clinical Director of the NHSGGC Child Protection Unit, explained: "Child protection has always been a key priority for the NHS but we recognised that there were ways in which we could further improve the support we provided to staff. For example, in the past some health staff may not have known exactly what to do if they were worried about a child or they may not have had the confidence to raise their concerns with colleagues or other agencies.

"Now all our staff have access to a dedicated child protection team to provide them with the training, support and advice they require in a variety of different ways."

Two years on and the CPU's impact has already surpassed expectations. 17,805 staff have been trained in child protection issues and techniques – that's almost half of the entire NHSGGC workforce.

A dedicated seven-days-a-week medical advice line and a daytime nurse advice line for frontline community and hospital NHS staff, social work colleagues and the police is in place and receives more than 1,000 calls a year.

And a new information system has been introduced to ensure that full information is shared at an early stage to strengthen risk assessment.

Marie Valente, Head of Child Protection



Members of the Child Protection Unit play a vital role within the NHS.

Development for NHSGGC, told us more: "We have seven Child Protection Advisors, all with many years in the field, who manage the nurse advice line and take forward our very significant programme of other work. To ensure that the advisors are evenly distributed across the full area that Greater Glasgow and Clyde covers we have one advisor based at Port Glasgow Health Centre, another based in the Vale of Leven Hospital and another in Foxbar Clinic in Renfrewshire. The rest are based at the Royal Hospital for Sick Children.

"We also have four Child Protection Trainers dedicated solely to the task of making sure that all our NHS colleagues have the right skills, knowledge and support to get it right when it comes to protecting children. The number of staff they have

managed to train in two years (17,805) is really quite staggering!

"One of our most important achievements has been the design and implementation of the very first Scottish system to share health and social work data at the very earliest opportunity in any investigation of child abuse or neglect. The system, known as the Early Information Sharing and Collation Service, was set up last year. It stores important detail of a child's interaction with the NHS.

"If, for example, social work or the police are investigating a case they can call the CPU and find out relevant and potentially very helpful information. This system, together with our staff training, also helps us to distinguish between the very frequent every day accidents, bumps and scrapes that kids get into as opposed to those injuries and signs that abuse may have occurred.

"Early access to this information can make a huge difference, particularly to the safety of the child and has already assisted social work colleagues in their overall management of child abuse investigations."

Clare Hughes, Operations Manager for the Glasgow City Council Social Work Team, is already an advocate of the service. She said: "We contacted the NHSGGC Child Protection Unit Early Sharing and Collation of Information Service about a case where we had significant concerns about a health issue relating to an unborn baby. I am clear that without the input of the Child Protection Unit Team we would not have been able to get the level of clarity around the health information required."

Marie added: "Much has been achieved over the past two years and we already have big plans to keep improving our resources to achieve our goal of keeping children safe."

24/7 - helping children in danger

THE Child Protection Unit runs a dedicated 24-hour, seven-days-a-week advice line for frontline community and hospital NHS staff, social work colleagues and the police.

Last year the advice line received more than a 1000 calls.

Health News sent along Emma Gregory to find out more...

As a parent of a young child myself I was slightly apprehensive about shadowing Rita Brown, the Child Protection Advisor who was manning the advice line on the day I visited.

Like most mums, I'm acutely sensitive to the issue of the wilful harm or neglect of children and felt a genuine feeling of unease about what I might hear and how I might be affected by it.

Rita, like the rest of her colleagues, has a huge amount of experience in child protection. Before becoming a Child Protection Advisor in 2006, Rita worked as a health visitor for 25 years. She said: "Community nursing and working with families was always my field and I tended to focus on child protection and assessing the needs of families. Becoming a Child Protection Advisor was the next logical step for me and I haven't looked back."

The advice line, although only set up two years ago, is already a service much in demand. The Child Protection Advisors take it in turns to run the service on a day-about basis. I arrive at 9am and Rita is already on the phone...

9am

Rita is dealing with a referral from a Glasgow A&E doctor. During the night a 15-year-old minor who



Hundreds of children each year are helped by the expert advice provided by the Child Protection Unit.

had been drinking heavily was brought into A&E. His mother was in police custody and his older sibling, who was supposed to be looking after him, was also drunk. The doctor contacted the advice line to advise them of the situation, which was dealt with by social work during the night, so that the team could file the details of the child. By keeping the details on record, if a similar situation should arise in future, their health, social care and police colleagues would be aware that a potential pattern of neglect may be developing.

9.40am

A social worker contacts Rita about an investigation they are carrying out regarding the alleged sexual abuse of a 14-year-old girl. The social worker has requested any health information about the child which may be helpful to their enquiry. Rita advises that the CPU will do a thorough search and call back.

10.30am

Another social worker, this time from a different area, contacts the advice line. She is investigating the alleged physical abuse of a 15-year-old by one of the child's parents. They have asked Rita for any health information relating to the child that might shed light on the allegations.

12.10pm

Rita takes a distressing call from a community midwife who can't locate a heavily pregnant woman who has a history of mental health and drug problems. The midwife is concerned not only for the mother but also her unborn baby.

Rita runs through a detailed checklist with the midwife to determine if a Missing Family Alert is needed. It's all too evident that this sort of thing must happen fairly regularly if there are checklists... Have you checked with the GP? Have you spoken with Social Work? Have you spoken to any of the individual's family members? The list goes on.

After a long discussion, Rita assesses that the situation will require a Missing Family Alert. An alert, with the missing woman's details, is then circulated to all local maternity units, A&E departments, homeless teams and other child protection workers in case the pregnant woman turns up. It is clear that while they are certainly used to dealing with such situations, Rita, her other colleagues and the midwife who made the initial call, are still very distressed about this case.

1pm

A doctor on one of the wards at the Royal Hospital for Sick Children contacts Rita to make her aware of a baby who has been admitted with a fracture. Ward staff are currently running a series

Helping children in danger - 24/7

CONTINUED FROM
PREVIOUS PAGE

of further tests on the baby to establish if there are any further issues of which they are not yet aware. The doctor asks Rita to identify the health visitor in the community who would know the child and keep in close contact with his team.

2.30pm

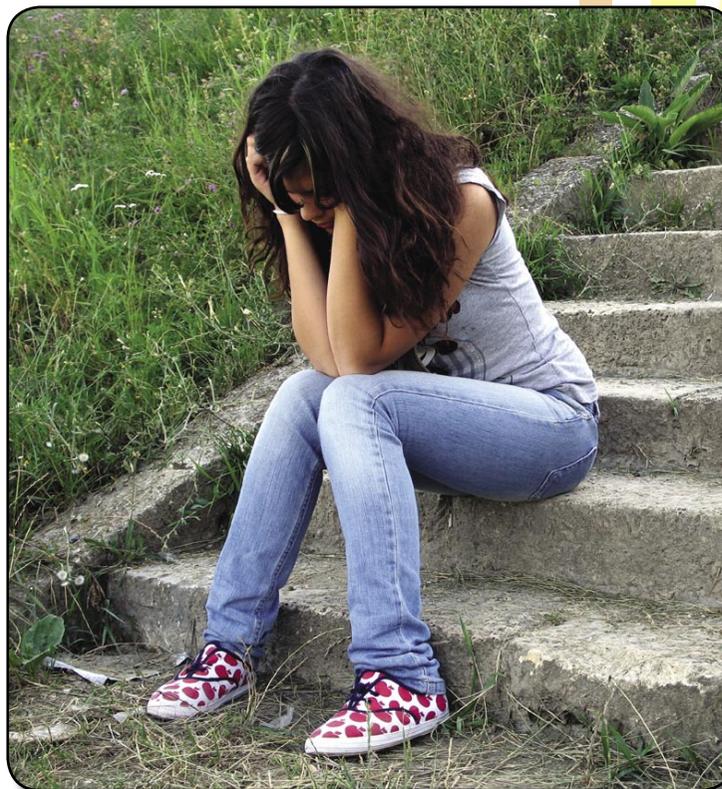
Rita takes a call from a health visitor. She is calling the advice line for guidance on the process of releasing information because she is attending a Sheriff Court hearing. A child has been referred to the Children's Panel for neglect and the family is disputing this. The health visitor has been called to give evidence in court. Rita has a long discussion with the health visitor on the best way to approach this tricky situation.

3.50pm

A member of staff from the NMSGC Homeless Team contacts the advice line. She and Rita discuss the vital importance of record keeping when dealing with children who are vulnerable because of homelessness.

4.30pm

Another social worker calls. This time they are investigating



the potential neglect of two very young siblings. Rita begins the process of a thorough trawl through their health records to see if there is any information which might be of help in the investigation.

I am staggered by the volume of harrowing stories I have heard today. I wasn't quite sure what to expect but the frequency and seriousness of each call – and the thought of the plight of the

children behind these calls - has been a very disturbing eye opener.

Troubled as I am by the harsh reality of my day on the advice line, I have however, come away comforted by the fact there are so many dedicated, and perhaps more importantly, informed people, working around the clock – on both the frontline and behind the scenes - to protect children in our community.

REASONS TO GET IT RIGHT...

A POEM BY KELLY, AGED 12

Violence is like a hurried dream,
He hits you but all you do is scream.
You're oh so scared you form a ball,
But he kicks and beats you from wall to wall.
He lifts a knife to his innocent wife,
You scream, you're scared but you can't be heard.
You're scared to tell what he has done,
coz he said if you do next time it'll be a gun.
You sit all day with cuts and bruises,
You want to tell but you're the one who loses.
So if you're battered and hit a bit,
Tell someone you know and he'll soon quit.

CALL IF YOU NEED HELP...

IF you are a child or young person who is worried about something that is happening to you call 0800 022 3222 anytime day or night for help and support.

If you are an adult and are worried about the safety of a child or young person please remember that child protection is everyone's responsibility and call 0800 022 3222.

Raising funds... and smiles!

CHARITIES play a major part in supporting children's health services.

Not only do they fundraise to provide extra equipment and other items that the Health Service cannot, but they provide a vital support network to sick children and their families, giving them a voice and influence in their care.

Over the next few pages look at three of those charities and the vital work that they do...



The Yorkhill Children's Foundation have introduced a range of entertainments including a Medicinema (above).

Yorkhill Foundation plays vital role in children's support

YORKHILL Children's Foundation (YCF) was officially set up at the Sick Kids' Hospital in 2001 to raise money to buy those little (and big) extras that the Health Service is unable to provide.

To date, the charity has raised more than £6million for the hospital. But that's a very simplistic view of what YCF does.

Not only has it raised millions of pounds to buy medical equipment and fund important research and development projects, but the organisation has also put its resources into bringing in a programme of entertainment for sick children in hospital.

Probably the most visual of these is the hospital's MediCinema, for which YCF provided the majority of funding. The 55-seat cinema allows sick



Executive Director Shona Cardle.

children the opportunity to see the latest films, and the facility is designed to accommodate beds and wheelchairs.

"The MediCinema has been very successful," said Shona Cardle, Executive Director of Yorkhill Children's Foundation. "It gives children the opportunity to see films when they come out rather than having to wait for them to be available on DVD. It gives them something to look



Little Kyana is just one of many young patients who have benefitted from the support of the YCF.

Charity works to enhance care at Yorkhill

CONTINUED FROM PREVIOUS PAGE

forward to. They can invite their friends and family along and make a real night of it.”

The charity also funds the Clown Doctors to cheer up young patients and to carry out play sessions with sick children. There have also been regular performances by a magician and the RSNO are frequent visitors, bringing workshops and interactive play sessions to the youngsters.

Shona said: “We are very proactive in our fundraising. The charity exists to provide enhancements to the wonderful care already being given by health staff. We can provide medical equipment that is maybe not part of the basic kit, but which staff tell us would help improve the care they provide. To date, we’ve provided the funds for a wide range of equipment. For instance, we were able to buy special hip plaster chairs for children who are undergoing treatment for hip abnormalities. These chairs allow the children to be more mobile than they otherwise might have been.

“One of our biggest initiatives was the Magic Million project in 2003 which we ran in partnership with the Evening Times. Its aim was to raise £1 million to enhance the hospital’s new Intensive



A full programme of entertainment includes the popular Clown Doctors.

Care Unit, which was officially opened in 2005.”

Of course, all of this could not be done if it weren’t for the hundreds of people who regularly support and fundraise for the charity... something Shona and her staff are only too aware of and are grateful for.

“We get most of our support through the sterling fundraising efforts of families, community groups and associations, individuals and corporate organisations. People from all walks of life hold fundraising events on our behalf from

taking part in marathons to attending the Yorkhill Dinner.

“Our fundraising staff, managed by Joan MacLeod, have done an excellent job in organising a full calendar of events for the coming year, including a charity trek through Nepal.”

For more information, to donate or to volunteer, contact:

www.yorkhillchildrensfoundation.org
email yorkhill.fund@ggc.scot.nhs.uk or telephone 0141 201 6917.

Charity ensures words turn to action



DAGMAR Kerr is an ordinary mum with an extraordinary role.

Greater Glasgow's Area Coordinator for Action for Sick Children is also the mother of a disabled daughter who has had frequent treatments in hospital.

She said: "Having a sick child undergoing treatment can be very scary, not just for the child, but for the family as well. The child may not fully understand what's going to happen to them, their parents or carer may feel helpless and the whole experience can be, at best, unsettling.

"Action for Sick Children (Scotland) is here to provide a whole range of support to patients and their families from easy-to-understand information leaflets to practical help and advice.

"We can lend a listening ear to worried parents, signpost them to other agencies who can help and tell them and the children about their health-related rights and responsibilities. That way the children and their parents or carer can make much more informed decisions about their treatment and care."

The charity is also very much involved with the development of new initiatives aimed at making hospital and dental treatments less frightening for children including the creation of Hospital and Dental Playboxes. Designed to make youngsters



Dagmar Kerr with her daughter Lisa.

feel more at ease in hospital and dental settings, the boxes are packed full of related toys, books and real equipment.

The boxes have been so successful that one of them has been bought by NHSGGC planning staff working on the new children's hospital in Glasgow. They will use it to help engage younger children in the planning of the new hospital.

The charity has also been involved in the planning surrounding the new Children's Hospital as well as the new Victoria and Stobhill Hospitals. It has representation on a number of key NHSGGC groups

including the Young People's Service Development Group, the Patient Focus Public Involvement Group and the Rights of the Child Group.

"This is just a flavour of what we do," said Dagmar. "We're also involved in fundraising and a lot of policy development...we input to several government committees."

So how did the charity come about? It was founded in 1961 under the name Mother Care for Children in Hospital and campaigned for vastly increased parental access to children receiving treatment in hospital.

Previously young patients had to endure stays in hospital where visiting was short or non-existent. Then research carried out by James Robertson in the 1950s showed that the most distressing part of hospitalisation for children was not pain or illness, but separation from their mother. The charity was formed to raise awareness of this research and encourage more health establishments to allow parents in.

The charity became known as Action for Sick Children in the 1990s to reflect the fact that an increasing amount of child health care is carried out in the community or at home rather than in hospital.

The charity is registered in Scotland as Action for Sick Children (Scotland). There are sister organisations in England, Wales, Europe and Australia. The Scottish organisation continues to influence how healthcare is provided to children north of the border.

For more information:

www.ascscotland.org.uk

or email enquiries@ascscotland.org.uk or telephone 0131 553 6553.

Teenage Cancer Trust gives young patients the units they deserve

CANCER is the number one cause of non-accidental death in teenagers and young adults in the UK.

Every day, six young people aged between 13 and 24-years-old are diagnosed with cancer... that's more than 2,000 each year.

And the overall incidence of teenage and young adult cancer has risen by 1.5% per year over the last 30 years.

Yet, despite so many teenagers and young people being diagnosed with cancer, up until very recently, many were still being cared for in children's wards or with (often elderly) adult cancer patients...there was no 'in between' where the youngsters could just be teenagers.

That's where Teenage Cancer Trust (TCT) stepped in. It was set up in the late 80s by a group of fundraising women to provide special units within hospitals for teenagers with cancer.

They had been approached by a mother-of-four whose teenage son had been diagnosed with cancer and was being treated in a ward with elderly cancer patients. She asked them to consider the plight of



Scots band The Fratellis are amongst the many celeb supporters of the Teenage Cancer Trust.

teenagers with cancer and Teenage Cancer Trust was born.

Tirelessly fundraising for their cause, TCT raised enough money to build their very first Teenage Cancer Trust Unit which opened at Middlesex Hospital in London in 1990.

Since then, Teenage Cancer Trust has raised nearly £20million and built nine Teenage Cancer Trust units across the UK, including the unit within the Beatson West of Scotland Cancer Centre in Glasgow.

There are plans to build another 13 by 2012, one of which will be a new unit for 13 to 16-year-olds at the Royal Hospital for Sick Children in

Yorkhill, caring for young people from across the West of Scotland. Teenage Cancer Trust needs to raise £350,000 to create this unit, which they plan to open early next year.

Simon Davies, Chief Executive of Teenage Cancer Trust, said: "Teenage Cancer Trust's aim is to give every young person with cancer in this country access to a unit. Each unit costs more than £2million to build and equip, and we have to raise all of this money ourselves."

TCT units are not like ordinary hospital wards. They provide teenagers with an environment where they can get on with being

teenagers. At the same time, patients are provided with the best possible medical treatment in a recognised centre of excellence.

Teenagers and young people are consulted to help design and create these special units. As well as superior medical facilities they have day rooms, kitchens, chill-out rooms and, where possible, gardens where patients can relax and feel at home. There are computers with internet access, pool tables, Playstations, satellite TV, musical instruments – normal things that all teenagers should be able to enjoy. The set-up of the units also makes it easier for family and friends to visit, with warm and friendly communal areas and no restricted visiting hours.

Most importantly, the units provide an environment where teenagers and young adults with cancer can meet others their age who are going through the same experience and provide support for one another.

For more information, to donate or to volunteer, contact:

www.teenagecancertrust.org
or email tct@teenagecancertrust.org
or telephone 020 7612 0370.

Sport and health is a perfect fit!

CALLY Nicol and Alasdair Stirling love life and love sport... and have both excelled in their individual sports of choice.

They are just two of the growing number of young Scots who place active sport as a top priority in their social calendar.

Seventeen-year-old Cally (pictured right) and her team-mates from the Marr College senior hockey team



recently returned undefeated from a three-match tour of Boston in the USA.

Cally counts a large number of her team-mates as best friends. She says: "Keeping fit and being competitive are important but it's great when sport brings you great friendships and opportunities to travel and have fun too."

For Alasdair (left) his love of swimming has also led to travel, fitness and friendships.

The 15-year-old from Rutherglen was a splash hit at the International Children's Games in San Francisco earlier this year, winning both a Gold and Silver medal in the 100m and 50m freestyle races.

He works out in the gym twice a week and does seven swimming sessions every week too... and still has time for study and a laugh with friends.

But don't let the smile fool you – he's serious about his sport – he swam in trials for the British 2008 Olympics Team. Look out for him at the London 2012 Olympic and Paralympic Games and at the Commonwealth Games in Glasgow in 2014.



OLYMPIC HEROES INSPIRE THE NATION TO AIM FOR HEALTH AND GLORY

Going for triple gold

TEAM GB got everyone going during the Beijing Olympics this summer – especially Scotland's very own triple gold winner Chris Hoy and the Welsh teenage swimming sensation Rebecca Adlington.

There's a buzz about the place – everywhere you go around Scotland these days there are signs of expectation and success that will inspire existing young sports men and women and the up and coming generations to aim high and aim healthy.

First out of the starting blocks is the exciting prospect of Lanarkshire hosting the 2011 International Children's Games (known by many as



For more about the International Children's Games visit:
www.webicg.org

the mini Olympics). More than 2000 "Olympians of tomorrow" from 70 countries – all aged between 12 and 15 – will come from every corner of the globe to compete.

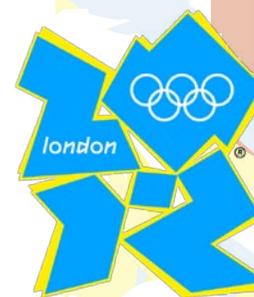
Second out of the starting block – just one year later - will be the London 2012 Olympic and Paralympic Games where Team GB will be expecting to increase

their impressive medal tally from China.

Many new young athletes across the whole spectrum of sporting disciplines will be vying for a place in this GB blockbuster event.

And then just two years later – Glasgow will lift the curtain on the 2014 Commonwealth Games.

Scotland's largest city will be ready with purpose



Info on the London 2012 Olympic and Paralympic Games is at:
www.london2012.com

built sporting facilities and infrastructures, while some events will be hosted outside the city at venues such as Strathclyde Country Park in Lanarkshire.

Running clubs, cycling clubs, sailing and rowing clubs, gymnastics classes and swimming clubs are already seeing a surge of interest from an already growing enthusiasm for sport.



Be part of it – Glasgow's dedicated Games website is a must at:
www.glasgow2014.com

Add to this trio of truly global international events the existing background of great golf, football and rugby, throw in a sprinkling of marathons and 10K runs and Scotland can be seen as home to a sporting renaissance that could spark generational life-change for the health and wellbeing of Scots now and in the future.