Safe in our hands

CELIA INTERVIEWS HER FAVOURITE NURSE

BARE BONES OF ORTHOPAEDICS

20th birthday of Guy’s and St Thomas’
Welcome

...to our magazine for staff, patients, carers and Foundation Trust members. In this issue we explore our trauma and orthopaedic services, and celebrate the 20th anniversary of Guy’s and St Thomas’ hospitals coming together. In an interview with consultant Dr Mark Kinirons, he explains the steps we are taking to put patients first and our continuing work to improve our care for patients with dementia.

Towards the end of the magazine you can see what actions we are taking to help people with obesity. I hope you enjoy this issue.

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20th anniversary
Celebrating 20 years of the merger of Guy’s and St Thomas’ hospitals

Trauma and orthopaedics
Discover why our services are in increasing demand

Obesity uncovered
Find out how we are helping to reduce the obesity epidemic

BBC documentary features Guy’s and St Thomas’

Cameras crews were stationed across the Trust on one day in October to film a ‘snapshot’ of the NHS over a 24-hour period for a national documentary. BBC’s Keeping Britain Alive series featured a kidney transplant operation at Guy’s, the emotional experiences of a family in the neonatal unit at St Thomas’, and the behind-the-scenes work of our pathology and mortuary teams.

Caring for young people’s careers

More than 350 young people in the local community have been helped into employment by our apprenticeship and work placement schemes. We have almost 60 apprentices currently getting hands-on experience at the Trust in a number of professional areas such as business administration, cardiology, customer service, engineering, hospitality, paediatrics, midwifery and transport services. Our apprenticeship programmes have helped existing staff to further their skills and local people to find a route into sustained employment. This year our ambition is to increase the diversity and number of apprenticeships offered.

In the news

A round-up of media activity over the past few months that has featured the Trust.

Trial for new arthritis therapy
Researchers from our NIHR Biomedical Research Centre have begun a ‘first-in-human’ trial of a new drug for rheumatoid arthritis which could provide a long-lasting and cost effective treatment. The trial is the result of 15 years of work, and was the main story on the front page of the Daily Express. It was also covered by the Daily Mail, Sky News, and international media.

Preventing premature labour
The preterm surveillance clinic at St Thomas’ has recently received a lot of media attention, following an NHS innovation award for its success in reducing the number of premature births in south east London, The Times, Evening Standard, BBC London News, BBC 5Live, and BBC Breakfast covered the story.

Cartoons at Evelina

The South London Press reported that huge cartoon characters are helping patients and families find their way around the Evelina Children’s Hospital.
Spinal implant eases back pain

A new device helps reduce severe back and leg pain to improve people’s quality of life, according to research from our pain management and neuromodulation centre.

The technology is a new type of spinal cord stimulation, in which small leads implanted near the spinal cord send high-frequency electrical pulses that disrupt pain signals to the brain.

“This technique uses high frequencies to stimulate the spinal cord and relieve back pain more effectively,” said Dr Adrian Al-Kaisy, who led the study.

The researchers tested the device in 83 patients. After six months on the trial, their average pain score dramatically dropped from 8.4 to 2.7 out of 10. “These kinds of results are almost unheard of,” says Dr Thomas Smith, consultant in pain medicine. “Back pain can be debilitating, so being able to relieve people of constant pain makes a big difference to their lives.”

Charles Holleyman, 62, had the spinal cord leads fitted two years ago. “For me, the implant has been a huge success,” says Charles. “I’m getting much more sleep and I’m no longer on any regular pain medication.”

The hidden health problem of malnutrition

Last July 83-year-old Dennis Mahoney from Rotherhithe was admitted to Guy’s Hospital with pneumonia. The medical team soon discovered that he was severely under-nourished, weighing just nine stone.

Dennis is not alone. An estimated 45,000 people in south London are malnourished and prone to hospital admission, longer hospital stays, and a poorer quality of life.

With this startling figure in mind, our experts have begun a project to find out the exact extent of malnutrition in Lambeth, Southwark and Lewisham so that they can improve the care of people at risk.

Dennis said: “I had lost my appetite and started to miss meals. I found myself getting weaker and had to crawl up the stairs on all fours.”

With the support of the Trust’s dietitians and nurses, Dennis began to eat again and is now a much healthier 12.5 stone.

Find out more

To find out more about this issue, contact Dr Liz Weekes at elizabeth.weekes@gstt.nhs.uk

Evelina’s Guides and Scouts unit wins brownie points with patients

The Evelina Children’s Hospital has launched a Guides and Scouts unit for its patients and their siblings aged from six to 18 years.

Joining forces with Girlguiding, the Scout Association, and Westminster School, staff and volunteers will bring some fun into the hospital every Monday evening.

The Evelina unit will ensure that patients do not miss out on the fun their friends are having while they are in hospital.

Some children are in hospital for a long time and they look forward to every visit and activity. Health is their mind off their treatment. Staff at the Evelina understand that patients must feel they are living as much of a normal life as possible, despite being in hospital.

Deputy Director of Operations, Nicola Grinstead, who pioneered the project, said: “Through providing fun and interactive activities, Guiding and Scouting supports young people to learn new skills, make friends and develop confidence. We are really excited about the possibility of extending this opportunity to those young people who are patients in our care.”

Preserving fertility before cancer treatment

Our Assisted Conception Unit is home to one of the UK’s few dedicated fertility preservation services for people who are about to have cancer treatment that could affect their fertility.

Cancer treatment should begin as soon as possible after diagnosis, so fertility preservation must happen within a very short timeframe. Dr Paresh Reddy leads this clinic, which works closely with the cancer services team to ensure as many patients as possible are given rapid access to this service.

Dr Reddy said: “This service offers patients the chance to have a family of their own once they’ve completed their cancer treatment. It gives them hope for the future.”

Since the clinic opened in 2008, around 340 women have been seen in the clinic to decide if they want to have their eggs or embryos frozen, and 87 of them have done so. More than 700 men have had their sperm stored.

All about apps

Many of our staff are keeping up with technology and developing pioneering mobile phone apps to help improve care for our patients.

Pharmacist Rebecca Chanda won an ‘Oscar’ at the National Thrombosis Awards last month for the launch of her app which will help clinicians manage patients’ thrombosis more easily when out on their rounds.

Paediatrician Dr Ranjit Singh is also working with the charity Best Beginnings to develop two new apps that will offer tips and guidance for young mothers who are going through the emotional and physical transition into parenthood. Both apps are being trialled for two months by our community midwives in Lambeth and Southwark.

Evelina Hospital School is top of the class

Our school for inpatients, outpatients or siblings of patients based at the Evelina Children’s Hospital has been rated as ‘outstanding’ by Ofsted.

Each year the school teaches around 1,500 pupils aged two to 19, and all groups, including those with disabilities and special educational needs, make outstanding progress during their stay.

To ensure pupils do not fall behind with their school work, pupils too unwell to come to school are taught at their bedside, and children who regularly come in for dialysis are taught on the dialysis unit.

“Pupils say they feel happy, safe and secure at the school,” said Ofsted.

Survey shows staff have confidence in our services

82 per cent of our staff would recommend our hospitals to their friends and relatives as places to receive treatment, according to the recently published NHS staff survey.

This is much higher than the national average of 60 per cent of NHS staff in hospitals who agree with the statement “If a friend or relative needed treatment here, I would be happy with the standard of care provided by this organisation.”

We also received one of the highest scores nationally for staff recommending the Trust as a good place to work.

Chief Nurse and Director of Patient Experience, Eileen Sills, said: “These are fantastic results, and it’s encouraging to see that we have improved in some areas since last year.”

There are of course always areas we need to work on, including improving the work-life balance of staff as there has been an increase in staff reporting that they are working extra hours. We are in the process of developing a Trustwide action plan which our staff will hear more about soon.

www.guysandstthomas.nhs.uk

4 5

The GIST
Preventing parents for a ‘heart baby’

When she was 20 weeks into her second pregnancy, Jo Wilson had devastating news – her baby had a serious and complex heart condition. Like many ‘heart parents’, Jo felt isolated and reluctant to go to antenatal classes.

“A close friend was also pregnant. She was excited and full of hope and expectation. I was excited but terrified. I’d been looking forward to my antenatal classes but after the diagnosis I couldn’t face going,” says Jo.

Not attending the classes means parents – particularly first time parents – miss vital information about the stages of labour, breathing, pain relief, and breastfeeding.

Jo became involved with Evelina Children’s Heart Organisation (ECHO) in 2000 when her daughter Cissy was six-month-old. Six years ago, Jo and the Thames/Tower specialist midwife team at St Thomas’ came up with the idea of holding specialist antenatal classes.

To make it workable for parents travelling long distances they decided that a one-off class but after the diagnosis, the class also gives parents the chance to meet others with ‘heart babies’.

Jo felt many ‘heart parents’.

### Find out more

ECHO is run by, and for, families with ‘heart babies’: www.echo-evelina.org.uk

ECHO parent talks through their experience of dealing with the diagnosis, the challenges of their baby’s first months and juggling family life."

Inside the developing brain

A state-of-the-art MRI imaging facility will improve the care given to the smallest and sickest babies.

The Evelina Newborn Imaging Centre is in the newborn intensive care unit at St Thomas’. This location means that premature or ill babies – those most in need – can have their brain scanned soon after they are born. Previously, the babies would have had to wait until they were well enough to be taken to a scanner elsewhere in the hospital, which could take weeks.

Professor David Edwards, consultant neuroradiologist, says: “The most vulnerable babies will have access to these world-leading facilities, and it’s these infants who we need to know the most about in order to develop new treatments for brain damage.”

### Brain development before birth

What is extraordinary is that the scanner can also be used to image the brains of babies while they are still in the womb. Researchers from King’s College London’s Centre for the Developing Brain, working with our clinicians, will use the MRI scanner to investigate normal brain development including how it is affected by genetic variation or problems like premature birth. They will also test new treatments to help babies with brain damage.

This work forms part of the Developing Human Connectome Project which has been awarded £15 million by the European Research Council. It will look at how regular brain development compares with brain development after premature birth and in babies with neurological conditions. As autism is passed on genetically in about a third of cases, the researchers can follow pregnancies where the child is more likely to be affected. The project will involve 1,500 babies.

Professor Edwards, who is also the Director of the Centre for the Developing Brain and is leading this research, says: “We want to learn more about how the human brain assembles itself and to map the nervous connections that form as the brain grows and develops.

“By the time a baby is born the brain is well developed and key connections between nerves have already been made, so we are looking at babies in the womb. This will help us to understand complex neurological conditions.”

### DID YOU KNOW?

The Developing Human Connectome Project is an exciting six-year research programme involving 1,500 babies.

It involves a multi-disciplinary team of:
- imaging and computer scientists
- neuroscientists
- clinicians

The project will lead to major advances and increase our understanding of what makes us uniquely human and will set the stage for further research studies.
We talk to Dr Mark Kinirons, consultant in general and geriatric medicine, about how Guy’s and St Thomas’ is improving care for patients with dementia and delirium.

**The Interview**

We talk to Dr Mark Kinirons, consultant in general and geriatric medicine, about how Guy’s and St Thomas’ is improving care for patients with dementia and delirium.

**Team effort improves dementia care**

**Q** What is dementia?  
**A** It is a major issue because a quarter of patients in UK hospitals have a form of dementia, and this number is growing. People are living longer and this means that dementia is affecting an increasing number of older people. Dementia may not be immediately obvious, which can mean people are not diagnosed and so their care needs are not addressed in the right way.

**Q** What are we doing to improve care for patients with dementia?  
**A** We have established the DaD team which includes not only the staff mentioned above but also other specialists including pharmacists, psychiatrists, physiotherapists, occupational therapists, dietitians, and speech and language therapists. The DaD team brings together all the experts involved in the care of patients with dementia and delirium so they can learn from each other, share information, and support other staff who feel our input could improve a patient’s care.

**Q** How does the DaD team help patients with dementia?  
**A** Staff working anywhere in the Trust can access the expertise of the DaD team. They might want to get some advice about a patient’s care over the phone, request some input from a therapist, or in more complex situations they could ask a member of the DaD team to come onto the ward to meet a patient and provide what we call a ‘clinical review’.

**Almost 10,000 of our 12,500 staff have now watched ‘Barbara’s Story’ (the Trust’s dementia training film), what impact has it had?**  
**A** ‘Barbara’s Story’, which follows a fictional patient with dementia during her hospital visit, has had a transformational impact on the culture of the Trust by emotionally engaging with our staff. ‘Barbara’s Story’ has made the job of the DaD team much easier because there is much better awareness and so we are pushing at an open door when we talk to staff about caring for people with dementia.

**How does the DaD team help improve care in the future?**  
**A** In the short term I am hopeful that the work of the DaD team will improve the knowledge, awareness and skills of all our staff so they are able to provide the best possible care for patients with dementia. In the longer term, although there is no ‘cure’ in sight for dementia, I am passionate that we can improve life for people living with dementia. This means staff in hospitals, community healthcare, GP practices, social services and the voluntary sector working together to not only provide, better care for people living with dementia but also help them and their relatives navigate what can be a very confusing system – there is lots of support out there, we just need to help people find it.

**How do you hope dementia care will improve in the future?**  
**A** In the short term I am hopeful that the work of the DaD team will improve the knowledge, awareness and skills of all our staff so they are able to provide the best possible care for patients with dementia. In the longer term, although there is no ‘cure’ in sight for dementia, I am passionate that we can improve life for people living with dementia. This means staff in hospitals, community healthcare, GP practices, social services and the voluntary sector working together to not only provide, better care for people living with dementia but also help them and their relatives navigate what can be a very confusing system – there is lots of support out there, we just need to help people find it.

**Q** How big an issue is delirium?  
**A** It is a real team effort and I work closely with two clinical nurse specialists – Bridget Fordham and Liz Fard – and with consultant physician Dr Tom Ernst and the rest of the Dementia and Delirium (DaD) team.

**Kidney op is UK first**

Surgeons in the urology department at Guy’s recently performed the UK’s first robotic kidney removal through just a single cut next to the patient’s belly button.

The 80-minute robotic procedure, also known as a total nephrectomy, offers considerable benefits for patients compared to traditional open surgery or even standard keyhole surgery – during which several holes are made in the skin to remove the kidney. Consultant urologist Professor Prokar Dasgupta says: “This procedure is much less invasive. Making only one incision using the accurate tools of the robot means the patient will have a smaller wound and scar, and therefore have less risk of infection and post-operative pain. With the aid of the robot, the kidney is removed through a small hole the size of a 50 pence coin. The patient usually recovers quickly and can go home after 24 hours in hospital.”

19-year-old Jaspreet Virdi from Greenwich, who hopes to become an accountant, had her kidney removed using the new technique because she had one kidney smaller than the other – a condition that affects around one in 1,000 people. “All my life I’ve suffered with recurrent kidney infections. As I got older, it got worse, and I had unbearable pain in my lower back,” she says.

“Doctors at Guy’s and St Thomas’ told me the kidney was failing and had to be removed. I was petrified about the scars I’d be left with, but Mr Dasgupta told me about a technique that hadn’t been used in the country before and which would mean I would only have one small scar on the outside of my belly button. “It was obviously daunting as I was the first person in the UK to have this procedure performed by a robot, but we went ahead a month later and thankfully the operation went well. The doctors were amazing and so helpful. “I’m finally feeling much better. I am looking forward to getting my life back on track and continuing to study for my accountancy course.”

Surgeons Mr Ben Challacombe and Professor Prokar Dasgupta used the state-of-the-art Da Vinci Si HD dual console robot – one of only two in the UK – to perform the operation. During the procedure, four instruments pass through a special porthole placed by the belly button, including one with a camera which acts as the surgeon’s ‘eyes’ and a right and a left robotic arm.

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Better together – 20 years on

As we celebrate the 20th anniversary of the merger of Guy’s and St Thomas’ hospitals, we look at some of the people and events that have shaped the Trust.

1993
Guy’s and St Thomas’ hospitals merge following the Tomlinson Review of health services in the capital.

1998
Her Majesty The Queen opens Thomas Guy House at Guy’s, now called Bermondsey Wing.

1999
Work begins on a major building programme to improve our hospitals following a £100 million investment – £50 million from the Department of Health and £50 million from Guy’s and St Thomas Charity.

1999
Consultant cardiothoracic surgeon Mr David Anderson performs heart surgery on his smallest ever patient, baby Louis Dacre, who weighed just 3lbs.

2000
On 1 July, Guy’s and St Thomas’ becomes one of the first NHS Foundation Trusts.

2002
A £15.6 million state-of-the-art women’s and neonatal centre opens its doors at St Thomas’ at 8am on Saturday 31 August. Rhys Jayson Nunoo is the first baby to be born in the new centre at 9.10am.

2004
On 1 July, Guy’s and St Thomas’ kidney transplant is carried out by transplant surgeon Mr Nizam Mambre at Guy’s and St.Thomas’.

2006
A £15.6 million state-of-the-art women’s and neonatal centre opens its doors at St Thomas’ at 8am on Saturday 31 August. Rhys Jayson Nunoo is the first baby to be born in the new centre at 9.10am.

2007
Sir Michael Parkinson launches a national Dignity in Care campaign at St Thomas’.

2009
The Trust leads the way on green initiatives and becomes one of the first to generate its own electricity using combined heat and power (CHP), saving a staggering £1.5 million a year.

2010
King’s Health Partners – our academic health sciences centre – is one of just five to receive formal Department of Health accreditation.

2011
Community services in Lambeth and Southwark join the Trust giving us the opportunity to improve services for our patients.

2013
Work begins on a £160 million new Cancer Centre at Guy’s. Due to open in 2016, it will transform patient care and enhance our research facilities.

2012
Guy’s and St Thomas’ Charity gives a £10.6 million grant to support the development of Southwark and Lambeth Integrated Care – a unique project to improve care for older people and people with long-term conditions locally.

Beatrice Kaunda, district nurse A&E staff

**Fast Facts**

Each year our 12,500 staff:
- provide 1.6 million patient contacts
- deliver 6,400 babies
- treat 150,000 patients in our A&E department

Guy’s and St Thomas’ is one of the largest health providers in the UK.

www.guysandstthomas.nhs.uk
As demand for trauma and orthopaedic services at Guy’s and St Thomas’ increases, we find out how our specialists care for patients of all ages.

Meet the bone doctors

As one of London’s biggest trauma and orthopaedic services, our specialist adult care team are offering treatments which are more effective than ever before, leading to a drastic rise in people seeking their specialist skills.

“We are on a mission to become one of the world’s leading providers of orthopaedic care,” says Director of trauma and orthopaedics, Brian Wells.

“Over the past year alone the adult department has seen a 33 per cent increase in patients wanting a consultation with one of our surgeons. A couple of years ago we were struggling to meet the increasing demand on our services and patients were waiting a number of months to receive treatment.

“As a result we have taken steps to dramatically reduce waiting times and our patients can now have a first consultation and an operation within a couple of weeks.”

Our adult service provides planned operations on patients bones and joints, with all surgery taking place at Guy’s. The service also cares for trauma patients who have come through the Accident and Emergency department at St Thomas’ and who need immediate treatment.

Changes in the population have led to an increasing demand for orthopaedic services, particularly as people live longer and with the rise in obesity. People are more likely to have problems with bones and joints as they get older, and the joints of obese people are under greater strain.

“We have world-class surgeons at Guy’s and St Thomas’ and we carry out many specialist procedures which are not available at other hospitals – further reasons why our services are so sought after,” adds Brian.

About our patients

“In the adult service we treat patients aged 20 to 90,” says Mr Steven Corbett, consultant orthopaedic surgeon and Clinical Lead for trauma and orthopaedics.

“We want to improve the quality of our patients’ lives, and there are lots of minimally invasive treatments we can now carry out that mean our patients will be back on their feet quickly.

“We have experts who specialise in a wide range of orthopaedic problems, and our special interests include hip fractures, complex spinal surgery, complex lower limb and upper limb joint operations, as well as surgery for hip disorders in young adults.”

You said, we did

The team is constantly seeking innovative ways of working that will provide the best experience for patients.

“We asked our patients how they thought we could improve the service,” explains Brian. “They told us that they wanted to leave hospital earlier. As a result we set out to determine whether we could help patients recover from surgery feeling completely supported and cared for, but not in hospital.

“A new initiative means that patients can now leave hospital up to four days earlier, where it is clinically safe for them to do so. “This is possible thanks to our fantastic outreach team – consisting of physiotherapists, occupational therapists and nurses – who provide the same level of dedicated care and supervision in the patient’s own home as they would receive in hospital.

“In addition, patients receive an information pack and access to an interactive website where they can track their progress with exercises, and they can keep in contact with the team.”

FAST FACT

The team operates on 6,000 adult patients a year

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Mr Steven Corbett, consultant orthopaedic surgeon and Clinical Lead for trauma and orthopaedics
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In Focus

Consultant orthopaedic surgeon Mr Peter Earnshaw with patient Maureen Janes on the ward

“Normally when patients leave hospital following an orthopaedic operation, they don’t come into contact with medical staff again until their six-week check-up. This new initiative gives our patients access to our experts immediately as the patient or their carer can pick up the phone to us at any time. “At the moment this is a pilot project for patients who have had hip or knee replacements, but it is proving very successful so we hope to be able to extend the programme,” adds Brian.

“As far as we are aware, this is the first service of its kind in the country.”

Young adults

Traditionally it is thought that only older people need joint replacements, but the Young Adult Hip service that we run is evidence that this is not the case.

Consultant orthopaedic surgeon Mr Marcus Bankes provides the Young Adult Hip service for south London and the south east with his colleague Mr Marc George.

“The service typically sees patients in their 20s and 30s, although we do see patients approaching middle age,” says Mr Bankes. “We see patients with injuries caused by repetitive activities such as sport, hip dysplasia – a genetic condition where the hip has not formed properly – and early onset arthritis.

“Patients come to us complaining of groin and hip pain. We use a tiny camera to look at the bones inside our patients to find out what is causing the problems. We then perform keyhole surgery to make slight changes to the hip joint, or we use traditional open surgery to realign or replace the joint.

“Surgery can transform the lives of these patients, freeing them from pain and allowing them to lead normal lives,” adds Mr Bankes.

“Thanks to new technology, modern hip replacements are far more durable than traditional hip replacements, so we now expect them to last for many decades. This means our younger patients not only have the option of having a life-changing joint replacement but also they will need fewer replacements throughout their lifetime.”

The Young Adult Hip service sees more than 400 patients with hip problems each year.

Preventing falls

Almost 90,000 hospital admissions in England each year are as a result of falls and fractures and this is mostly in older people.

There is a national need for better care for older people to prevent and treat fractures. This is something that our fracture clinic, part of our trauma and orthopaedic service, is keen to do in collaboration with our elderly care department.

All patients who attend the fracture clinic are screened by a specialist nurse and orthopaedic surgeon to see if they are at risk of osteoporosis or having more falls. Osteoporosis is a condition that affects the bones, causing them to become weak and fragile and more likely to break, particularly when a patient has a fall.

If a patient is identified as being at risk, an in-depth assessment is made which includes bone density scans and blood tests. A nurse also makes sure each patient gets the right treatment, including a referral to other services they might need in the hospital or in the community.

“Access to a specialist nurse is vital to successfully preventing patients having fractures,” says Dr Finbarr Martin, consultant geriatrician.

Specialist nurse Temptations Mambiravana says: “The orthopaedic and elderly care departments work closely together to provide ongoing support for patients at risk of falls or fractures.”

In addition, we offer a one-stop clinic where patients can have all the tests they need carried out in one day. They also receive their results on the same day, and a doctor or nurse will discuss the next steps with them, reducing the number of appointments they need.

Children’s bones

At the Evelina Children’s Hospital, our paediatric spinal service is dramatically changing children’s lives.

“We are one of the leading services in the country for children’s spinal deformities,” says Mr Jonathan Lucas, one of four orthopaedic surgeons at Guy’s and St Thomas’ who operate on spinal deformities in children.

“There are three main reasons for spinal deformities,” he says. “We see children with congenital spinal deformities whose spines have not developed properly. We see children who have neuromuscular conditions such as cerebral palsy, which can cause the bones in their spines to collapse. And we see children who have developed a curved spine in childhood or when they are teenagers, although we do not know the cause of this.”

Mr Lucas and the team have seen nearly 2,000 children and teenagers in the last year suffering from problems with their spines, and performed groundbreaking surgery on 160 of them to straighten their spines and correct deformities.

“The results can be truly life-changing,” he adds. “We see patients between three and 21-years-old from south London, Kent and Sussex, as well as patients from as far away as Scotland.”

The team holds special outreach clinics in local schools which teach children with multiple disabilities. During the clinics, the team identifies pupils who might benefit from spinal surgery. “By visiting schools in their schools, we can save families from making the journey to the hospital,” Mr Lucas adds.

Chantelle’s story

Chantelle Thompson from Kent had spinal surgery at the Evelina Children’s Hospital two years ago when she was 15.

“My ballet dance teacher noticed I had a curved spine when I was eight,” says Chantelle. “As I got older, it got worse and began to be painful. I also became more self-conscious about it.”

Chantelle was diagnosed with scoliosis – a curved spine – and underwent groundbreaking surgery on 160 of them to straighten their spines and correct deformities.

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The team holds special outreach clinics in local schools which teach children with multiple disabilities. During the clinics, the team identifies pupils who might benefit from spinal surgery. “By visiting schools in their schools, we can save families from making the journey to the hospital,” Mr Lucas adds.

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Obesity – solving a supersized problem

Every year, up to 30,000 people in the UK die prematurely from obesity-related conditions.

Dr Jude Oben, a consultant gastroenterologist at Guy’s and St Thomas, tells us what he and the team of dietitians are doing to help reduce the size of the obesity epidemic.

“We know that 60 per cent of adults in the UK and 30 per cent of children are overweight or obese. This presents a huge challenge for the NHS,” he says. “The annual cost of obesity to the NHS is a staggering £5.1 billion and is predicted to rise to £15 billion in the next 20 years.

“After I became a consultant here in 2005 I began to see a growing number of obese patients. Surgery cannot be offered to all patients, so I looked into what else we could do.”

The most important things for managing weight are a healthy diet and exercise, but for some people this is not effective.

Bringing new procedures to the Trust

Five years ago Dr Oben began offering the intra-gastric balloon procedure. A balloon is put into the stomach and filled with salt water. After six months it is removed. It can be used as a standalone treatment for patients who are not medically fit for surgery or as an aid to help them lose weight before they have surgery.

“This is a non-surgical way to treat patients and often has good results for most people. The balloon makes people feel full and reduces how much food they absorb. Some patients lose 30 per cent of their excess body weight in just one year. One of our patients had two balloons over 12 months and lost 70kg (11st, 3lb), which is amazing,” says Dr Oben.

“We ask patients to lose about five per cent of their excess body weight by changing their lifestyle and diet before we insert the balloon. This shows that they are motivated, which improves the chances of the procedure being successful.”

“Although we don’t perform this here, we work closely with our colleagues at King’s College Hospital where this procedure is performed. However, surgery can be a daunting option for some people.

“I perform the intra-gastric balloon procedure on six patients every week who stay in hospital overnight. A new endoscopy unit is opening at St Thomas. We then hope to be able to offer this procedure without an overnight stay in hospital.”

Side effects are very rare, with the most common complaint being patients feeling nauseous.

Dr Oben says: “We know that this procedure is a popular choice. It can really change people’s lives.”

Obesity Action Campaign

Dr Oben helped to launch the Obesity Action Campaign at the House of Lords in 2011 and has recently been invited to join the All Party Parliamentary Group on Obesity as an advisor.

Find out more

www.obesityac.org

FAST FACTS

• We are the largest UK service offering the intra-gastric balloon for NHS patients
• Obesity is now the most common cause of chronic liver disease in the UK
• Obesity can also cause arthritis, diabetes, gallstones, heart disease, high blood pressure, indigestion and infertility.
Role reversal

Patient Celia Lewis interviews her favourite nurse, Alexandra Ward Sister Joyce Kakala.

Q: How long have you been a ward sister?
A: For almost two years but I’ve been a nurse for 13 years.

Q: What does a ward sister do?
A: I plan patient care and support my nurses to deliver the best possible care helping with their development. I am also involved in the training of student nurses on placement.

Q: What made you want to go into nursing?
A: There was a hospital next to my school. It was from then on that I always wanted to care for people. It really is a childhood dream for me.

Q: Have you always wanted to work with older patients?
A: I’ve worked on children’s and maternity wards, but elderly care is where my heart is. Watching patients become more mobile, eating well and feeling better before they leave hospital is a special journey I go on every day.

Q: How do you relax after busy shifts?
A: I like to go home and spend time with my family, or go to the gym or for long walks. I really enjoy coming into work though.

Q: If you could give any advice to any aspiring nurses, what would it be?
A: It’s the little things we do that make our patients feel safe in our hands. Get to know them, remember the things they like, the things they enjoy, and what they like to talk about.

THE OLDER PERSON’S UNIT

- Joyce oversees a team of 23 nurses and seven nursing assistants on Alexandra Ward.
- The Older Person’s Unit at St Thomas’ includes Alexandra Ward, Anne Ward and Henry Ward.
- Our older patients are treated for multiple medical conditions.

“T’ve worked on children’s and maternity wards but elderly care is where my heart is. Watching patients become more mobile, eating well and feeling better before they leave hospital is a special journey I go on every day.”

Above: Celia and Joyce became good friends while Celia was a patient on Alexandra Ward.

Gavin Tiffin, hospitality manager.

Gavin Tiffin took on a marathon mission last month, cycling 280 miles from London to Paris and running four marathons across Europe. Every penny raised will go to Evelina Children’s Hospital which treats nearly 55,000 children every year.

Gavin’s Herculean efforts have raised almost £2,000 and are being supported by the fundraising team at Guy’s and St Thomas’.

Gavin says: “Training is the hardest part, but if the money I’ve raised makes a difference to even one person’s life it has to be worth it.”

Fundraising

To find out how you can fundraise for Guy’s and St Thomas’ visit togetherwecan.org.uk, email support@togetherwecan.org.uk or call 020 7848 4701.
Nursing assistants play a vital role

Nursing assistants, formerly known as healthcare assistants, play a vital role in delivering excellent care to our patients. Every day, they have direct contact with patients and their families, caring for them when they are often at their most vulnerable. They look after patients’ nutrition and help with washing and personal care while maintaining patients’ dignity and privacy. They often become the voice of patients as they hear directly how the patient feels and can refer these concerns to senior members of staff.

Ciara Rooney, Acting Head of Nursing in Abdominal Medicine and Surgery, said: “The Trust took the decision to change the name of healthcare assistants to ensure that they would be recognised as an integral part of the nursing team and given a clear identity within the organisation. Staff were asked to vote for what their new name should be and they chose ‘nursing assistant’ as it helps patients to understand their role.”

Training for nursing assistants covers a wide range of areas, including infection prevention and control, and they also attend the Trust’s nursing and midwifery induction. Individual study days focus on personal development and well-being. All nursing assistants now have the opportunity to take a diploma in healthcare, while being fully supported by the Trust.

We currently employ 580 nursing assistants and the next recruitment campaign will take place in June.

Find out more
Visit www.guysandstthomas.nhs.uk/nursingassistants for further information.

Delivering outstanding care

We find out who has been successful in the most recent round of Care Awards.

Senior Biomedical Scientist, Alan Drew (right) was nominated by numerous colleagues in the Haematology Laboratory for his exceptional dedication and outstanding support for his team. He is a prime example of a member of staff who demonstrates the Trust’s values – taking pride in what he does and always striving to be the best.

Dr Helen Oram and her team in the Haematology Day Unit received a Care Award in February for delivering outstanding care to a pregnant woman with a rare, and potentially life-threatening, blood disorder. She had already lost her first baby and delivered her second prematurely, so the team went above and beyond to ensure her most recent pregnancy could be extended as far as possible. Their excellent care helped ensure the woman was able to delay giving birth for four weeks, giving her baby a much better start in life – an extraordinary result with a very happy outcome.

Louise Brown is a key worker at St Thomas’ nursery and won a Care Award for the excellent service she provides to the children of staff at the Trust. One mother commented: “Knowing my child is in her caring, capable hands allows me to concentrate 100 per cent on my patients. Louise is amazing and truly cares for each and every one of those children.”

HISTORY CORNER

John Keats

John Keats (1795-1821) became a pupil at Guy’s Medical School in 1815 and lived close to the hospital at 6 St Thomas Street with his friend Henry Stephens. After just one year, Keats left Guy’s to concentrate on his passion, writing poetry. His first work was published in 1817 and a second collection of poetry followed in 1820. Tragically he died of tuberculosis the following year. Six years ago, Guy’s and St Thomas’ Charity unveiled a life-size bronze figure of Keats in the courtyard of Counting House at Guy’s and this has become a popular landmark.

Taken from ‘My Ward’, written by Wendy Mathews.
From the frontline

Site Portering Manager Barry Sawyer

“Our porters take around 7000 steps a day to ensure our patients find their way to and from the x-ray department and around the hospital safely. “Patients, and their relatives put a great deal of trust in us getting them to where they need to be. So all our porters need to be physically fit to be on their feet all day, but must also be caring and treat our patients with dignity and respect. Many porters go above and beyond the call of duty by coming into work on their days off when they are aware of particularly busy times. “Knowing they are making a difference to the patient’s experience and making their hospital stay easier in some way is the most rewarding part of the role. Many patients are really grateful for their help getting around our hospitals and when they may be going through a difficult time.”

FAST FACTS
- There are 30 porters at Guy’s and 80 at St Thomas’
- Each porter helps to transport 40 patients a day
- Porters walk up to 12 miles a day.

What’s on

10 – 16 June
National Glaucoma Awareness Week
Call 01233 648 170 or visit www.glaucomeassociation.com

14 June
World Blood Donor Day

24 – 30 June
Deafblind Awareness Week
Tel/textphone: 01733 358 100 or visit www.deafblind.org.uk

1 – 31 July
Sickle Cell Awareness Month
Call 020 8961 7795 or visit www.sicklecell society.org

8 – 14 July
National Transplant Week
Organ Donor Line: 0300 123 23 23 or visit www.transplantweek.co.uk

28 July
World Hepatitis Day

Every Monday:
Free lunchtime concert
2-2pm, Central Hall, St Thomas’

Every Wednesday:
Free lunchtime concert
2-2pm, Atlinnus 3, Guy’s

Raise money for your hospital
www.togetherwecan.org.uk

Ask us: Should I vaccinate my child?

We speak to Dr Dharma Shakya, immunisation lead for Southwark

My child has always been healthy so why bother to vaccinate? Thanks to our clean water supply and effective childhood vaccination programme, outbreaks of childhood diseases such as diphtheria and polio are rare these days, but they can still happen. In Lambeth and Southwark we offer routine childhood vaccinations to all babies which can save lives and prevent serious illness and disability.

How will I know when to vaccinate my child? Our doctor’s surgery, health centre or clinic will send you an appointment when your baby is due for immunisation. Childhood vaccinations are free.

Is it safe to vaccinate my child? Vaccines are only given to children once they have been reviewed by doctors and healthcare professionals. Vaccines are very safe and serious side effects are very rare. However, some babies may have minor side effects after vaccination such as redness, swelling and tenderness. They may also feel irritable or have a high temperature.

What about the MMR scare? The MMR vaccine combines three vaccines and protects children against measles, mumps and rubella (German measles) in a single injection.

A medical paper was published in 1998 which suggested that autism could be caused by the MMR vaccination. The good news is that several research studies since have found no link between the two.

Are there any other vaccines my child should have? We offer babies under one the BCG vaccine which protects against tuberculosis, an infection which mainly affects the lungs, as well as Hepatitis B, an infectious disease that affects the liver.

Find out more
More information is available from the Lambeth, Southwark and Lewisham Immunisation Helpline: 020 7138 1444.
Making it personal

We’re matching cancer care and support to each individual

Help make life better for people living with cancer
Donate today.

Call 020 7848 4701
Email supportgstt@togetherwecan.org.uk
Visit togetherwecan.org.uk/cancer

Registered Charity No. 263963