

goodhealth

The members' newsletter of Sheffield Teaching Hospitals NHS Foundation Trust

Spring 2008 Issue 15

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Next round of elections for Governors' Council at Sheffield Teaching Hospitals

Would you like to have a say in the running of your hospitals?

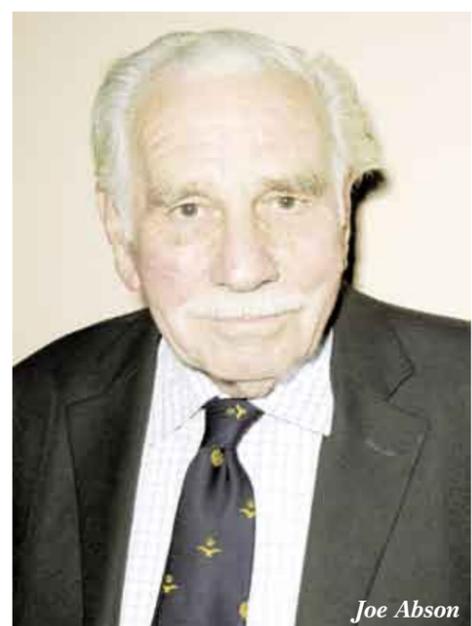
A key part of the Trust's membership is electing members to the Governors' Council. As a member you can choose to stand in the elections yourself or you can vote for the candidate you feel will represent your views.

Jane Pellegrina, Foundation Trust Membership Manager, says: "The elections give members the chance to have their say. Governors play an important role in the Trust, working with the Board of Directors and colleagues to help shape services and influence changes."

GoodHealth talked to some current Governors to discover what their experiences in the role were and what qualities candidates will need.

Joe Abson, a Patient Governor since 2007, said: "Colleagues in the Trust have been welcoming and supportive and I'm enjoying the experience. Along with two other Governors I am working closely with the Trust's Patient Representative Group.

"My involvement in the work of this group



Joe Abson

has brought contact with patients and their visitors, chatting about their fears and concerns, but also feeding back to staff lots of good comments.

"I recently attended a Department of Health event aimed at improving infection prevention and increasing public and patient confidence in the NHS. The Parliamentary Under Secretary of State for Health, Anne Keen, MP, attended the meeting and she was eager to hear what we had to say.

"I have also joined the Healthcare Commission's Expert Reference Group looking at their hygiene code inspection programme. Cleanliness is a subject close to my heart and I relish the chance of involvement in this area.

"I would recommend members to consider standing in the elections this year but in any event, I would encourage members to vote when ballot papers drop through the door in May."

Public members in the North of Sheffield elected Kaye Meegan to the Governors' Council in 2006. Kaye told GoodHealth that her efforts have been repaid by many rewarding experiences.

Kaye says: "I am enjoying playing a part in shaping the future of our hospitals. Part of my role is to ensure that people have a say. I speak regularly with patients, carers and relatives in the Trust's hospitals, seeking opinions and feeding back to the Trust. Importantly for me I've had a chance to hear the Trust's responses and to learn how issues are being managed.

"I recently attended an eye clinic and spoke to a lady whose sight had been restored after 40 years. Her whole life was improved and she was so happy that she wanted to kiss the doctor! She made me remember why I had been motivated to become a member of the Trust. I have met some incredible staff, really committed to offering the best possible care.

"Please consider joining our team and stand for election to the Governors' Council and



Kaye Meegan

encourage your friends and relatives to become members too. We may not always want to think about the services provided by our hospitals, but when we need it we want the best we can have. Join us and help make a difference."

Susan Wilson is a Public Governor in South West Sheffield. She told GoodHealth that after retiring from a career in the NHS, the opportunity to continue her involvement with the hospitals in this new way was one she really welcomed.

She liked the idea because members have the chance to be consulted about what the Trust does, the local services it provides and can be more directly involved by standing for election as Governors.

Susan said she was pleased and privileged to be elected to represent the people of South West Sheffield in 2004. "It has been a busy and interesting time and I have learnt about how the Trust is managed."

"The Governors' Council meets four times a year, while Governors also undertake activities in areas of personal interest. I am involved with the Patient Representative Group. This sees volunteers working alongside medical and nursing colleagues, bringing the opinions and perspective of patients and members of the public to the Trust.

"I am part of the Communications Group

working to promote membership in the local community and I joined the committee which has the task of appointing the Chairman and Non-executive Directors of the Trust."

Susan is also one of two representatives from the Trust on the National Foundation Trust Governors' Association. She meets with colleagues from all over the country to discuss the many challenges facing all Trusts.



Susan Wilson

If you want to have your say and become a member you will find an application form on the back page of this paper or you can contact Jane Pellegrina on 0114 2714322, email jane.pellegrina@sth.nhs.uk or by writing to Jane at the Foundation Trust Office, Clock Tower, Northern General Hospital, Herries Road, Sheffield S5 7AU. Details about standing in the elections to the Governors' Council are contained in the NOTICE OF ELECTIONS on page 2.

Notice of elections

The Trust gives notice that it will hold elections to the Governors' Council on 4 June 2008

Elections will be held for the following positions

- Public Constituency Sheffield North - Two Vacancies
- Public Constituency Sheffield South West - One Vacancy
- Public Constituency Sheffield West - One Vacancy
- Patient Constituency - Three Vacancies

Nomination packs with information about how to stand for election to these positions will be available from 10 April 2008 from the address below. All Members wishing to stand for election will be required to attend a short training session prior to submission of their nomination forms, a list of dates and venues for the training sessions will be included in the nomination packs.

Foundation Trust Office
Sheffield Teaching Hospitals NHS Foundation Trust
Northern General Hospital
Herries Road
Sheffield S5 7AU

Telephone: 0114 271 4322
Email: jane.pellegrina@sth.nhs.uk

All nomination papers must be received by the Returning Officer of Electoral Reform Services at the address below by 12 noon on 13 May 2008. Faxed or emailed nominations will not be accepted.

Electoral Reform Services Limited
The Election Centre
33 Clarendon Road
LONDON N8 0NW

Telephone: 0208 889 9203

Elections

Ballot papers will be distributed to qualifying Members on 4 June 2008. Completed ballot papers must be received by the Independent Scrutineer, Electoral Reform Services Limited by 12 noon on 23 June 2008. The results of the election will be announced on 24 June 2008.

Dates for your diary in 2008

Date	Time	Meeting and Venue
Wednesday 7 May	5.30 pm	Health Talk – "Bugs, bites and all things tropical" Royal Hallamshire Hospital see page 8 for details
Tuesday 20 May	5.00 pm	Governors' Council Meeting Undergraduate Common Room Northern General Hospital
Tuesday 23 September	5.00 pm	Governors' Council Meeting Undergraduate Common Room Northern General Hospital
Tuesday 25 November	5.00 pm	Governors' Council Meeting Board Room Royal Hallamshire Hospital

All Members are welcome to attend these meetings.

Andrew Raftery



British Transplant Games 2008 launched in Sheffield

Sheffield has been chosen as the host city for the 31st Westfield Health British Transplant Games.

The annual event managed by Sheffield-based Montgomery Leisure Services Ltd on behalf of the charity Transplant Sport AUK (TSUK), is one of the biggest annual multi-sports events in the UK and will take place at venues across the city from 7th until 11th August 2008.

With almost 1,000 recipients of life-saving organ transplants taking part, aged between two and 82, and above over 2,000 supporters, the games are set to deliver more than £2.5m of economic benefit to the city of Sheffield.

The aim of the games is to encourage transplant patients to regain fitness, demonstrate the benefits of organ transplantation and most importantly to promote awareness of the need for more people to sign on to the NHS Organ Donor Register and discuss their wishes with their families.

Some participants come to win medals, training well in advance of

the event and hoping to be chosen to represent the UK at the World Transplant Games in Australia in 2009. But many participants come to renew old friendships, participate in sporting events at their own pace and enjoy a few days of fun. All the athletes have experienced life threatening illness and are now fit and well as a result of a successful transplant.

The games have been staged annually since 1978 in 15 host cities and were last hosted in Sheffield in 1995, when Westfield Health were again a key supporter and sponsor of the games. The transplant athletes participate in 18 sports including track and field, golf, swimming, tennis and cycling.

Andrew Raftery, Consultant Renal Surgeon and Chairman of the British Transplant Games said;

"I am really privileged to be associated with the British Transplant Games. It is a great cause and one that is very dear to my heart. The games are a great way to encourage people who have had a transplant to live a full and enjoyable life as well as an excellent way of raising

the profile of organ transplantation. "Organ donation is the ultimate gift. No-one ever thinks that something might happen to them so it is a subject that rarely gets mentioned in family conversations. However I would urge all families to talk about the subject of donating their organs so if the unthinkable happens, everyone is prepared and knows what your wishes would be."

There are many different ways in which you can support the games. You can enter the Star Donor Run: Individual or team entries available for the 3km or 5km event, which is taking place at Don Valley Stadium on Saturday 9th July. You can register your interest at btg@mls.gb.com. You can also join the organ donor register by visiting <http://www.uktransplant.org.uk>

Sheffield Hospitals Charitable Trust, the NHS charity supporting Sheffield Teaching Hospitals has given a grant of £25,000 to support the British Transplant Games. To cement their support, the charity has pledged that all their staff and trustees are going to sign up to the donor register.

Dewar's (storage tanks) of frozen sperm and embryos



Assisted Conception Unit has state of the art witness system installed

Ensuring that the right sperm is matched with the right egg and implanted in the right woman is crucial in IVF treatment. Following on from high profile cases where the system has clearly gone wrong, the Human Fertilisation & Embryology Authority have issued guidelines on the management of this area of the IVF process.

To this end, the embryology laboratory of the Assisted Conception Unit at the Jessop Wing have installed a new state of the art electronic witness system from Research Instruments which inserts an electronic tag on each sample container which ensures that only the correct samples are put together ie egg and sperm. Currently all IVF procedures are double witnessed by two members of staff but following the

HEFA recommendations to rule out any chance of 'human error' the system has been purchased.

Rachel Cutting is the Principal Embryologist;

"The system works by using a radio frequency identification tags to prevent samples from different parents being brought into the same work area. If eggs and sperm samples from different couples are brought in to an area, an alarm instantaneously sounds and the procedure is prevented from being carried out.

"The system has many advantages. It tracks samples throughout the whole IVF process and is fully traceable. It helps the ACU comply with regulatory requirements but also makes the process safer and more efficient for patients by providing an extra step to all the checks already carried out by staff."



£60k research grant for Myeloma research

A £60,000 research grant has been awarded to a team at the Royal Hallamshire hospital who plan to study the physical and psychological effects of long-term survivorship with myeloma, a type of bone marrow cancer.

Myeloma patient Richard Townley and his wife Judy visited the Trust along with representatives from national charity Myeloma UK to present the study's lead researcher Consultant Haematologist Dr John Snowden with a plaque outlining the donation.

Myeloma is a complex cancer of the bone marrow and is characterised by periods of stable and periods of active disease and treatment. Although it is not yet curable, there are an increasing number of treatment options which are helping patients to live longer with a better quality of life. Myeloma mainly affects older people and therefore there may be other health problems unrelated to myeloma that

also impact on a person's quality of life. All these factors result in what might be regarded as a unique 'syndrome' which affects patients with advanced myeloma. It is proposed that this group of patients may benefit from a dedicated and comprehensive management approach.

Dr John Snowden said, "In recent years a number of new drugs have been introduced for the treatment of myeloma which have resulted in a significant extension of life expectancy for patients with this condition. This means that many patients will be living with the condition for over five years, and some will survive for beyond a decade. Little is known as present about the quality of life and physical effects of long term survivorship in myeloma. This study will help make an important contribution in this area."

The research will be conducted in new state of the art, Clinical Research Facility on O floor at the Royal Hallamshire hospital.



DIY SOS comes to town!

You will be forgiven for thinking that parts of the Trust could do with a makeover but it must have been quite a shock when the crew from the BBC 1 series DIY SOS were spotted at the Princess Royal Spinal Injuries Unit. But fear not, they were not here to do a 'changing rooms' style transformation. Stuart Pickering, an ex-patient and a member of the Trust's wheelchair basketball team was being

filmed as part of his own home makeover. Presenter Nick Knowles and his team of plasterers, electricians, builders and designers sportily agreed to play the Trust's team in a wheelchair basketball match. Needless to say, the BBC were well and truly beaten but regardless of the scoreboard, great fun was had by all. The footage will be shown on BBC 1 later in the year.



What a difference a dame makes!

Gold medallist Dame Tanni Grey-Thompson talks 'team work' with NHS staff

Paralympics athlete Dame Tanni Grey-Thompson paid a special visit to Sheffield Teaching Hospitals NHS Foundation Trust as a guest speaker to talk about her experiences and the importance of teamwork.

Eleven-time gold medallist Tanni, described as a British sporting legend, visited the Royal Hallamshire Hospital to present her inspirational and amusing stories of achievement and anecdote to help staff understand the role of effective teamwork and how it links to future success.

Andrew Cash, Chief Executive, Sheffield Teaching Hospitals said:

"We are delighted that Dame Tanni took time out to visit the Trust. She

is an amazing, inspirational speaker and all who attended got a great deal from her words of wisdom and her amusing anecdotes.

"It is important for us as a Trust to encourage our staff to continue to develop especially in an area such as team work which is so crucial to the effective running of the trust so speeches from individuals with amazing talents like Tanni really helps to boost team working and motivates people".

During the session, Tanni spoke about her athletic achievements and encounters along the way as well as the role of her wider team who contributed towards her phenomenal success.



Tanni with Nurse Director Dotty Watkins and Sister Claire Mitchell.

Sheffield midwives win top award for work with 'hard to reach' women

Two of our midwives have scooped one of the UK's top midwifery awards for their work with homeless and women seeking asylum. Dorothy Smith and Julie Walsh from the Jessop Wing received their accolade at the Royal College of Midwives Sixth Annual Awards in January at a ceremony in London. A glass trophy and a certificate was given in the Addressing Health Inequalities category.

Dot, a community midwife and Julie, a midwifery matron have developed a community based service to ensure disadvantaged homeless women and asylum seekers receive help and support throughout their pregnancy. The service provides essential support for vulnerable and often sexually exploited women. By gaining their trust, the women gradually allow Dot into their lives which enables her to assess their social, psychological and physical needs and provide the relevant support and signposts to other services.

The duo also organise drop-in sessions which are coordinated

to allow women of the same language to get together so there is a network of mutual support. Due to the increasing demands on the service Dot now has the help of two health care assistants. They work together to ensure that pregnant women have access to health education in their own language and some of the women have gone on to enrol in English lessons.

Louise Silvertown, Deputy General Secretary of the Royal College of Midwives, said: "Both myself and the other judges were hugely impressed by the work in Sheffield and the passion and dedication the midwives have for their job. They are taking healthcare to pregnant women who are often very difficult to reach and who often fall under the radar of the health service.

"Now women feel confident and safe to self-refer highlights the positive impact that this work has had. It's a gold standard service which has benefited asylum seekers and homeless women."



Consultant microbiologist
Dr Rob Townsend

Dr Rob's Bug Column

PVL

In this edition I thought we might look at an interesting bug, actually an interesting variant of a very common bug called Staph. aureus which commonly lives harmlessly up people's noses (the antibiotic resistant version is called MRSA which we are all familiar with). The interesting variant I thought we'd look at a bit more closely is called PVL (not VPL as that's something different – a fashion faux-pas!). PVL stands for Panton-Valentine leukocidin and it's a toxin that is produced by some strains of Staph aureus as we shall see in a minute.

First I thought it might be quite interesting to start with a bit of history:

The toxin was first discovered way back in 1894 by a scientist called Van de Valde who noticed that the substance he had found could destroy white blood cells which are essential for fighting infection. He called his discovery 'substance leukocidine' as leukocidin simply means 'destroys white blood cells'. We then move forward a few decades to 1932 when Dr's Panton and Valentine associated the presence of this substance with patients who had severe skin infections. It was from their work that this toxin got its name.

So what is it, what does it do and why are we so interested in it?

As already mentioned the PVL toxin is a substance produced by some strains of Staph aureus (actually only about 2% of them have the ability to produce it) and it can destroy certain types of human cells, most notably the white blood cells. However the infections that we see these strains causing tend to be mostly skin infections and occasionally severe pneumonia (no one is really sure how this all fits in with the leukocidin activity).

What sort of skin infections I hear you ask?

Well typically things like nasty abscesses, boils, carbuncles, cellulitis and occasionally other infections such as joint infections and septicaemia.

Whilst skin infections and abscesses are common in the community, what can make these infections stand out is that they can be very severe and often need antibiotics (and drainage for an abscess) and that they can also occur in clusters or outbreaks and can be seen centred around particular groups such as sports clubs and schools.

So if the skin infections can be bad what about the pneumonia?

Well as a cause of pneumonia, this bug is very rare, but very severe, causing a form of necrotising pneumonia. These patients will almost always require hospital treatment and may need intensive care treatment.

How many of these infections do we see then in the UK and do we ever see them in Sheffield?

Well the Health Protection Agency (HPA) reported just fewer than 500 cases in 2006 which was a two-fold increase on 2005 but whether this is a genuine increase or just that more microbiologists are becoming aware of this bug and so referring them to the HPA is uncertain but there have been several community outbreaks across the country over the last year or two. We have certainly seen this strain in Sheffield over the last few years causing mostly skin infections but also an occasional pneumonia although we need to stress that it is still a very uncommon infection.

One more interesting thing to say on the subject of PVL is that whilst only 2% of Staph aureus carry this toxin it has been noted that there is a strain of community MRSA (c-MRSA) in which over 75% of them have this toxin present. c-MRSA is a topic for another time but it's worth noting that is also quite a unique (and so far rare in the UK) bug, in that it's an MRSA strain that has arisen completely in the community and has nothing at all to do with hospitals or the strains of MRSA usually associated with hospitals. c-MRSA as you would expect causes the same sort of infections as PVL Staph aureus i.e. skin and pneumonia and whilst we see very little of this in the UK our cousins across the pond in the USA are seeing a lot of this bug in a variety of community settings.

So can these PVL bugs be treated?

The short answer is yes, they are all sensitive to antibiotics and even the c-MRSA variant is sensitive to a range of antibiotics. The most important thing is recognising a nasty skin infection/abscess/boil/wound infection and seeking help so that a swab can be taken and appropriate treatment started. If one of these infections is found it may be that close relatives and family are screened (eg by taking swabs from the nose, groin, wounds etc) to prevent transmission from person to person.

The final thing to say is that these PVL bugs are fairly rare (the c-MRSA even more so and isn't to be confused with the normal MRSA strain we are used to seeing) so sleep tight and don't have nightmares!



End of an Era!

Many of you who have visited the Northern General recently can't fail to have noticed that Vickers Corridor is eventually being demolished after over 130 years of service.

How it all began

In the 1850's, the Poor Law Board required the guardians of the Sheffield Union to open a new workhouse on the outskirts of Sheffield city. They purchased 44 acres of land at Firvale costing £135,000. Work began on the Sheffield Union Workhouse in 1874 with some of the buildings still standing today. The Vickers Corridor formed the hospital area of the workhouse, the Clock Tower was the main building where the matrons were based, Supplies (Herries Road Stores) formed the school and the buildings currently occupied by Immunology was the fever hospital. The asylums and vagrant's wards no longer stand.

Work was completed in 1881, much of it done by the workhouse inmates including the making of bricks on site from clay excavated from the foundations. The corridor linking the wards together did not have side walls, only a canopy which was little comfort when people moved from one ward to the other in the cold winters of the early 20th century.

All of the wards had wooden floors which were polished daily by hand. Much later they were replaced by modern vinyl floor coverings. The only source of heating was a coal fire – each ward had two large enclosed stoves with ducted chimneys to remove the smoke. It was the night nurses job to stoke up the fire to warm the ward through ready for next day.

Becoming a hospital

In 1902 the then Wards 1- 9 separated from the Workhouse under the new title Sheffield Union

Hospital. It was about this time that a new administration building was constructed, along with new operating theatres and dispensary on the area around what is now the Sheffield Kidney Institute. The remaining workhouse buildings gradually became known as the Fir Vale Infirmary.

In the 1930's, Sheffield Union Hospital became the City General and the wards were renamed by adding a letter to signify whether it was a ground or upper floor, so Vickers 4 became ward 9A, Vickers 5, 9B and so on. The two hospitals cared for wounded soldiers during the Great War. Records state that 523 beds were available and that during the conflict over 15000 soldiers were treated.

The wards lost their alpha-numeric system when the corridor was renamed Vickers following on from the steel industry theme of Huntsman, Brearley, Chesterman and Firth. Vickers 1, 2 and 3 buildings were later additions being constructed in 1904. For superstitious reasons there was never a Vickers 13!

Although it is a sad end of an era, we are all heartened by the fact that today's patient's receive care in superb surroundings including those in the wonderful new Sir Robert Hadfield Wing.



Laser Eye Clinic to open at Royal Hallamshire

The Trust is embarking on a new venture offering refractive laser eye surgery to fee paying as well as NHS patients. The Sheffield Vision Centre, which will be based on A Floor at the Royal Hallamshire Hospital and due to open in April 2008, will be the first hospital based centre in Sheffield helping patients across the region overcome their short-sightedness, long-sightedness and astigmatism reducing their dependency on glasses or contact lenses.

Matthew Edwards is the ophthalmic surgeon leading the clinic along with a dedicated team of support and nursing staff.

"The new clinic will offer the highest quality of care available to patients on a fee paying basis as well as a small number of NHS patients with particular eye diseases. Hospital based clinics run by consultants have an obvious appeal for many people considering laser treatment and we know that many will only consider a centre that has the professionalism of a respected NHS hospital. The fact that the Sheffield Vision Centre will treat fewer numbers than other commercial centres also appeals to patients.

"Eyes are an extremely precious organ and people need to have absolute confidence in the surgeon treating them. Eye surgery is not like going to the supermarket; people need to have a clear understanding of the potential benefits and risks and to be sure they will receive the very best treatment", explained Matthew.

"There are lots of good reasons for choosing laser eye surgery. If you have an active lifestyle or take part in sport you may want to reduce your need for glasses or contact lenses or you may want to take up a job which doesn't allow you to wear glasses or of course it may just be for cosmetic reasons."

Laser corrective procedures are not available on the NHS although patients who need laser surgery for medical reasons will be able to access all the advantages of a purpose built, aesthetically designed clinic.

"One of the main benefits for



patients is that they will pay a one off fee which will cover their surgery and after care including additional treatment if required. This way, patients will be able to budget and know exactly what they are getting for their money without any unforeseen extras. We are also intending to offer interest free credit options."

The Sheffield Vision Centre is able to offer a locally unique service where the patient will see their surgeon at every visit. This is distinct from the commercial providers, where people may only meet their surgeon on the day of treatment and even then only minutes before they undergo their procedure. Treatment at the Sheffield Vision Centre costs £1500 per eye with initial consultations priced at £150 which will be refunded if the patient decides to go ahead with treatment.

For further information about the clinic please contact (0114) 2352277 or visit <http://www.sheffieldvisioncentre.co.uk>

What is Refractive Surgery?

Laser refractive surgery is the most commonly performed operation in the world. Surgery reduces or eliminates an individual's dependence on glasses or contact lenses. The computer controlled laser changes the shape of the cornea, which in turn, affects the way in which the eye focuses.

There are two types of laser treatment LASIK and LASEK. LASIK involves using the laser on the internal tissue of the cornea by raising a thin corneal flap. Recovery is quick and patients can usually return to work the next day. LASEK involves operating on the surface of the cornea by removing the outer surface of the eye. It takes a little longer to recover than LASIK, but some prefer it because it is less interventional. The latest advance is Wavefront analysis which uses technology to map the surface of the eye enabling a bespoke approach to every patient.



From l to r: J Staff Nurse Jo Chalupka, Optometrist Jon Stokes, Lead Nurse, Helen Heeley with Consultant Mat Edwards in the foreground.

Salt Awareness

Consensus Action on Salt and Health (CASH) are working with the Government and the food industry to highlight the harmful effects of high levels of salt in our diet, in order to bring about a reduction in the amount of salt in processed foods, as well as added salt in cooking.

CASH held National Salt Awareness Week earlier in the year to draw attention to the long-term implications of eating too much salt; these include a rise in blood pressure leading to increased risk of heart attack and stroke, increased risk of osteoporosis and stomach cancer, and aggravation of asthma.

A small amount of salt is an essential part of our diet. Adults should eat no more than 6g of salt per day and children under 11 a much smaller amount; for example, a child aged 4-6 should be eating no more than 3g per day. However, according to CASH, most children and adults are taking in too much salt (average amount per day for adults being 9-12g).

So how can we reduce the level of salt in our diet to a healthy amount in order to maintain our wellbeing? One way is to familiarise yourself with foods that are high and low in salt, so you know which foods to eat more of and which ones to avoid...

High in Salt

Bacon/Ham
Cheese
Coated Chicken (eg kiev/nuggets)
Gravy Granules/Stock Cubes
Prawns
Cheese
Sausages/Sausage Rolls
Noodle Snacks/Pots
Smoked Meat and Fish
Table Sauces
Tinned Meat

Low in Salt

Low Fat Yoghurt/Fromage Frais
Eggs
Fruit and Vegetables
Homemade Bread and Soup
Ricotta, Mozzarella, Cottage Cheese
Unsalted Nuts
Porridge
Fresh Fish, Meat and Poultry
Pulses (beans, peas and lentils)
Seeds

“People who cut their salt intake by approximately 2.5g a day can reduce their risk of having a stroke or heart attack by one quarter.”

There are other foods where some brands are high in salt and others that are high when frequently consumed. These include bread, breakfast cereals, ready meals and takeaways, cooking sauces, filled pasta and pasta sauces, soups, biscuits, cakes and pastries etc – so again, try to think about how you can limit the amount of these food groups that you consume.

Three quarters of the salt we take in is hidden in processed foods and the other quarter comes from added salt, either at the table or during cooking. Therefore, try to limit the amount of processed and convenience foods you eat and replace them with fresh foods such as fish, chicken, meat, fruit and vegetables, and try to resist the temptation of adding salt during cooking or at the table.

Other Top Tips

- Check the labels on processed foods and choose reduced salt options
- Avoid sea salt and rock salt as these are just as bad
- Use fresh, frozen or dried herbs, spices, chilli, garlic, pepper, vinegar, lemon or lime juice to add flavour
- Limit foods high in salt to once a day
- Swap salty snacks for low salt alternatives such as fruit, yoghurt or unsalted nuts and popcorn
- Avoid high salt flavour enhancers such as stock cubes and gravy browning or choose lower salt versions
- When eating out, check labels and request low salt options
- Avoid ketchup, soy sauce, mustard, pickles and mayonnaise as these can all be high in salt

For further information on salt, cutting down your salt intake and for low salt sandwich fillings and recipe ideas, please visit www.actiononsalt.org.uk

“For every gram of salt removed from the nation’s diet, 6,500 lives will be saved through reduction in deaths from stroke and heart attack.”

STOP PRESS!

New Critical Care Unit Welcomes Patients

One of the largest critical care units in Europe opened its doors to patients at Sheffield Teaching Hospitals at the beginning of March.

The new development replaces the facilities at the General Intensive Care Unit, High Dependency Unit and Post Operative Surgical Unit at the Northern General hospital providing space for a 36 highly

specialist critical care beds.

Catherine Bailey is the Lead Nurse for Critical Care Services;

“Over the years we have rapidly outgrown the old unit. Improving patient care is our main priority so it is important for us to have a unit where we can offer the highest standards of care and in particular, aspects of privacy and dignity. The new unit also gives us space to

house the highly technical equipment needed for this type of specialist care.

The new unit is situated on the site of the old Physiotherapy Department located near the nurse’s home forecourt and accessed at D level in the Vickers Corridor.

We will bring you the full story and pictures in the summer edition of Good Health.

Obesity – A health issue for mature women

As Britain’s largest specialist school-wear manufacturer is forced to bring out an off-the-peg range of blazers with 52-inch chests to meet demand, Link asks one leading cancer expert if it is about time we started taking this so-called “obesity epidemic” a bit more seriously....

It is common knowledge among the general public that smoking causes cancer. However, few people are aware that their weight also has a significant part to play in developing other cancerous diseases. Consultant Gynaecologist Alan Gillespie specialises in the diagnosis and treatment of cancers which affect women’s reproductive organs (gynaecological cancers). One of these is a lesser-known, yet potentially fatal condition called endometrial cancer, which mainly occurs in older women, particularly those who are overweight or obese.

Endometrial cancer is a type of womb cancer that is fast becoming one of the most prevalent cancers among British women. It is a cancer of the cells that make up the lining of the uterus (womb) and is associated with excessive production of the hormone oestrogen. “In healthy, pre-menopausal women, the hormones oestrogen and progesterone are produced and regulated by the ovaries,” explains Alan, “In women who have experienced the menopause the job of producing oestrogen is taken over almost exclusively by body fat. Simply put, the more body fat a post-menopausal woman has, the more oestrogen is produced, the more the lining of the womb is stimulated and therefore the greater the risk of endometrial cancer.”

The genetic risk of endometrial cancer is very low and most cases of the condition originate from non-genetic causes such as obesity. Very occasionally a woman may have what is known as hereditary non-polyposis colon cancer (HNPCC). This is an inherited faulty gene associated with an increased risk of a variety of cancers including endometrial and bowel cancers. Out of every 100 women with the faulty HNPCC gene, 60 will go on to develop womb cancer in their lifetime.

In the United States, a life of excess (or “unhealthy affluence”) has caused obesity levels to rocket. In turn this has led to a huge increase in cases of endometrial cancer. Not surprisingly, Britain is not far behind; with around 6,500 UK cases being diagnosed each year, endometrial cancer is likely to overtake ovarian cancer as the most common gynaecological cancer. In our region the story is no different, with cases of endometrial cancer almost doubling in North Trent; from 107 diagnoses in 2000 to 196 cases only six years later.

Alan explains, “We are all at more risk of cancers as we get older and generally fatter.” However, many

people are unaware that being overweight or obese can dramatically increase the risk of womb cancers for women who have been through the menopause. Some studies from America, where endometrial cancer is the most common of gynaecological cancers, suggest this risk is increased two to three-fold.”

If caught early, endometrial cancer can be successfully treated. Treatment usually requires the woman to undergo a hysterectomy (removal of the womb, fallopian tubes and ovaries) during open surgery. This type of surgery carries significant risk factors for obese women and often results in a lengthy stay in hospital, an increased risk of infection and reduced mobility, which can increase the risk of developing blood clots.

In Sheffield, there is a second surgical treatment option for obese women with endometrial cancers which is offered in only a few hospitals in the country. “Some women can be treated using specialist laparoscopic (or ‘keyhole’) surgery. This is less invasive than traditional surgery and may provide more benefits to the patient,” suggests Alan. “Keyhole surgery is an option that is often given to patients of a normal weight who are at a much lower risk of complications. Here in Sheffield we also offer the service to obese women as our studies suggest that the method is at least as safe and effective as the traditional surgery. Patients who undergo keyhole surgery have the advantage of a much quicker post-operative recovery.”

What should I look out for?

Endometrial cancers mainly affect women between 50 and 70 years old, who have been through the menopause (when your periods stop). It is more common in women who have never been pregnant, those who had a late menopause (after the age of about 52), or women who started their periods early.

Women who have already experienced the menopause should consult their doctor if they experience any form of bleeding and/or a watery discharge. Women who have not yet gone through the menopause should look out for changes in their menstrual cycle or bleeding between periods.

What can I do to reduce my risk?

The most important things you can do to reduce your risk of endometrial cancer are to eat a healthy, balanced diet and take regular exercise. This will help you to maintain a healthy weight and enable your body to produce and regulate hormones effectively.

For further information about endometrial cancer visit www.nhsdirect.nhs.uk



Nurse Director Kath Richardson, Chief Nurse Hilary Scholefield give top level support to Becky McGeehan and Ward Manager Julia Hanvere

The Productive Ward Programme

As the NHS reaches its grand old age of 60, ward care has evolved into the highly complex machine it is today with different staff disciplines and professions, shift patterns and rising patient expectations posing huge challenges for the ward leadership. Ward teams are often so busy with the day to day pressures it is not easy for them to stop, stand back and take a long hard look at how the ward is really working or for them to determine what can be done to get things running more effectively or productively.

However, this is set to change as Vickers 2 at the Northern General becomes the first ward to embark on an innovative new programme; 'The Productive Ward – releasing time to

care'. Productive Ward sets out the way in which wards and the delivery of care is organised with the aim of cutting out unnecessary waste, creating an environment which is clean and tidy and making it a more enjoyable place to work. Ultimately the programme aims to increase the amount of time ward staff spend with patients.

Julia Hanvere is the ward manager on Vickers 2 and Good Health went along to chat with her about the programme and what it means for the ward team and patients.

"Nurses primarily go into the nursing profession to care for patients - it's what the majority of us train to do. Over recent years, I have found that nurses are

spending less and less time actually delivering hands on care and this is a trend I was keen to reverse. When my ward had the opportunity to take part in the Productive Ward Programme – it was just what we were looking for."

The programme is designed on a modular basis with each tackling a specific area of ward work. There are a number of core modules which cover the basics such as cleanliness, general tidiness, well organised storage and stock control. Once the basics have been addressed, next steps examine more specific ward based tasks which includes medicine and ward rounds, meal times, shift handovers and patient observations.

"A good example of ineffective working is the way in which we store equipment," explains Julia.

"You go to the cupboard only to find all sorts of miscellaneous junk and it might take you ten minutes to find the equipment you need. By clearly labelling where each piece of equipment lives and by ensuring that it is always returned to its place clean and in full working order, it helps the next person find what they need much easier which cuts down on wasted time and effort. If we all work like this in everything we do, it will make the ward a calmer, happier place and you get to spend more time with the patients too. Early work with the productive ward has shown that during a 12 hour shift, a staff nurse was only able to spend 21% of her time in direct patient care but covered over four miles walking backwards and forward to fetch equipment.

"In a nutshell, this is what the programme is all about. By cutting out wasted time and efficiencies we can spend more time with patients which makes them happier and us happier too so it benefits everyone.

"Getting team buy-in at the outset is really important. We started out all guns blazing but keeping the momentum going is a challenge, so having good peer support helps to keep everyone motivated which makes us much more likely to succeed.

"We started out by having one big massive tidy up, laughed Julia. This involved getting rid of accumulated rubbish and returning excess stock when it wasn't needed. This gave us a good starting point so we could begin to tackle some of the other issues such as the fact that meals, ward rounds and drug rounds all take place at the same time! By restructuring the ward timetable we can become more effective and offer better nursing care at the same time."

For further information see;

http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html



Student nurses Rebecca Griffin and Laura Oliver help with the big tidy up

BUGS, BITES AND ALL THINGS TROPICAL!

Members Event – 5.30pm
- 7th May 2008 at
the Royal Hallamshire
Hospital

Looking forward to your exotic holiday abroad? Got the currency, your passport's in date and you're ready to go? Then STOP! Don't go anywhere before you have heard Professor Steve Green's tales of bugs, bites and all things tropical! Steve is an internationally renowned expert in travel and tropical medicine and will turn your stomach with his tales of the nasties you can



pick up when venturing abroad on your trip of a lifetime.

From worms and bugs to flies and parasites Prof Green will be giving the low down on all things horrid! Not for the faint hearted!

The talk will take place at 5.30 pm on 7th May at the Royal Hallamshire Hospital. For further information or to register your interest, please contact Jane Pellegrina on 0114 271 4322, who will reserve your place and give you details of the lecture venue.



Sheffield Teaching Hospitals has been awarded an exciting opportunity which will have major benefits for patient dignity across the country. Called Devices for Dignity or D4D, the Trust is to host one of only two pilot 'Healthcare Technology Cooperatives' (HTC's) in England. A Department of Health initiative, it aims to link industry, academia and healthcare professionals together to address unmet clinical needs for patient benefit in areas that have been seen

traditionally as unglamorous.

D4D will focus on three areas that typically impact on patient dignity and independence: namely assistive technologies for the disabled or older person, urinary incontinence and renal dialysis.

Typically the issues that affect patients' independence and dignity do not fall neatly within one clinical area or manufacturers remit and often problems fail to be resolved satisfactorily. As the HTC becomes established other themes are expected to be added to the portfolio. We will bring you more news as the initiative develops.



Changing Places Toilet New facilities for patients with a disability

The Royal Hallamshire has proudly unveiled the Trust's first Changing Places Toilet on B Floor. Changing Places Toilets benefit people with profound or multiple disabilities who are unable to use standard accessible toilets, as they may need support from one or two carers to use the toilet, or a height adjustable changing bench where a carer can safely change their continence pad. A hoisting system is also required so the person can be helped to transfer safely from their wheelchair to the toilet or changing bench.

The toilet, which is next to the Physiotherapy department in the tower block is larger than a normal disabled toilet allowing plenty of space for wheelchair and carer access.

The room is accessed through a radar key (usually held by disabled people) or there is a key available from the physiotherapy department reception. The electronic bench and hoist are easy to use and simple instructions are available in the room.

Sue Butler, Head of Patient Partnership, said

"We are really pleased to be able to offer this new facility for patients and carers. It means that patients with a profound or multiple disability and their carers have a purpose built toilet facility. The only equipment we don't provide is a sling for the hoist, however, people who need to use Changing Places toilets will carry with them their own sling, as this is not normally provided in these toilets due to hygiene and infection control reasons. Alcohol wipes are provided in the room for carers to wipe down the bench before and after use.

"We are very proud that this is the first Changing Places facility to open in the city. Other facilities currently being planned include Changing Places toilets at Meadowhall, Ponds Forge and the Crucible Theatre."

The Trust is planning a similar facility at the Northern General Hospital and we will bring you more news on this soon. In the meantime if you would like further information about the scheme and other facilities across the UK please visit: <http://www.changing-places.org>

End of Life Care

Supporting people through their final days of life can be an extremely difficult time especially for family and friends. Great comfort can be sought from the fact that those who are dying, are cared for in an appropriate and sensitive way. The Hospice movement became pioneers in this type of care and in recent times, it has become apparent that this specialist care needed to be available on wards in the acute hospital setting. The Trust's End of Life Pathway Group was established in May 2005 and involves a range of multispeciality staff from different areas across the Trust. The aim of the group was to produce an End of life Care Pathway that would provide better quality care to the dying patient on the wards in the acute Trust.

Shirley Thompson is the End of Life Care Pathway Facilitator; "The pathway is based on the well-recognised Liverpool end of life care pathway, which has been adapted and widely used across the country. The aim is to make the patient more comfortable in the last days or hours of life. The End of Life Care Pathway can help

multidisciplinary teams to provide care that is less medicalised and more focused on providing good symptom control, comfort and maintaining dignity."

The end of life care pathway has been piloted on several wards in the Trust with favourable results and is now a Trust directive. The pathway will be introduced to all wards and achieved by providing a comprehensive training and support programme aimed at all multidisciplinary staff involved in patient care. This will be delivered by Shirley.

An information leaflet has been published to provide relatives and friends with an understanding of the care that will be provided during the last few days of life. In addition, as we find that many people are unprepared for the symptoms that can occur during the final phase of life, the leaflet describes some of the more common symptoms and explain how they can be managed.

"In the last days of life, comfort and dignity should be the main focus; the pathway helps us to achieve this," concluded Shirley.



Pictured from Left to right Debbie Kendray, Beccy McGeehan, Shirley Thompson, Sian Richardson and Dr Kyeremanteng.

New appointments... New appointments... New appointments...



Elected Governors who sit on the Governors' Council Nominations Committee have recently made the following appointments;

Sheffield Teaching Hospitals NHS Foundation Trust's highly respected Chairman, Mr David Stone OBE, has been reappointed for a further four years.

Mr Stone has been Chairman of the Board since the formation of the NHS Trust in 2001 and steered the Trust to Foundation Trust status in 2004. He was previously Chairman of Weston Park Hospital and Central Sheffield University Hospitals NHS Trust and is also currently Chair of the UK University Hospitals Chairs Group.

Mr Stone was the city's Master Cutler in 1995/96 and was awarded the OBE in 1997 for services to industry. His career was in the steel industry and he held posts in several well known Sheffield steel manufacturing companies including Managing Director of British Steel Engineering Steels and Stocksbridge Engineering Steels. He is also a Guardian of the Sheffield Assay Office, a Friend of Sheffield Botanical Gardens and Honorary Consul of Finland.

Said David "I am very pleased to be given this responsibility and opportunity to continue working with the Board, the Governors Council and all the staff of Sheffield Teaching Hospitals NHS Foundation Trust.

Our task is to continue to ensure that the people of Sheffield get the excellent and ever improving quality of healthcare they deserve and should expect from us. We have a record of success which we intend to continue."

Shirley Harrison has joined the Trust as a non executive director. Shirley's professional career has been in marketing and public relations, both as a practitioner and an academic. She was formerly the director of public relations at Sheffield City Council and has written a number of books and papers on the subject of communication.

Her community activities include the criminal justice field, where she serves as a JP, and health. Following cancer treatment in 2000 she has represented patients on a number of local, regional and national bodies, largely concerned with cancer education and research.

She has been appointed to a number of public sector boards ranging from broadcasting to consumer affairs and was until March 2007 chair of the South Yorkshire Probation Board. She is a former chair of the Human Fertilisation and Embryology Authority and current chair of the Human Tissue Authority.

She is a member of the Chartered Institute of Public Relations, the Society of Authors and the Magistrates Association.



Massive success for Anthony Nolan Clinics

During January, members may remember the huge media interest generated by the Anthony Nolan Clinics which were set up in response to an idea sparked off by Tom Carroll, Neurosurgeon at the Trust whose own son David, is likely to need a bone marrow transplant in the near future.

The Anthony Nolan Trust is a charity dedicated to saving the lives of people suffering from blood disorders such as Leukaemia. They manage the UK's largest and most successful bone marrow register and are responsible for finding matches for all patients in need of bone marrow transplants.

Supporting the Anthony Nolan Trust and encouraging others to join the bone marrow donor register will help save the lives of the many children and adults who end up needing life saving bone marrow transplants.

Dawn Stephenson is the Deputy Service Manager for the directorate of specialised medicine.

"Two registration clinics were held at the Royal Hallamshire and the Northern General and we were pleased with the fantastic response which saw over 120 people join the register on the night. It really was inspirational; we had colleagues of Tom's, other members of Trust staff as well as large numbers of the general public. We even had some of Tom's ex-patients queuing to register!

STH is one of the UK's leading centres for the diagnosis and treatment of haematological cancers such as leukaemia and carries out bone marrow and stem cell transplantation at the Royal Hallamshire Hospital. The Trust agreed to host the clinics to help improve the lives of patients across the world as well as local patients who may well benefit from the increase in potential donors in the future.

Each year around 80-100 people in Sheffield undergo a bone marrow transplant. One of these patients is 20 year old athlete, Ben Pacey from Doncaster who is part of the British water Polo team and a future Olympic contender. He developed Leukaemia at 18 and he said;

"I had just finished a period of intensive training at the GB training camp in Millfield and was feeling incredibly tired. My Dad and coach thought it would be worth getting it checked out with my doctor. The next thing I knew I had been diagnosed with was leukaemia".

"I couldn't not believe it at first they told me that I might have to have a bone marrow transplant and they checked my family for a match and they were not suitable. I eventually got the call and had the transplant following radiotherapy and chemotherapy. That donor saved my life and if I could meet him I'd say a big thank you.

"The Anthony Nolan Trust and staff at the hospitals gave me another chance at life. The decision to hold Anthony Nolan registration clinics in



Three of the team from neurosurgical theatres adding their support!

Sheffield is a great idea and I hope that it will encourage many more people to join the Bone Marrow Register and make a real difference to someone's life."

We may be considering running more clinics in the future but in the meantime if you would like more information on being a bone marrow donor, please contact the Anthony Nolan Trust at www.anthonynolan.org.uk or call 020 7284 1234.



Tom Carroll being put through his paces by Calendar newsreader Rachel Philips

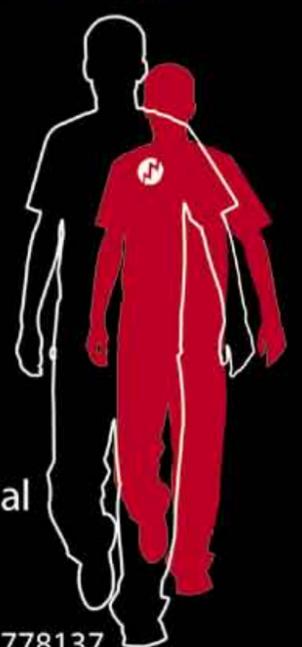
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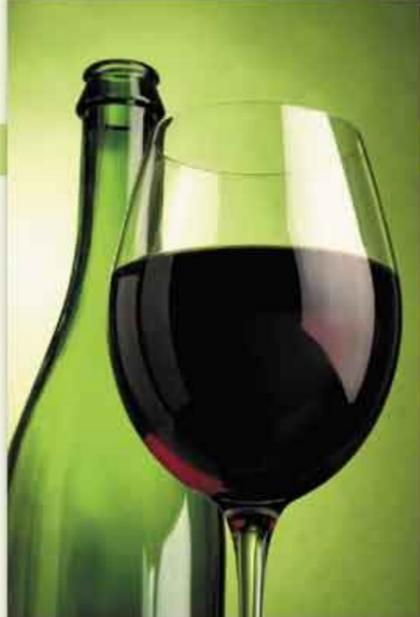


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Help your Foundation Trust grow!

We are encouraging all of our members to try and sign up another person to the Trust so they can have a say in the running of their hospitals as well. The strength of being a Foundation Trust is in having a strong and vibrant membership of interested people. Please pass this form on to someone who you think might be interested in joining.

If you receive GoodHealth through the post you're already a registered member and do not need to return another form to us. If you've picked up a copy and want to receive it in the future then return the membership form through Freepost. Being a member is completely free of charge and as well as getting GoodHealth you'll also receive invites to exclusive events, a vote in the Governor elections and the chance to have your say on the future of your hospitals.

If you have a query on membership please contact Jane Pellegrina on 0114 271 4322 who will be able to answer your questions.



Sheffield Teaching Hospitals 
NHS Foundation Trust

NHS Foundation Trust - membership registration

Members will play a key role in the NHS in the future and you will be able to get more involved in your hospital. You will be able to vote for, or even stand for election as a Governor on a new Governors Council that will help set priorities and aims for the hospitals. Eligibility criteria are shown below.

Please register me as a prospective member of the Sheffield Teaching Hospitals NHS Foundation Trust. I understand that if the creation of the NHS Foundation Trust is approved I will become a full member automatically and I will be contacted with further information.

My details are: Title: Mr Mrs Ms Dr Prof Other

Family name First name

Address:

Postcode Tel. No

Email address:

Date of Birth: Male Female

I would describe my ethnic origin as:

A White

- British
 Irish
 Any other white background

B Mixed

- White and black Caribbean
 White and black African
 White and Asian
 Any other mixed background

C Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

D Black or Black British

- Caribbean
 African
 Any other black background

E Other ethnic groups

- Chinese
 any other ethnic group

F Not Stated

- Not stated

This section is optional but allows us to ensure that our potential membership reflects the diversity of our community.

I would also like to register my potential interest in standing for election as a Governor

Yes No

I declare that I am eligible and would like to register my interest in becoming a

Public member Patient member Signed

This data will only be used to contact members about NHS Foundation Trusts or other related issues and will be stored and processed in accordance with the Data Protection Act.

Eligibility

To be eligible to become a public member, individuals must live in Sheffield.

To be eligible to become a patient member you must have been a patient in the last 5 years.

To be eligible to become a Governor, individuals must

- register as a member
- be 18 years or over
- other restrictions may apply which will be outlined at the start of the election process

Under the new constitution of the NHS Foundation Trust our members will:

- Be able to participate in the election of representatives to the Governors council of the NHS Foundation Trust
- Have the opportunity to stand for election to the Governors Council themselves
- Be able to provide regular feedback and opinion about services and possible developments
- Receive information about the Trust on a

regular basis

- Be able to attend special functions which may include open days, tours and healthcare seminars
- Have access to a Members Only section of the Trust's website for discussion and further involvement.

Members will not receive any preferential access to actual health services, as this would be contrary to the principles of the NHS.

Please post this form to:
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Sheffield Teaching
Hospitals NHS Foundation
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FREEPOST NAT9274,
Sheffield S5 7ZZ**

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Condition Management Programme



Are you receiving Incapacity Benefit?

Do you want help to return to work?

What is CMP?

The Condition Management Programme (CMP) is a voluntary programme, developed to help people better understand and manage their health condition and develop self confidence and practical skills to help them back towards returning to work. The scheme is delivered by NHS health practitioners and is a significant part of the Pathways To Work initiative provided by Jobcentre Plus which offers support to people who are out of work and are on incapacity benefits, to help them look at returning to some form of employment now, or in the future. Attending the programme does not affect your benefits in any way whatsoever.

Why should I join?

From a health point of view, we know that being in work is good for your physical and mental health, boosting self esteem and quality of life for you and your family. CMP is an innovative project demonstrating a successful partnership between the NHS and Jobcentre Plus. Through CMP we are helping local people understand and manage their health in relation to their own individual capabilities and abilities to work. CMP has already had many successes, with more than 3000 people across South Yorkshire having volunteered since the programme started and more than 1000 in Sheffield. Many of those people are now either back in work or well on the way to improving their lives by better understanding their health condition.

I'm interested...

What do I need to do now?

All CMP volunteers attend an initial assessment at the Jobcentre, and then you'll join a seven week core programme at a community venue very close to where you live. All travel expenses are paid for, all childcare provision / carer responsibilities will be paid for and each participant receives a three-month leisure pass to their local leisure facilities to encourage participation in a range of healthy activities as part of the programme.

Free three month leisure pass for all volunteers!

For further information please call to make an appointment to see a Personal Adviser at:
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