

patient **first**

#patientfirst summer 2015

'I would say to anyone who finds themselves in the awful position of needing to be admitted to hospital that this is the place you want to be...'

Blood sciences – the heroes behind the scenes p7

Patients wanted for new asthma study p11

Read about Sharon Vos-Arnold's experience in our Intensive Care Unit while she was treated for severe sepsis. **p8**



Welcome to the Summer edition of Patient First!

In this magazine, we have more real-life case studies – we talk to Sharon Vos-Arnold about her experience in Intensive care after she contracted sepsis following an insect bite.

This edition also includes stories about our Blood Sciences department, research trials currently taking place and the Living with Secondary Breast Cancer programme.

There's charity and fundraising updates, as well as all the latest news from our hospitals.

As always, you can test your general knowledge with our quiz, try the delicious, summery recipe from our very own League of Friends cook book, and find practical advice about local services available to you.

Don't forget, we would really like to hear from you – all your feedback and suggestions are gratefully received, so please contact us.

We hope you enjoy this edition of **Patient First** and we look forward to hearing from you.

Best wishes for a happy and healthy summer - we'll see you in autumn!

The Patient First team

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Contents



5 New art exhibition

Read about the new art exhibition at Tunbridge Wells Hospital by local artist Roger Pedrick.

7 Blood Sciences

Find out about this 'behind the scenes' department who process millions of blood tests every year.

8 Winning the fight

Sharon Vos-Arnold tells us about her time in intensive care fighting sepsis.

11 Asthma trial

Could you be eligible for a new trial for patients with severe allergic asthma?

12 Dementia Buddy Scheme

Find out how the scheme has progressed one year since it was introduced.

14 Help us improve patient information

Discover how you could help us make our patient leaflets clear and easy to understand.

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Carol Jackson with Claire Ryan

LIVING WITH SECONDARY BREAST CANCER

A new service specifically for people with secondary breast cancer will be launched in West Kent this autumn. The 'Living with Secondary Breast Cancer' service will offer people in Kent the chance to meet others living with the same diagnosis, and hear the most up-to-date information about the disease.

The service was established by national charity, Breast Cancer Care. In October, a new branch will be set up and meetings will be held on the first Tuesday of every month at the Hop Farm in Paddock Wood. Maidstone and Tunbridge Wells NHS Trust (MTW), Breast Cancer Care and Macmillan have teamed up to bring the service to West Kent, which is kindly being part funded by local charity, Breast Cancer Kent.

After a diagnosis of secondary breast cancer, people can feel isolated and have unanswered questions about living with the disease.

Whether facing an initial diagnosis, looking for tips about dealing with the day-to-day challenges or the side effects of treatment, talking openly with people who understand what it means to live with secondary breast cancer offers vital support.

Carol Jackson, a patient receiving treatment at the Kent Oncology Centre said, "Having had a diagnosis of

secondary cancer, especially after two episodes of primary breast cancer, I was upset and confused, completely unsure what to think or how to react. I didn't want to think about the future; it is a big area of uncertainty for my family and me.

"Being told that there will be a 'Living with Secondary Breast Cancer' group where I could access information and advice from specialists and meet other people with in a similar situation gives me hope and encouragement to fight and remain as positive as possible. I look forward to registering and going along to find out how it can help me, and even how I can support others too. I now feel excited and positive about going along. It will definitely make a huge difference."

Dr. Russell Burcombe, Consultant Clinical Oncologist, has worked closely with Breast Cancer Care, Breast Cancer Kent and Macmillan to implement the programme locally. He said, "I am

**breast
cancer
care**
the breast cancer
support charity

delighted that we have been able to roll out this valuable resource to the many patients living with secondary breast cancer. I feel sure it will be hugely beneficial to our patients."

The first scheduled event, on October 6, will be a full launch day from 9.45am to 4pm and will include presentations from Dr Russell Burcombe, on the medical management of secondary breast cancer, and also from Claire Ryan, Macmillan Nurse Clinician from MTW, on accessing treatment within a clinical trial.

Claire Ryan Macmillan Nurse Clinician said, "We are embracing the opportunity to be able to offer local people living with secondary breast cancer accessibility to this service. We were aware that some people were travelling significant distances to access

continued on p4

SECONDARY BREAST CANCER

There are around 36,000 people currently living with secondary breast cancer in the UK. Secondary breast cancer occurs when breast cancer cells spread from the first, primary cancer in the breast to another distant part of the body via the bloodstream or lymphatic system. This type of spread is also known as metastases, advanced breast cancer or stage 4 cancer. A diagnosis of secondary breast cancer means that the cancer cannot be cured, although it can be treated and controlled, sometimes for years. For more information visit www.breastcancercare.org.uk/secondary

More information about Living with Secondary Breast Cancer sessions can be found at www.breastcancercare.org.uk/services

LIVING WITH SECONDARY BREAST CANCER

continued



Dr Russell Burcombe

this service, so as health care professionals we wanted the Living with Secondary Breast Cancer service available locally. For many people, the uncertainty of living with secondary breast cancer can be the hardest part. It will offer the opportunity of people with the same diagnosis and same challenges to meet each other and share information that can make a big difference to how they feel both physically and emotionally."

Every other month, the sessions will offer a unique opportunity to hear from local experts covering topics such as the latest treatments, pain management, fatigue, physical activity, menopausal symptoms and benefits, as well as having any questions answered, in a relaxed setting.

Sylvia Ward, Head of UK-Wide Services at Breast Cancer Care, said, "This service is based on what people with secondary breast cancer tell us they need and want. We are extremely excited to be bringing the service to West Kent, so we can support even more people living with secondary breast cancer."

The groups are free of charge, but anyone interested in attending **must register in advance** by contacting a member of Breast Cancer Care's Services team on 0345 077 1893 or secondaryservices@breastcancercare.

ABOUT BREAST CANCER CARE

Breast Cancer Care is the only specialist breast cancer support charity working throughout the UK. They were founded in 1973 by Betty Westgate, who was herself diagnosed with breast cancer.

In the ensuing forty years, they have supported millions of women and their families through their face-to-face, phone and online services. They also provide training, support and networking opportunities to specialist breast cancer nurses, and Breast Cancer Care publications are used by the majority of breast cancer units throughout the UK. They campaign for better support and care and promote the importance of early detection, involving people with breast cancer in all that they do. Visit www.breastcancercare.org.uk or call their free Helpline on 0808 800 6000.

NEWS FROM

The League of Friends raises hundreds of thousands of pounds for Maidstone Hospital

The League of Friends, based at Maidstone Hospital, is a charitable group which supports the hospital by offering a number of services and also raises funds to purchase equipment.



The Fundraising Committee work all year round to raise the much needed donations and organise a variety of events, such as quiz nights, coffee mornings, prize draws, and the pinnacle of the calendar - the annual Summer Fete - which is held within the grounds of Maidstone Hospital.

Between May 2014 and April 2015, the League of Friends raised and spent over £420,000 on new equipment for the hospital and they have also committed a further £23,000 to be spent in coming months.

The League purchased a piece of equipment costing over £250,000, to replace a device which had started to falter.

The device, called a Holmium laser, can be used for both elective and emergency surgery and will enable new treatment and procedures to be offered to patients, particularly those with Benign Prostatic Hypertrophy (BPH). The high power setting of the laser enables tissue to be vaporised, resulting in less time in theatre, which in turn, allows more patients to be treated.

The laser can also be used to treat bladder cancer as well as bladder, ureteric and kidney stones.

Other items purchased include an ultrasound machine for Rheumatology, a bladder scanner for the Stroke Unit, recliner chairs, vital signs monitors and the installation of WiFi for the use of visitors and patients.

The league of Friends Chairman said, "Over the past seven years the total amount of equipment purchased for Maidstone Hospital is in excess of £1.5million, which is an incredible achievement. The League of Friends is run entirely by volunteers and I would personally like to thank them for their hard work and commitment which I know is greatly appreciated by staff and patients alike."

Director of Nursing, Avey Bhatia, added, "We are very grateful to The League of Friends for all their vital fundraising and the effort they put in to organising the many events and activities.

"Their hard work means that our patients can benefit from the first class equipment these additional resources allow us to buy."

YOUR HOSPITALS

New art exhibition at Tunbridge Wells Hospital

A new art exhibition has been installed at Tunbridge Wells Hospital which will run until the end of August.

Local artist Roger Pedrick, who lives in Tunbridge Wells, was involved in a serious motor-racing accident 35 years ago which left him severely paralysed as a quadriplegic.

Roger said, "Often I will paint for a couple of hours each day; somehow this seems to give me a wonderful release from day to day problems, which benefits my outlook on life which remains positive and progressive."

His paintings are created in oils with a brush held between his teeth. A special machine is used that holds the canvas and spins it so that Roger can reach all areas of it.

He added, "I paint whatever comes in to my head and I just let the brush flow! I love stimulating my mind with vivid colours and unusual strokes."

This is Roger's first solo show but his work is used in cards and designs across the world.

Roger's work can be viewed by Outpatients 1 on level 0 at Tunbridge Wells Hospital.



Another donation from generous darts league

Members of a local darts league, which has donated around £100,000 worth of specialist equipment to Maidstone and Tunbridge Wells NHS Trust since they formed in 1988, visited Tunbridge Wells Hospital recently, to handover their latest donation.

Four members of the Kent and Sussex Hospital Fund Darts League committee came to the hospital to meet with the Trust's Patient Experience Matron, Christine Steele, and Nurse Consultant for Infection Prevention, Sarah Fielder, to hand over 32 barrier nursing trolleys for the wards.

The trolleys, collectively worth over £10,000, enable all of the equipment needed to barrier nurse patients in the hospital, to be safely stored in one place, in an organised way. The design of the trolleys means that they are not too tall or wide to block the patient's view from their bed or the staff view of the patient.

Barrier nursing is used to reduce the risk of spreading certain infections or antibiotic resistant germs to other patients and staff, and to protect patients from infections if they have a weak immune system due to disease or taking certain drugs.

Sarah said: "We are very grateful to the Kent and Sussex Hospital Fund Darts League for their generous donation. Each ward at Tunbridge Wells Hospital, which needs to barrier nurse patients, now has a supply of these trolleys which will be of huge benefit to everyone."



The Hospital Fund Darts League was founded by George Williams, a respected local darts player, and his son, Mark Williams, who is now Chairman. It was set up specifically to provide equipment for the former Kent & Sussex Hospital so those who lived in the community would benefit, at the same time as providing those interested in playing darts with a regular time to enjoy the sport.

In the past, the League has donated a huge range of vital and costly equipment, including oximeters (used to monitor levels of haemoglobin), ventilators and an incubation fibre scope. In recent years, they have purchased the Giraffe incubator (at a cost of £16,500), optical equipment and almost £15,000 worth of specialist pressure cushions.

Chairman of the League, Mark Williams, said: "We are able to donate what we do due to the excellent committee members we have had over the years, and of course the keen dart players in the Tonbridge and Tunbridge Wells areas. We want to continue raising money for our local hospital to ensure as many people from our local community as possible can benefit."

A full list of all the donations made by the League, and more general information, can be found on their website: www.kentandsussexdartsleague.webs.com

more

NEWS FROM YOUR HOSPITALS

1500th baby arrives!



The Maidstone Birth Centre has celebrated an important milestone, with the delivery of the 1500th baby.

The special baby, Leon Guntrip, was born on 1 June at 7.39pm, weighing 6lb10oz.

His mum Hannah Guntrip, was presented with a keepsake box by staff to mark the occasion.

Hannah praised the staff at the Birth Centre, who she said were 'amazing'.

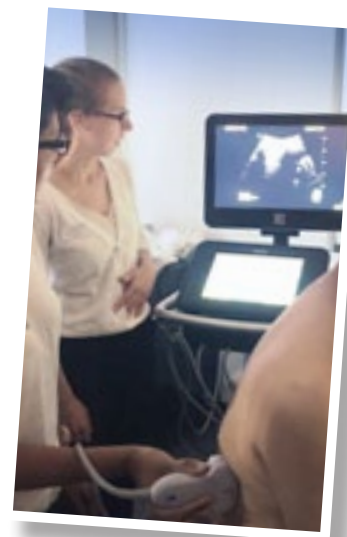


Academic Courses

Recently, two courses were held in the Academic Centre at Maidstone; Safety in chest drain insertions and the ninth Thoracic Ultrasound for physicians course, organised by Dr Syed Husain.

The courses were a huge success, with around 40 trainee doctors from across the UK in attendance, alongside a number of our own staff.

Attendees had the opportunity to examine real patients and had use of models to practice on, to ensure safety in drain insertions.



Tablets or injections?

The Research and Development Team at Maidstone and Tunbridge Wells NHS Trust is currently involved in a special study, aimed at finding out if oral (tablet) or intravenous (injected) antibiotics are more effective when treating a patient with a bone and joint infection.

The OVIVA (Oral Versus Intravenous Antibiotics) will compare the two different methods of giving antibiotics during the study for which it is hoped 1050 patients will be recruited, across the UK. At this time, around 800 patients from over 20 UK hospitals have been recruited to the study.

It is the biggest study of its kind,

Study ongoing to see if using one or the other makes a difference in the treatment of bone and joint infections

and results will help to define the best management of bone and joint infections in the NHS and further afield.

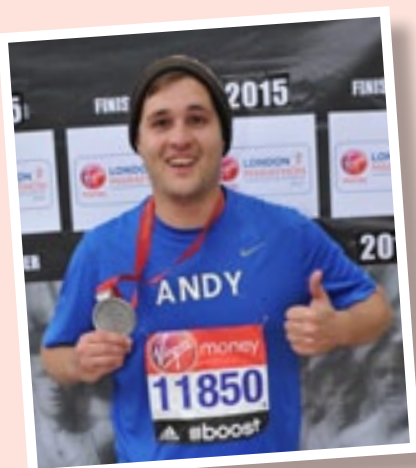
There are over 7,000 cases of bone and joint infection in the UK each year. Treatment is complex, prolonged and expensive. In many hospitals, doctors use intravenous antibiotics for six weeks to treat bone and joint infections; in other hospitals, doctors prescribe mainly tablets. Each route has its advantages and disadvantages but we do not yet know whether one is better than the other. We are therefore comparing the two strategies. All of the antibiotics used in this trial are currently licensed

for use in the UK, and no experimental drugs will be used.

Maidstone and Tunbridge Wells NHS Trust is running this study (and are looking to recruit patients until the end of October this year).

If you are a patient with a bone or joint infection, or a healthcare worker involved with such patients, and would like to know more about the OVIVA study, please feel free to contact the local research team (Helen Samuel, Orthopaedic Research Physiotherapist on 01892 635488, or h.sankey@nhs.net) or the coordinating centre in Oxford oviva@ndorms.ox.ac.uk for more information.

**Please note: Study sponsor – Oxford University Hospitals NHS Trust Funding – National Institute for Health Research, UK
Approval – OVIVA has been approved by the NHS Research Ethics Committee and by your local hospital Research and Development department.



Andrew Burtenshaw has raised over £1,600 for the ICU department at The Tunbridge Wells Hospital by running the London Marathon.

He decided to raise money for the hospital following the admittance of his mother in June 2013. She had been rushed to the hospital in renal failure but thanks to the efforts of the ICU team, following a few days on dialysis, she began to make a full recovery.

Andrew said, "Running the marathon will go down as my toughest

experience, mentally and physically. It was a fantastic day; for the whole 26.2 miles people had lined the streets and were shouting any name they could on everyone's tops. After ten miles the pain well and truly kicked in and a fire set off within my knees. I kept going and for one reason, my mum. I was doing this for her and for the ICU Ward at Tunbridge Wells Hospital."

Thank you very much Andrew for your fundraising efforts and well done on completing your challenge!

BLOOD SCIENCES

THE HEROES BEHIND THE SCENES

Between April 2014 and April 2015, staff in the Blood Sciences department at Maidstone and Tunbridge Wells NHS Trust (MTW) processed approximately 8 million separate blood tests.

While there are many different types of blood tests, the most common include the renal profile (kidney function tests), liver function tests, full blood count and clotting tests. Every time a patient has a blood test, a whole team of consultants, scientists and support workers contribute to make sure that when the results are reported they are accurate and produced as quickly as possible.

The Blood Sciences team is needed to help treat trauma patients, diagnose heart attacks, diagnose and monitor the treatment of cancer, narrow down the cause of abdominal pain, as well as helping to ensure that mums and babies go home healthy after birth.

Blood tests are often used to diagnose disease, but may also be used to help prevent disease or monitor the progression of a condition. Examples include cholesterol measurement in the prevention of coronary heart disease and hormone levels to aid fertility.

Within our hospitals, results for blood tests are usually produced on the same day as the blood being taken, mostly within an hour. Other, less routinely requested tests may have to be sent to

a referral centre, so results can take a little longer.

The team carrying out this work are all highly qualified and the work is monitored rigorously by internal and external checks, with every test issued undergoing thorough scrutiny. The Blood Science service is offered 24 hours a day, every day, all year round.

The Blood Science department includes a range of different staff in different roles and specialities, including:

- **Phlebotomists** make sure that the process of taking blood is as painless and stress-free as possible.
- **Medical Laboratory Assistants** and **Medical Technical Officers**, who work in pre-analytics, ensure the blood samples go to the relevant departments, and that they are checked and logged on the computer system as well as being prepared and processed in order for analysis to be completed.
- In **Biochemistry**, scientists measure substances present in the blood which indicate if a disease process is occurring, or likely to occur.



- Staff in **Haematology** measure how many cells there are in the blood (red, white, platelets) and how well they are working.

- **Blood Transfusion** staff match the blood to the patient for operations and transfusions.

Around 75% of all of our patients receive a diagnosis as a result of the blood tests carried out by our Blood Sciences staff. Although most of these staff tend to be 'behind the scenes', they are absolutely vital in a huge number of our patients' pathways through our hospitals, and instrumental in their treatment and recovery.

Another reduction in cases of Clostridium difficile for Maidstone and Tunbridge Wells NHS Trust

The Trust has seen another reduction in the number of patients developing the Clostridium difficile infection while staying in Maidstone and Tunbridge Wells hospitals.

Between 1st April 2014 and 3^{1st} March 2015, staff at Maidstone and Tunbridge Wells NHS Trust reduced cases of the potentially serious infection by 20%, in comparison to the year before.

The Trust's two hospitals had 28 cases of C. difficile between them over the 12 month period, against a Department of Health target of 40.

Dr Sara Mumford, the Trust's Director of Infection Prevention and Control, said: "Infection control is at the heart of

everything we do for our patients.

"We are very pleased with these figures which represent significant further improvement in the care we give to our patients. We have a new, lower target to achieve next year and are continuing to drive down healthcare associated infections in our hospitals."

Dr Mumford said the reduction was down to prudent antibiotic prescribing by hospital doctors, proactive treatment of patients who carry the C. difficile bacteria and excellent infection control by staff.

Between four and eight per cent of people carry the C. difficile bacteria naturally and harmlessly in their gut

flora. The balance between the gut's good and bad bacteria can be upset with prolonged use of powerful antibiotics. This is potentially serious for carriers of the C. difficile bacteria, which thrives in these conditions and causes the illness.

Dr Mumford added: "One of the leading factors in reducing cases of Clostridium difficile in our hospitals has been related to antibiotic prescribing.

"We are now able to identify patients who carry the C. difficile bacteria and treat them with appropriate medication if necessary to stop the bacteria developing into the actual illness."

Case study



WINNING THE FIGHT...

When **Sharon Vos-Arnold**, a healthy 53 year old from Maresfield in East Sussex, was bitten by an insect in her garden in March this year, she thought nothing of it. A bout of sickness and flu-like symptoms, shortly afterwards, was put down to a virus which her husband had recently had. It was only when she developed a rash on her hand and arm, near where she had been bitten, and when she became too weak to get out of bed that she realised it might be something much more serious than a common virus.

"My son had been helping me in the garden when I realised that something had bitten my hand inside my gardening glove. I still don't know what it was but it could have been almost anything – a tick, centipede, caterpillar or spider. I didn't think anything of it, and when I started to feel unwell later the next day, I put it down to the fact that my husband, Chris, had been suffering with a vomiting bug since the day before," said Sharon.

"I was sick, I had an upset stomach, and I just felt exhausted. A couple of days later, I noticed a rash on my hand and up my arm near the site of the insect bite. I was feeling incredibly unwell.

"It's strange because when I look back, I know I went to bed actually wondering whether I would wake up in the morning. Instinctively, I knew something was very wrong."

The next morning, Tuesday 10 March, Sharon awoke to discover that the rash she had found on her hand and arm was everywhere except her face and she had

huge swellings in her neck on the same side of her body as the insect bite (these were established to be her lymph nodes). She was so ill she could barely move and was refusing to drink anything at all.

Chris phoned the doctor, who came out to see Sharon at 2.30pm. Within minutes of arriving, he rang for an ambulance. He had recognised Sharon's symptoms as a serious infection.

As the paramedic car and an ambulance arrived just minutes later, Sharon's body started to shut down and she was hallucinating.

"The ambulance crew were concerned about me having very low blood pressure and a high heart rate," she said, "I began to bleed because my kidneys stopped working, and I was having trouble breathing."

The ambulance, with Chris following, rushed Sharon to A&E at Tunbridge Wells Hospital in Pembury, where Critical Care Nurse, Tania, requested she was immediately taken to Intensive Care (ICU).

At this point, Sharon's temperature was so high at 41.9°C, her mouth, tongue and skin had begun to blister.

Sharon said, "I have a very blurred recollection of what happened. I remember my clothes being cut off and I remember there being a lot of people in the room around me, and I know I couldn't understand at the time why that might be!

"Although I was seriously ill, all the staff were very calm, and that kept me calm too. Each of the doctors and nurses introduced themselves to me and told me what they were there for and what was happening, which was extremely reassuring."

At 2.30 the following morning (Wednesday), staff in the ICU had managed to stabilise Sharon enough to sedate her so they could take over her breathing and support her circulation. Before this was done, she was able to phone Chris, although she was too weak to hold the phone herself.

Chris said, "I could hear immediately that she was very unwell. After I spoke with her, I asked a nurse how long it would be before they would know how she was. The nurse explained that the situation was minute-by-minute, and I realised, at that point, that she was critical."

Doctors had established that Sharon had overwhelming sepsis and multi organ failure and needed to start intensive treatment immediately.

She was put into an induced coma on life support while she was given high dose intravenous antibiotics to fight the sepsis. At one point, Sharon's white blood cells were recorded at a level of 43, when a normal level is somewhere between 4 and 11. This indicated the severity of the infection inside her body.

After two days, on Friday, Sharon's white blood cell count started to decrease very slightly and Chris and her four children, along with the rest of the family, saw a glimmer of hope.

"While all this was going on, the ICU staff were explaining every procedure," said Chris. "It was hugely helpful because, as an onlooker, you have no control over the situation, so to at least understand why certain things were being done, or how they might help, was reassuring and appreciated."

Sharon remained in an induced coma for a week, on a ventilator and dialysis, and it then took a further four to five days for her to fully come round. While she was sedated, she had

two operations on her hand where she had originally been bitten. The first operation was to investigate the infection and the second was to make sure it hadn't spread. There were also concerns around possible necrosis to her feet – despite initial worries, however, the skin recovered and there were no major lasting effects.

"When I woke up, I was very confused, and I couldn't speak, as I was connected to a ventilator and had had a tracheostomy. I remember thinking it was nice that Chris had come to see me – I had no idea that my entire family had been by my bedside for almost two weeks," said Sharon, "I can recall that one day, when it was just Chris and I in the hospital room, he said 'thank you for coming back to me'. I couldn't reply but those words really struck me and they have stayed with me since that point.

"I was also visited by so many of the clinical staff who had treated me while I was sedated. All of them kept saying how good it was to see me awake and that I was doing brilliantly. I remember thinking I wasn't doing brilliantly – I couldn't move anything at all, except my head very slightly – but later, I realised they were saying that because many of them had seen me when I was critically ill.

"For a while after I came round, I could only see in sepia tones and nothing seemed to be in 3D, everything looked flat and one dimensional. I had no strength, my muscles had weakened drastically so I knew it was going to be a long road to recovery."

Sharon stayed in ICU for a total of three weeks before she was transferred to a ward for a further two. As she recovered, she was treated by physiotherapists, speech and language therapists and nutritionists, as well as other medical staff. By the time she was discharged, she could take a few steps with a frame.

At home, Sharon was given equipment such as support rails, a commode and walking frame to assist her recovery.

She said, "While I was pleased to go home, I was also quite anxious to leave the hospital. I can't praise the staff there enough for what they did. Despite everything that happened, they never once made me feel undignified and in fact, they went out of their way to help me feel better, physically and mentally.

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Tracheostomy

A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator. The tube can also be used to suction out any fluid that has built up in the throat and windpipe.

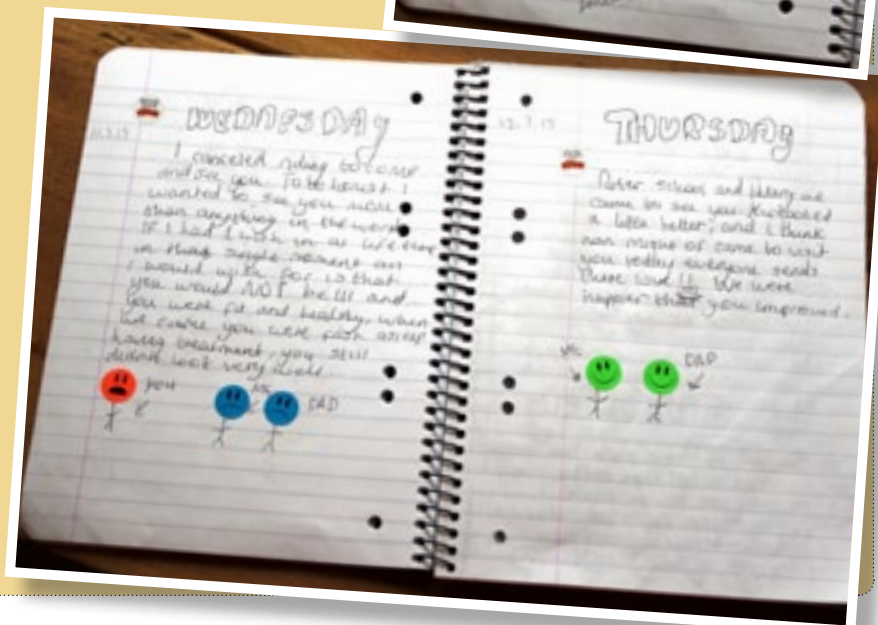
Necrosis

Necrosis is death of body tissue. It occurs when there is not enough blood flowing to the tissue, whether from injury, radiation, or chemicals. It is not reversible and can lead to the amputation of affected limbs.

Patient diaries and how they help...

Research has shown that patients who have been sedated and ventilated often need to reflect retrospectively on their experience of being critically ill. In the UK, and more widely in Europe, patient diaries are being explored as a new way of helping them to do this.

Entries are made by nurses and sometimes, members of the patient's families during their stay in ICU. The diary is written in every-day language and includes daily entries on the patient's condition, as well as descriptions of surroundings and situations. The diary is written directly to the patient using an empathetic and informal style. While Sharon was in hospital, her patient diary was completed by the nurses caring for her, and members of her family including her ten-year-old daughter, Amelie. As well as writing down her own feelings, Amelie drew a picture of Sharon in her hospital bed, and staff helped her to label the pieces of equipment she had drawn.



"One day, a nurse offered to wash my hair for me. I accepted gratefully as I desperately wanted to feel fresher but realised I had no shampoo or conditioner. Another nurse went to her locker and brought her own things for me to use and then they washed my hair with basins and bowls they brought to my bed – it was such a kind and thoughtful gesture, and one I will never forget.

"The rooms at the hospital were also fantastic. The en-suite bathrooms really helped and the whole set-up gave me privacy and dignity. It's kept spotlessly clean and the attention to infection control is superb. I can't fault a thing and I would say to anyone who finds themselves in the awful position of needing to be admitted to hospital that this is the place you want to be.

"The staff are so caring. Not only did they provide me with amazing and personal care, they also supported my family so well. They all wrote in my patient diary – not in a very clinical, medical way, in a kind and compassionate way – explaining what had happened that day so I could read it when I woke up and fill in the gaps of my stay. They also helped my ten year old daughter, Amelie, to label a picture she had drawn of me in

my hospital bed so she understood what the equipment was there for and how it was helping me. As I recovered, they even let her bring in her guitar and sing to me, which was wonderful – by the time she finished the song, she had about thirty people standing behind her listening. They gave her a huge round of applause which was just amazing."

Now, a few months on from her emergency admission to ICU, Sharon is recovering. While she still feels weak, she is able to walk short distances and her dexterity is improving. She will face further appointments to check nerve damage in her fingers and toes, she still suffers with pain in her arms and hands, she is losing her hair and her vision is not completely back to normal but as time goes on, she can see small improvements.

"I have good days and bad days. It can be frustrating because I want to be able to do more than I am currently capable of. I try to be upbeat and have a 'glass is half full' mentality but I know it could be a long time before I recover.

"The one piece of advice I have for others is to be aware of the symptoms of sepsis. I knew nothing about it before this happened to me but the reality is, it kills more people than a lot of more widely

understood illnesses. I am very keen to raise awareness of sepsis wherever I can – the more people who are aware of the condition, the more lives may be saved.

"While I was told it's very rare to get sepsis from an insect bite, I would urge anyone who suffers a physical injury followed by flu-like symptoms, to get checked at the earliest opportunity just as a precaution. The earlier sepsis is diagnosed, the more quickly and easily it can be treated. And trust your gut instinct too – you know when something isn't right.

"And my advice to those recovering – take one step at a time. Try to keep things normal and be positive. I try to work through the pain and when I manage something new, I have a sense of achievement.

"I would like to take this opportunity to thank everyone involved in my care, but particular thanks must go to the paramedics, doctors and nurses that worked tirelessly to treat me, because they quite literally saved my life.

"I am so lucky to have the most amazing family and friends around me and I know it's their love and support which will see me through this chapter of my life. I'm definitely winning the fight."

Sepsis

Sepsis or septicaemia is a common and potentially life-threatening condition triggered by an infection.

In sepsis, the body's immune system goes into overdrive, setting off a series of reactions including widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean

the blood supply to vital organs such as the brain, heart and kidneys is reduced.

If it is not treated quickly, sepsis can eventually lead to multiple organ failure and death.

Each year in the UK, it is estimated that more than 100,000 people are admitted to hospital with sepsis and around 37,000 people will die as a result of the condition.

Signs and symptoms of sepsis

Early symptoms of sepsis usually develop quickly and can include:

- a high temperature (fever)
- chills and shivering
- a fast heartbeat
- fast breathing

In some cases, symptoms of more severe sepsis or septic shock (when your blood pressure drops to a dangerously low level) develop soon after. These can include:

- feeling dizzy or faint
- confusion or disorientation
- nausea and vomiting
- diarrhoea
- cold, clammy and pale or mottled skin
- low blood pressure
- high heart rate

Who's at risk?

Anyone can develop sepsis after an injury or minor infection, although some people

are more vulnerable. People most at risk of sepsis include those:

- with a medical condition or receiving medical treatment that weakens their immune system
- who are already in hospital with a serious illness
- who are very young or very old
- who have just had surgery or who have wounds or injuries as a result of an accident

How sepsis is treated

If sepsis is detected early and has not yet affected vital organs, it may be possible to treat the infection at home with antibiotics. Most people who have sepsis detected at this stage will make a full recovery. Some people with severe sepsis and most people with septic shock require admission to an intensive care unit (ICU), where the body's organs can be supported while the

infection is treated.

As a result of problems with vital organs, people with severe sepsis are likely to be very ill and the condition can be fatal. However, if identified and treated quickly, sepsis is treatable and in most cases leads to full recovery with no lasting problems.

When to seek medical advice

See your GP immediately if you have recently had an infection or injury and you have possible early signs of sepsis. Severe sepsis and septic shock are medical emergencies. If you think that you or someone in your care has one of these conditions, call 999 and ask for an ambulance.

For more information, you can visit the following websites:

NHS Choices - www.nhs.uk

The UK Sepsis Trust – www.sepsistrust.org

Survive Sepsis – www.uksepsis.org

Maidstone and Tunbridge Wells NHS Trust ICU Consultant, Dr Hilary Taylor, said:

"Being severely ill and requiring intensive care treatment can be a very frightening experience for the patient and their loved ones. While the doctors, nurses and other healthcare staff's first priority will always be to deal with the immediate issues facing them, in order to save a life, we will do everything possible to explain what is happening and what they are doing.

"Recovery from an episode of severe sepsis can be prolonged and may involve organ support over many days or weeks. The collateral damage from the consequences of sepsis and even the complications and side-effects of treatment may require ongoing treatment and support.

"Rehabilitation is a very important part of recovery from sepsis and intensive care – physiotherapy, occupational therapy, speech and language, pain control – are all vital to aid a full recovery. The psychological effects of having been so unwell can also be profound and require gentle handling and understanding, as well as explanations from all the teams involved in the patient's care.

"In Tunbridge Wells Hospital Intensive Care Unit, a follow-up clinic runs after a patient is discharged, in order to help patients and their families make sense of what they have been through and to help them deal with their ongoing recovery.

"All of the nursing and medical staff involved in Sharon's care wish her well in her ongoing recovery. Determination and a positive approach are hugely important in recovery from severe illness and stories like Sharon's, where we have been able to help someone pull through something so serious and start on the road to a good recovery, make our jobs worthwhile."

GOOD NEWS FOR ASTHMA SUFFERING PATIENTS IN KENT

Maidstone and Tunbridge Wells NHS Trust are offering patients with severe allergic asthma the opportunity to find out if they are eligible to take part in a new research trial.

5.4 million (1 in 12) adults in the UK have asthma and 500,000 of those have a severe form of the condition. At this time, it's recognised that clinical research is needed to address the limitations in treatments that are currently available to sufferers.

The LASER (Laminar Airflow in Severe Asthma for Exacerbation Reduction) trial focuses on reducing allergens while patients sleep by using a specialist piece of equipment. The study is supported and funded by the National Institute for Health Research (NIHR).

Results from similar studies in other European countries (Sweden and Denmark) have showed positive results with improved asthma control and health related quality of life.

We are currently looking for allergic asthma patients to be considered for enrolment into this trial. They should be aged between 18 and 75, experiencing two or more exacerbations per year, as well as being non-smokers. If they are eligible, patients could be offered non-pharmacological treatment at in their own homes with a specialist device for one year (and possibly up to five years).

Patients who are interested in finding out about the trial and whether or not they are eligible to enrol can contact:

Research nurse, Joanne Hill, on e-mail: joanne.hill23@nhs.net or on 01622 225706.

Research Associate, Dr Leon D'Cruz, on e-mail : leon.dacruz@nhs.net or on 01622 225340 / 07847 534127.

For further queries about the study protocols, please write to the Principal Investigator of this study, Dr Syed Arshad Husain FRCP, FCCP Consultant Respiratory Physician, at Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ.



Dementia Buddy Scheme celebrates its first birthday



The Alzheimer's & Dementia Support Services Buddy Scheme has been supporting patients with dementia in Maidstone and Tunbridge Wells Hospitals for nearly a year now and the scheme is going from strength to strength.

With an initial six volunteers, there are now 22 Dementia Buddies working across both sites with another 30 coming on board in the near future. Volunteers who are recruited possess core skills in communication and compassion, and receive training in understanding dementia.

Dementia Buddies work to :

- ensure patients with dementia receive increased social interaction

- assist patients in maintaining cognitive capability
- encourage and assist with food and drink
- provided families and Carers with support, including signposting to support services and information

The two main aims of the scheme are to make the hospital experience a better one for patients with dementia and to free up valuable nursing time for the staff to concentrate on the clinical needs of patients.

Sarah Pointer, Ward Manager on Jonathan Saunders Ward has found the scheme to be really helpful to patients. She said: "The buddies are a fantastic group of people - they are really patient centred

and have engaged in all manner of activities, from cups of tea and chatter, to board games and puzzles. They are a very valuable asset to the ward."

If you would like more information about the Buddy Scheme please contact Lesley Knight at Alzheimer's & Dementia Support Services - 01474 533990 - lesleyknight@alz-dem.org or, at the hospital, Natalie Emerick on 07961 501291 - natalie.emerick@nhs.net

If you would like to volunteer as a Dementia Buddy, or for any other volunteer opportunity at either Maidstone or Tunbridge Wells Hospitals, please contact Natalie Emerick on 07961 501291

Here's what some of our dementia buddies have to say about their vital role in helping patients with dementia:



"I chose to become a Dementia Buddy as I wanted to volunteer in the community. When I saw this position advertised I thought it was a brilliant scheme to be involved with, and it's a very rare opportunity to be able to help patients directly and work on the wards.

"I feel this scheme is important because most people know how it feels to leave a loved one in hospital, and to know someone is there to chat to them and spend some time with them is reassuring when the family can't be there. It also helps lift some of the burden off the staff on the wards, who do an amazing job, and genuinely care about the patients and about making their time in hospital as comfortable and as pleasant as it can. As busy as their day can be, they sometimes don't have the opportunity to sit with each patient for long periods or quality time and so will ask us to spend some time with the patients who haven't had visitors, and to

take them out for a change of scenery when they are restless.

"I really enjoy interacting with the patients and being of service to them, whether it's just making them a cup of tea, helping them with their lunch or having a little walk around and a chat. I love the sense of satisfaction I get on my way home after a shift when the patient was deeply grateful, or had parted some words of wisdom as I left. I've learnt so much from this scheme, not only from the training but from the patients themselves, and I'm really happy to be a part of it." – **Marwa Benr**

"What I enjoy about the Buddy Scheme is talking to patients with reference to events and people long ago. I find it extremely interesting."

- Charlotte Hardy

"When you sit with a patient they are so happy that someone is taking the time to chat with them even if, at first, they

are unhappy or poorly, they are still touched that someone would spend time asking how they are feeling. Often patients will tell you they are frightened and they don't understand why they are in hospital and what is happening to them, but if you make them a cup of tea and let them talk, even if at times it doesn't make sense, it really helps and they seem much calmer.

"You really can make a difference even if you only have time to sit with one or two patients for an hour, it truly doesn't need to be for hours at a time.

"I chose to be a volunteer to learn about dementia in a hospital environment, how the NHS is dealing with this and what resources are available, it is a challenging role but extremely rewarding, it provides such a great

Summer recipe

Easy lemon ice cream

Try this mouth-watering recipe from our very own **Maidstone Hospital League of Friends Cook Book...**



Ingredients:

- 3 large lemons
- 1 pint/600ml double cream
- 6oz/175g icing sugar
- 2 tbsp iced water

The Maidstone Hospital League of Friends Cook Book is available from The League of Friends Shop near the main entrance of Maidstone Hospital and is priced at £5.

Method:

Finely grate the zest of three large lemons and juice them. Place the zest and the juice in a bowl, stir in icing sugar and set aside for half an hour.

Meanwhile whip the double cream with iced water until you have soft peaks, then beat in the lemon mixture until combined.

If you have an ice cream maker, churn and freeze the mixture according to the instructions. Otherwise, you can simply transfer the mixture to a plastic box and place in the freezer until firm.

Remove about 15 minutes before serving.

support to the team on the ward and is a vital support for vulnerable patients suffering with dementia." – **Jenny Wombwell**

"Being a dementia buddy is an extremely rewarding and satisfying job. I was the first Dementia Buddy to start at MTW and I was both nervous and excited. Natalie, my coordinator, has been amazing and very supportive. Also the ward staff are lovely and they

help us in any way they can. There are always new things to learn every day – sometimes it is challenging, however, nothing compares to the feelings of gratitude I receive from the patients and carers. There are also useful training courses available for buddies to enhance our skills. I would definitely recommend the buddy post to anyone who wants to make the best of their time." – **Serina Gurung**

patientfirst SUMMER QUIZ

Geography:

1. On which Caribbean island can you find the Blue Mountains?
2. The Spanish Steps are found in which city?

History:

3. What aviation first was performed by Ellen Church in 1930?
4. Which ancient battle gave its name to an athletics race?

Art & Literature:

5. Who is the wizard in 'The Hobbit'?
6. Who painted a number of paintings of water lilies in his garden at Giverny?

Food/dining:

7. What type of pastry is used to make Baklava?
8. What shape are 'farfalle' pasta pieces?

Entertainment

9. What was the surname of Del Boy and Rodney in 'Only Fools and Horses'?
10. Which long-running Australian series is set in Summer Bay?

Sport:

11. Which European club did David Beckham end his career with?
12. Who was the first European post-war golfer to win three different majors?

(Answers on p15)

Executive Team Update

Angela Gallagher, Chief Operating Officer



Making changes to benefit patients

We recently opened a brand new Ambulatory Assessment Unit (AAU) at Tunbridge Wells Hospital so we can manage the flow of patients we see differently and, we hope, more effectively.

The AAU will help us treat emergency patients more appropriately with one third of the AAU's take coming from A&E, a third from direct GP referrals and a third made up of patients returning to the hospital for on-going treatment.

We have further plans in place to focus on improving our patients' journeys

to ensure they are assessed, admitted, diagnosed, treated and ultimately discharged in a timely way.

We are also currently improving many of the wards at Maidstone Hospital to create a better environment for our patients. This work is ongoing but I am sure you will notice the improvements, which include four-bed bays (rather than six-bed bays) and better bathroom and wash facilities.

Hopefully, many of you will have already seen our much improved main reception area at Maidstone Hospital,

with its re-positioned front desk, a bigger League of Friends shop and book shop and fantastic new Costa Coffee. The feedback has been overwhelmingly positive.

Our priority will always be our patients and we are committed to making changes and improvements over coming months and years to ensure we are providing the best possible service in a bright, efficient and pleasant environment.

Angela

CAN YOU HELP IMPROVE OUR PATIENT INFORMATION LEAFLETS?

We know that providing patients with good quality information supports their treatment.

One of the ways we do this is to provide patient information leaflets which allow patients to be better informed about what will happen to them during their treatment, what to expect and suggestions to help them recover quickly.

At Maidstone and Tunbridge Wells NHS Trust, we have a Patient Information and Leaflets Group (PILG), this group reviews the patient information leaflets that are written by staff who deliver the treatments and care. The leaflets are checked by patient representatives to ensure they are clear and easily understood by patients, relatives and carers.

If you feel you can spare some time to join our PILG group we would like to hear from you. You would need to:

- be a past, present or future patient.
- have a computer and e-mail account.
- be willing to give a little time (when convenient).



We would e-mail you copies of our new leaflets and ask you to read them and e-mail back any comments you may have. There would be approximately two leaflets each week sent to you, and you would have two weeks to comment on them.

If you think you could help or would like more information, please e-mail Ruth Dickens on mtw-tr.owp-publications@nhs.net

Spring edition QUIZ Answers

GEOGRAPHY • Which river separates Cornwall from Devon? **The Tamar** • Mauritius is found in which ocean? **The Indian Ocean**
HISTORY • Which infamous murderer was arrested on the SS Montrose in 1910? **Dr Crippen** • In which ship did Captain James Cook sail on his first voyage of exploration between 1768 and 1771? **The Endeavour**
LITERATURE • Which pottery form takes its name from the Italian for 'baked earth'? **Terracotta** • How are the sisters Meg, Jo, Beth and Amy described in the title of an 1868 novel? **Little Women**
FOOD/DINING • What is wasabi? **Japanese horseradish** • What is the traditional topping on a Lancashire Hotpot? **Sliced potato**
ENTERTAINMENT • Played by Hugh Laurie, who is Chief of Diagnostic Medicine at Princeton-Plainsboro Teaching Hospital? **Gregory House MD** • What was Elvis Presley's middle name? **Aaron**
SPORT • Q. In golf, what term is given to completing a hole in two under par? **An Eagle** • In which sport is Ben Ainslie a highly successful Olympian? **Sailing**

Choose **well...**

Get the right NHS treatment. If you're not sure what's best, phone before you go.

Self-care

NHS 111

Medical advice 24/7

www.nhs.uk/111

Call 111

Emotional support

Mental Health Matters helpline

Confidential emotional support

0800 107 0160

Stop Smoking Service

For free NHS support to stop smoking contact the Stop Smoking Service on 0300 123 1968.

GP and dentist out of hours

Call 111

Pharmacy

Late night and Sunday pharmacies

Maidstone

Link Pharmacy, 88a King Street, Maidstone – 01622 752990 (opening hours: Mon – Fri 6am – 11pm and Saturday 6am – 9pm)

Morrisons Pharmacy, Sutton Road – 01622 661750

Sainsbury's Pharmacy, Quarry Wood, Aylesford – 01622 790223

Tesco Pharmacy, Lunsford Park, Larkfield – 01622 701449

Sevenoaks

Sainsbury's, Otford Road – 01732 469198

Tonbridge and Tunbridge Wells

Boots, Calverley Road – 01892 526486

Sainsbury's, Linden Park Road – 01892 532569

East Street Pharmacy, 47 East Street, Tonbridge

(opening times, Monday to Saturday 7am to 10pm and Sunday 10am to 8pm) – 01732 770055

Minor injuries units

Edenbridge Hospital

Mill Hill, Edenbridge, TN8 5DA

Tel: 01732 863164

Open 8.30am to 8pm, 365 days a year

X-ray available from Monday to Friday 9am to 2.30pm

Sevenoaks Hospital

Hospital Road, Sevenoaks, TN13 3PG

Tel: 01732 470200

Open 8am to 8pm, 365 days a year

X-ray available from Monday to Friday 9am to 5pm

Crowborough War Memorial Hospital

Southview Road, Crowborough, TN6 1HB

Tel: 01892 603602

Open 8am to 8pm, 365 days a year

Some GP practices also offer a minor injury service. To find out who, visit www.nhs.uk

Emergency Care Centres and Accident and Emergency

For critical or life threatening emergencies, call 999 or go to your nearest Accident and Emergency, open 24 hours a day.

Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ

Tel: 01622 729000

Tunbridge Wells Hospital, Tonbridge Road, Pembury, Tunbridge Wells, Kent TN2 4QJ

Tel: 01892 823535

ASK THE EXPERT SESSIONS ON TWITTER AND FACEBOOK

Maidstone and Tunbridge Wells NHS Trust has started to run 'Ask the expert' sessions via social media. These sessions are focused on a specific health topic or condition and last for around 30 minutes, during which time people can ask general questions via Facebook and Twitter, and the experts we have on hand endeavour to answer them.

We have run sessions on dementia and diabetes so far and more are planned for the future.

Please follow us on Twitter - @MTWnhs, and like us on Facebook – search for Maidstone and Tunbridge Wells NHS Trust, to find out more and take part.

If you would like to make a suggestion about useful topics for future 'Ask the expert' sessions, please email: mtw-tr.communications@nhs.net



Be **SunSmart**.

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apply generously



protect yourself from sunburn



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Sunburn can double
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sunsmart.org.uk

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