

TALKING POINT

April
2017



Fit to work and play thanks to occupational health!

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Talking Point is your magazine and it is only as good as you make it.

It is produced quarterly in January, April, July and October each year.

Ideas and stories or suggestions to make Talking Point even better are always welcome.

Contact the communication and engagement team on **01642 854343, extension 54343, James Cook** or email **public.relations@stees.nhs.uk**.

Mailing list – still need a hard copy of Talking Point?

We are reviewing our mailing list as Talking Point is now available on the Trust website and on social media. It is distributed around the hospital departments, sent to staff as an e-book and available on the staff intranet.

If you don't need an individual hard copy any more can you please email public relations and we will remove you from the mailing list.

Talking Point is written and illustrated by the communication and engagement team and designed by Octagon Design and Marketing Ltd who specialise in gaining advertising support for magazines so Talking Point is now produced, packaged, distributed and delivered at a minimal cost to the Trust.

Important changes to urgent care

NHS South Tees Clinical Commissioning Group has introduced a number of changes to urgent care after listening to local people at a series of consultation events...



Changes to Redcar Minor Injury Unit opening times

Minor injury units (MIU) can assess and treat: minor burns, scalds, infected wounds, sprains, cuts, grazes and possible broken bones.

If you have a minor injury you can go to Redcar Primary Care Hospital. Please note, the opening times have been changed from 1 April 2017 to reflect patient demand.

The new opening times are 8am to 9.30pm, 7 days a week and include access to x-ray.

Find out more at www.southtees.nhs.uk/redcar-miu

Easier access to GP appointments

South Tees patients will be able to access four GP centres seven days a week from 1 April 2017.

The centres will open from 6pm to 9.30pm Monday to Friday and 8am to 9.30pm on weekends and Bank Holidays and will be based in:

- North Ormesby Health Village
- One Life Centre in Linthorpe
- Redcar Primary Care Hospital
- East Cleveland Hospital in Brotton

How do I access one of the new GP centres?

The centres operate an appointment based system - you won't be able to just walk-in.

Having four centres means you will be offered a choice of where to go and an appointment time which may be better for you. It also means that you are seen promptly and shouldn't have to wait in a queue.

The service will be operated by local doctors and nurses from the South Tees area with access to your patient records.

There are a number of ways to make an appointment:

- **Telephone your own GP surgery** which has access to appointments in the extended hours GP centres.
- **Your own surgery will always try to meet your needs first** but if you require an appointment urgently and they can't fit you in - or if it is more convenient for you to be seen in the evening or at the weekend, they will make an appointment for you at one of the centres.
- **Telephone NHS 111** (free phone number) **NHS 111** has access to appointments in normal hours or in the extended hours GP centres. If you need to be seen, they will be able to make you an appointment.
- **Access online** – if your practice offers online appointment booking, this will be extended to include access to the centres. If you are not sure whether your practice offers online booking, please contact them directly.

What if I have an urgent need after 9.30pm when the GP centres are closed?

- Simply call **111** and they will direct you to the most appropriate service.

Changes to existing walk-in centres

The walk-in centres at North Ormesby (part of Resolution Health Centre) and Eston Grange will close on 31 March 2017. The GP practice at Resolution in North Ormesby will remain open for registered patients.

Not registered? Find your nearest NHS doctor by visiting www.nhs.uk.

MRI scans to be used as first line to diagnose prostate cancer

MRI scans are now being used as the first investigation for the diagnosis of prostate cancer at James Cook.

The news comes on the back of national research, published in the Lancet*, which has shown using advanced MRI nearly doubles the number of aggressive tumours that are caught.

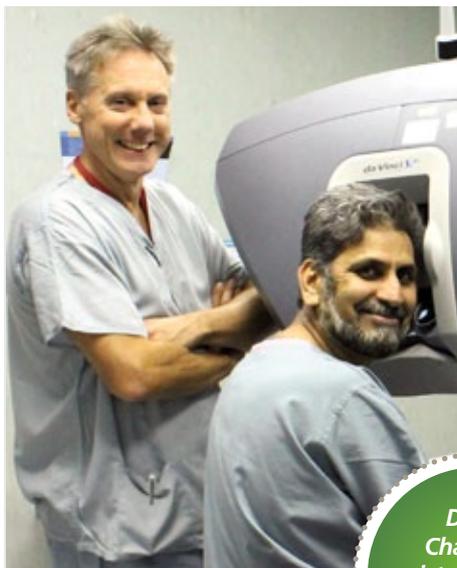
Prostate cancer is the most common cancer in British men, and yet testing for it is far from perfect.

Previously, if a man had a high prostate specific antigen (PSA) level in the blood he went to hospital for a biopsy - an invasive procedure that involves taking random samples from the whole of the prostate.

However, a biopsy alone can be poor at detecting cancer which means the disease can be missed.

From the end of January, any man referred to the Middlesbrough hospital with high PSA levels, which suggest prostate cancer might be present, will have an MRI scan, followed by a biopsy.

Consultant Urologist David Chadwick,



David Chadwick pictured with fellow consultant Aftab Bhatti

who is the Trust's Medical Director for Planned Care, described the changes as a significant step in the way prostate cancer will be diagnosed in the future.

"We recognise that this is good practice for our patients as it speeds up the whole process, enabling them to get any

treatment they need, more quickly, which is vital if it's a cancer diagnosis," he said.

"By having an MRI first, the subsequent biopsy (three or four days later) is much more accurate since abnormal areas of the gland can be targeted. This means that fewer biopsies are necessary. We hope that in the fullness of time fewer men will require biopsy and this has been shown in the study published in the Lancet.

"Our aim is to improve the diagnosis and management of early prostate cancer by using the best available techniques and equipment to deliver the very best care for our patients and we will also be offering this service at the Friarage Hospital when the new MRI Scanner is operational later this year."

*A new study by University College London (UCL) and the Medical Research Council (MRC) has shown around 25,000 men could be spared a biopsy and needless treatment, if they were scanned first. A trial of 576 men across 11 NHS hospitals found that scans could help one in four men avoid further treatment.

Top spinal surgeon retires

SPINAL surgeon Professor Charles Greenough has retired after dedicating 39 years to the NHS.

Professor Greenough joined the Trust in 1991 when the waiting list for a back pain patient was more than 70 weeks. He led the implementation of the first nurse led spinal assessment clinic in the country which helped reduce waiting times to four weeks.

A Clinical Director since 1998, he led the introduction of the first joint rota between orthopaedic and neurosurgical spinal surgeons and the appointment of the first national trainee working across both specialties.

More recently, in 2013, he was appointed to the NHS Commissioning Board as the National Clinical Director

for Spinal Disorders.

At his leaving celebration Glynis Peat, spinal services lead, told him: "There is no doubt that you have been 100% committed to leading and influencing the development of spinal services on

a local and a national front.

"You are definitely one of a kind. Your presence will be missed from the happy whistle in the morning, to the "come on let's get on with it" attitude."



together we do the amazing

Friarage's medical and surgical assessment unit shortlisted for national award

THE combined medical and surgical assessment unit at the Friarage - which has reduced admissions to surgical wards by more than a third - has been shortlisted for a national award.

Since 2013, clinicians have been rapidly expanding their medical ambulatory care service which allows emergency patients, who would usually have to stay in hospital, to be treated as outpatients - or even in their own homes.

The unit, which is staffed by a team of consultants, GP hospitalists and nurse practitioners, sees hundreds of patients every month who need urgent diagnostics and treatment for conditions as diverse as skin infection and liver failure but are not unwell enough to need an overnight stay in hospital (known as ambulatory care).

Since then they have also combined their service with OHPAT (outpatient and home parenteral antimicrobial therapy) and district-wide community nursing teams to provide care closer to home and, more recently, teamed up with surgical colleagues to create a combined medical and surgical assessment unit.

This has resulted in:

- A 34% reduction in non-elective admissions to the surgical ward
- A 46% increase in elective activity

- Accident and emergency performance being maintained at the Friarage Hospital

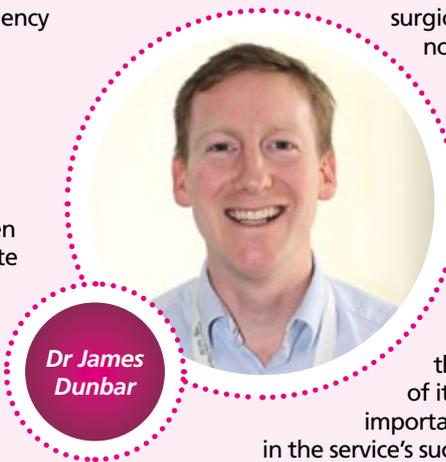
- Very high patient satisfaction with excellent feedback

Now, the unit has been shortlisted in the 'acute service redesign' category in the HSJ's annual 'Value in Healthcare Awards' with the winners being announced in May 2017.

Consultant in Infectious Diseases Dr James Dunbar said: "We are a small rural hospital which means we often find solutions to problems by closer collaboration with our colleagues. Our ambition is to provide outstanding healthcare despite the challenges of serving such a rural population.

"By creating this combined unit, essentially what we've done is streamlined the assessment process for patients, allowing them to receive the correct treatment they need far quicker, often without the need for admission.

"The team are providing excellent same-day emergency care for the benefit of hundreds of patients and it means more



surgical and medical beds are now available for people who really need to be in a hospital bed. The key to its success is early access to senior decision makers in the hospital."

Alastair McLellan, HSJ Editor, said, "2017 is the year the NHS's drive to improve the cost-effectiveness of its care moves from an important to a crucial factor

in the service's success. The entries to HSJ's annual Value in Healthcare Awards provide plentiful evidence that all sectors of the NHS have recognised this and responded appropriately.

For the NHS to be affordable it must operate in a sustainable manner. The HSJ Value in Healthcare Awards show how hard the service is working to make that a reality."

The model the Friarage team has developed is now being adopted at James Cook.

Gill Collinson, Chief Nurse of NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (the CCG) said: "As commissioners, the CCG is delighted that the team at the Friarage Hospital have been shortlisted for this award. We have worked with and supported Dr Dunbar and the team over the past few years to make their vision a reality, so it's great to see all their efforts recognised in this way."

The Friends of the Friarage Hospital were hugely influential in getting the ambulatory unit, which was officially opened by Richmond MP Rishi Sunak, up and running, donating £42,000 towards an ECG machine, beds, pumps, trollies and furniture.

Chairman Upendra Somasundram said: "It's great news that such an excellent service for patients has been shortlisted for this national award. The Friends are delighted to be able to continue to support this important clinical development at the Friarage Hospital."



Dr Talal Mansy with patient Sylvia Lewis



Pioneering drug shrinks lung cancer six years after diagnosis

WHEN Sylvia Lewis wakes up on a morning she no longer thinks 'I have cancer'.

The Brotton grandmother has been battling lung cancer for more than six years, but recently discovered a renewed sense of energy after experts at James Cook introduced her to a new pioneering drug.

Sylvia, 78, has never been a smoker so was shocked when she was diagnosed with lung cancer in 2010 after becoming increasingly breathless.

Because of the way the cancer was developing Sylvia was deemed suitable to receive a tablet-based treatment. These tablets have often proven more effective than chemotherapy in such cases, but can eventually stop working.

Luckily for Sylvia she was able to start taking a new drug called Osimertinib in June last year – four months before it was approved for general NHS use.

Consultant Oncologist Dr Talal Mansy sought special permission to provide the drug through an expanded access programme and the results have been very encouraging.

After the first week, a CT scan revealed that the cancer was shrinking and a recent scan in January shows it has reduced even further still.

But Sylvia doesn't need a scan to tell her the treatment is working as she feels better than she has for years!

"I feel over the moon," she said. "We just can't believe it!"

"I have more energy now so I don't necessarily need an afternoon nap every day.

"And I don't wake up on a morning and think 'I have cancer'.

"I have received the best available treatment under the watchful eye of Dr Mansy, for which I am eternally grateful."

Husband Alan said: "Six years ago there is no way we would have expected to be sitting here now benefitting from this new drug. It is fantastic."

Dr Mansy added: "Sylvia is probably my longest surviving lung cancer patient so it is great to see her benefitting from this exciting new treatment.

"At James Cook, we strive hard to get patients the most effective and newest treatments wherever possible.

"We have also expressed interest in more lung cancer clinical trials in the hope that this year we can do better still.

"The treatment landscape for lung cancer is rapidly changing but hopefully patients will do better than ever."

Jayne retires after 37 years

JAYNE Deakin celebrated her retirement with colleagues, husband Rob and a very impressive cake after 37 years in the NHS!

The Director for Speech and Language Therapy (SALT) Services has managed the department since the late 1990s and her list of achievements includes helping to set up surgical voice restoration and botulinum toxin services.

Jayne (pictured below right) said: "I have enjoyed it, especially the clinical side of things. I will miss my patients and my colleagues but I'm looking forward to some rest, relaxation and family time!"

Shannon Davies (pictured below left), Macmillan Principal Speech and Language Therapist for Head and Neck, added: "Jayne's retirement not only marks a sad farewell to the Director of Adult Speech Therapy Services but also a regional advisor and specialist in voice disorders.

"I know she has made a massive difference to many patients' lives over the years, and her presence and expertise will be deeply missed."





ICU Steps Tees members meet up at St Cuthbert's Parish Centre

A real lifeline...

EVERY year around 2,500 patients are treated in the intensive care units at James Cook and the Friarage following life-threatening critical illness.

It's a physically and emotionally demanding time for everyone involved, but for many patients, the real challenge starts when they are discharged from hospital.

Whether it's learning to live with a physical disability, coping with nightmares or rebuilding their confidence, it can be a life-changing time for patients and their loved ones.

But on Teesside no one has to go through this alone as former critical care patients and relatives have joined up with local health professionals to run the ICU Steps Tees support group.

The group meets every month at St Cuthbert's Parish Centre in Marton to bring together people who have been through similar experiences.

It is led by Michael Power, whose daughter Angela was treated in ICU at James Cook 21 years ago when she experienced complications after giving birth.

Michael said: "A lot of people who have been in intensive care don't know what's happened or where they have been but as soon as they speak to the group they realise they are not alone and they can see a way forward."

Lindsay Garcia, Nurse Consultant, Critical Care said: "It is a privilege to be part of ICU Steps. Maintaining such close and strong relationships with our patients and relatives after intensive care gives us a fantastic opportunity to learn from them. It allows us a unique opportunity to shape and improve the services that we deliver based on real-time feedback from patients and relatives."

you are," said Michael, 48, of Acklam. "Two years later I still have nightmares and flashbacks.

"But the group has been a great help – they are a lifeline. People talk about their experiences and you realise that you are not the only one going through it.

"Without the group I do not know what we would all do. I don't think I would have survived emotionally without them.

"I have a different outlook on life now – I just live for today!"

"I have a different outlook on life now – I just live for today!"

Michael and Joanne Palmer



Michael's story

Michael and Joanne Palmer had only been married for two months when Michael was rushed into James Cook with severe sepsis in 2014.

It was a traumatic time as Joanne was warned that Michael might not survive, but after two weeks in a coma on the intensive care unit he pulled through.

"It is very scary because you wake up and you don't know where



Diane and Tony Bousfield

Tony's story

Back in 2011 Tony Bousfield was rushed into James Cook and diagnosed with two brain abscesses and a build-up of fluid on the brain.

Tony 57, of Darlington, spent a challenging three months in intensive care and neurosurgical high dependency.

He faced multiple operations, medical complications and a further two months in hospital before he could progress to a long period of rehabilitation and was left with visual cognitive and physical disabilities and no recollection of his time in hospital.

"Your life changes so dramatically," said his wife Diane. "Tony now has challenging epileptic seizures and I've become a full time carer, but I'm just pleased that he's still here!

"People often come out of life-threatening critical illness as somebody different and I think as a group we can support each other through that.

"We came to the group because we wanted to give something back for the care he received.

"It's amazing how much you have in common with the other families."

Tony added: "Everyone has a lot of empathy and understanding because they have been through it themselves."

Diane added: "We will both always be eternally grateful for the dedication and skill of all the clinical team at the James Cook involved in Tony's care, who made his fight for survival possible, and for the continuing support we receive from the intensive care team through our support group - thank you all!"

The group holds monthly drop in sessions at St Cuthbert's Parish Centre in Marton. For details go to southtees.nhs.uk/services/critical-care/icu-steps-tees/ or call 01642 624328 / 282546.



Resuscitation officers Mark Chamberlain, Nicky Rennison and Anne Atkinson with South Cleveland Heart Fund's Jean Reeve, Dr Adrian Davies and Amy Oxley and the new paediatric manikins

Heart fund helps revamp resus kit

SOUTH Cleveland Heart Fund has handed over more than £20,000 to help revamp essential resuscitation equipment at James Cook.

The generous donation has been used to purchase resuscitation manikins which are used on a daily basis to provide all levels of life support training to 5,000 clinical staff at the Trust as well as employees from external organisations.

Resuscitation officer Mark Chamberlain said real time simulation in clinical areas helps prepare staff to manage unexpected events effectively:

"The new advanced paediatric

manikins add another level of realism to these simulations which helps to submerge the participants in the event and allows them to practise both technical and non-technical skills.

"The equipment we use was becoming very dated with significant wear and tear, but this donation ensures we will have state-of-the art equipment to deliver high quality training for many years to come."

Dr Adrian Davies, chairman of South Cleveland Heart Fund added: "Our committee unanimously agreed to purchase this equipment because of the vital teaching in cardiac resuscitation carried out to all staff in the Trust as well as lots of outside organisations."



together we do the amazing



The first Moving Forward Wellbeing Day was well attended

Moving forward after cancer

THE head and neck cancer team at James Cook held their first Moving Forward Wellbeing Day to support patients who are getting their lives back on track after battling cancer.

Around 30 people attended the first session at Middlesbrough Bowling Club, where they could chat to specialist nurses, speech and language therapists, physiotherapists and Macmillan support workers, and also meet others who had been through similar life-changing situations.

Among those at the event were Steve Byrne and John O'Neill, who have known each other for 30 years, but did not realise they had both battled head and neck cancer.

Steve of Normanby said he was lucky as he got checked out quickly and got an early diagnosis. He sought medical advice when he kept losing his voice and underwent successful radiotherapy treatment.

"From the day I was diagnosed and throughout treatment and aftercare it was absolutely first class," he said. "If I had had £1m and gone private it could not have been better!"

"It's nice to come here and talk to other people who know what you have been through. When you see some people, you realise how lucky you have been."

John of South Bank now speaks with aid of a speech valve which he has had for 11



John O'Neill (left) and Steve Byrne

years following a laryngectomy (removal of the voice box).

"I'm one of the fortunate ones," he said. "The only difference is now I have to press a button to speak."

"The people who suffer the most are not the people that are diagnosed it's their families, so events like this are interesting for them too."

Patient Niel Dare of Stainton attended the event with his wife Nicky.

Niel discovered he had a tumour on his tonsils in January 2016 after finding a lump in his neck. He took up the opportunity to take part in a clinical trial which looked at using reduced intensity treatment to help people recover faster.

Six months, four operations and six weeks of radiotherapy and chemotherapy later, he was on the road the recovery.

"I'd say I'm 90% there! I'm starting to get back on my bike and back skiing," he said.



Niel and wife Nicky

"The emotional side was what got me. I was not ready for that, but I got through it with the help of the head and neck team. They were phenomenal. It's very comforting to feel you have lots of experts there for you."

"The consultant, the radiotherapy team and the Macmillan nurses are all worth their weight in gold!"

Nicky added: "I think these groups are very important especially for people who are on their own."

Jane Waddington, Macmillan Head and Neck Specialist Nurse added: "Whatever stage of recovery patients are at, they can come to these informal events and get support from professionals and from each other."

To find out more call the Macmillan Head and Neck Specialist Nurses on 01642 835702. Keep an eye on our website for future events at southtees.nhs.uk

Pioneering op opens up foodpipe after cancer treatment

FOR 10 months Mal Harcourt could not swallow his own saliva let alone eat his favourite foods.

Following intensive treatment for a tumour on his throat he developed severe scar tissue which totally closed his foodpipe.

Mal, 51, of Hartlepool, had to be fed through a tube in his stomach but thanks to a pioneering procedure developed at James Cook called a Rendezvous Dilatation, he is now able to eat and drink almost normally again.

Consultant Head and Neck Surgeon Shane Lester said: "It's called a Rendezvous Dilatation as the general surgeon, Mr Samuel Dresner, and I enter the food pipe at opposite ends - I go via the mouth, he goes via the PEG tube into the stomach - and we literally meet in the middle.

"It's a procedure used for the small number of patients that have a total scarring over of their oesophagus following chemotherapy and radiotherapy.

"As a result of this people who couldn't even swallow their own saliva get back to almost normal eating and drinking."

Mal was diagnosed with throat cancer in January 2015. He underwent a series of major surgical procedures as well as chemotherapy and radiotherapy but scar tissue left him unable to swallow anything.

"For 10 months I could not even swallow my own saliva," he said. "I could not

have anything at all before they opened up my throat again!

"That's especially hard when you are cooking Christmas dinner for the rest of the family!" said Mal who has four children and five grandchildren.

The distribution depot manager is now back at work and recently had his PEG tube removed.

"I feel fine now, you just have to get on with it don't you!" he said.

Shane and the team at James Cook were there to support him when he took his first mouthful of water but he says his first proper drink was a Ribena juice drink which just tasted really strong!

"I felt like I needed to water it down!" he said.

Mal has nothing but praise for the whole head and neck surgery team at the Trust including the surgeons, speech therapists and Macmillan nurses.

"The care I have received has been brilliant," he said. "I don't know what I would have done without all their help and support."

Mr Lester added: "We've done this for six patients with this condition and all were fully successful.

"The technique has been described before but we've modified it a little and have long term data to prove it works in chemoradiotherapy patients.

"I'm so pleased that my team can help patients such as Mal get back to eating and drinking after cancer treatment."



Volunteer Mabel gets MBE at 92!

Mabel McGurk, one of the Trust's oldest serving Macmillan volunteers, received a British Empire Medal in 2017's New Year's Honours list.

Mabel received the award for her services to terminally ill patients and the community in Middlesbrough.

Now 92, the great-grandmother from Middlesbrough still spends one day a week on the cancer unit at James Cook, supporting patients and providing help and information.

Her daughter Pamela had written to the Queen to put her name forward for the honour, explaining that she was "an unsung hero".

Julie Taylor, Macmillan Cancer Information Service Manager said: "We are very proud of Mabel.

"She is a great ambassador for the service. She is an inspiration to everybody."



Mal Harcourt with Macmillan Head and Neck Specialist Nurses Amy Gregory (left) and Jane Waddington



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The occupational health physiotherapy team - John Hatfield, Kathryn Langman, Marie Martin and David Makepeace (left to right)

Keeping you fit to work!

MORE than a quarter of staff sickness absence at the Trust is due to musculoskeletal problems such as muscle, tendon and ligament injuries.

These MSK problems account for 26.66% of sickness absences - second only to mental health which total 27.26%.

But this is a figure the occupational health physiotherapy team are keen to reduce and, having recently invested in staffing and new gym and treatment equipment, they are keen to make more staff aware of the range of services on offer!

Physiotherapist Kathryn Langman said: "We are here to support staff with a range of services which can prevent them needing to take time off sick or to help them get back to work sooner.

"Physiotherapy is available for all conditions – not just back pain – and can be accessed in a timely manner. Staff can

refer themselves and it does not matter whether an injury is work related. If it affects your ability to work we are here to help!"

Staff who have an acute onset of MSK pain (must have started within the last seven days) can call the team's telephone triage service during working hours and a physiotherapist will call them back within 24 hours (Monday to Friday). They will then identify if physiotherapy will be of benefit or signpost people to the right service for them.

Other services provided include:

- Spinal rehab and postural fitness classes
- Manual handling training and advice
- Assistance with workplace assessments (when appropriate)
- Return to work programmes

Staff can find out more and complete a self-referral form on the team's new look intranet page. To contact the team call 01642 282482 or email occupationalhealth@stees.nhs.uk

Sarah Wilkinson Patient Relations Officer



"I first accessed the physiotherapy department in occupational health due to pain in my right arm/elbow. I saw Kathryn who diagnosed tennis elbow. She gave me some stretching

exercises to follow and advice on how to alleviate the pain. I saw Kathryn regularly to assess how the injury was healing and to adjust the exercises as per my progress. I was aware the pain was due to using the standard mouse on my computer and Kathryn was able to give me an ergonomic mouse to trial which helped enormously and then my line manager ordered me one.

"Unfortunately while my tennis elbow was settling I was involved

"If it affects your ability to work we are here to help!"

"I would recommend making an appointment to see the physio"

in a road traffic accident. I suffered soft tissue injuries to both hands/wrists and had very limited movement. I contacted Kathryn who saw me very quickly. She assessed my injuries and gave me exercises which helped immediately. Three months after the accident I was discharged and completely back to normal. I believe that because I was seen so quickly it has sped up my recovery time and led to a better outcome.

"I can't thank Kathryn enough for the help she has given me. I would definitely recommend the service and it's also great that staff can self-refer."

Kay Henderson Manager Ophthalmic Associate Practitioner



"I have been suffering with neck pain for many months so I contacted occupational health and was seen in about a week. Kathryn was great. She very carefully went through

my symptoms with me then gave me relevant exercises. As my sessions progressed she then suggested traction. I found that to be the turning point of my care. The experience was very positive and beneficial. I even bought my own traction unit to carry on my treatment at home.

"I don't think I could have carried on working for much longer if I hadn't booked in to see the occupational health physio department. I was feeling very low with the pain and was struggling to get into work let alone carry out my duties.

"I would 100% recommend making an appointment to see the brilliant physio team. I have also used them for my back and the great thing is is that you can take away what you have learnt to manage your condition long term. They are professional, caring, very knowledgeable and understanding about your condition. They don't rush you and only discharge you when you are happy. Please get in touch with them if you need help."

100%
recommending an appointment to brilliant team."

Alison Blower Therapy Radiographer



"I was experiencing pain in my left shoulder when moving patients and carrying equipment at work, this increased to the point where it was affecting me in all aspects of my life. I could no longer get dressed or

extend my arm without severe pain. I had to reduce the amount of physical work I could do during my job, therefore putting more pressure on the team. I had to stop doing exercise classes and stopped playing hockey.

"I applied to occupational health to see a physio as the pain was affecting my sleep and was not improving even with rest.

"Once I got in to see a physio I was diagnosed straight away with hypermobility, meaning my arms could hyper extend causing my shoulder joint to sublux (partially dislocate) continuously causing a lot of pain. I was given exercises straight away and advised what to do and what not to do, this including work based tasks and also how to do everyday movements without putting my shoulder at risk of further injury. I was also made aware of my general posture and how this could be improved to help my joints.

"I had one on one physio each week which helped my shoulder improve dramatically, after a few months of treatment I was enrolled on the postural fitness class, which I attended for six weeks. The treatment I received helped me continue at work, without this I would have had a period of work absence to rest my shoulder from the day to day manual handling at work. My arm improved through exercise which strengthened up my shoulder, I was so happy when the pain started to subside as I did think this was going to be a continuous struggle. I could not believe how well my shoulder was healing and how much my movement improved.

"The pain stopped completely and I managed to do all the exercises that I could not do before. I could continue moving patients at work and even return to playing hockey.

"I have already recommended this service to my colleagues. I cannot thank the physiotherapy team enough for the time and dedication they put into maintaining a healthy and strong workforce!"

Tracey Martin Senior CT/Community Radiographer



"I injured my left knee during a netball match. Radiography is quite a physical occupation and as my knee was relatively locked in a bent position I found I could not safely perform my duties and so reluctantly had

to report in as sick.

I was desperate to get back to my normal self as fast as I could. After contacting occupational health a senior physiotherapist completed a telephone triage assessment and arranged an appointment. This was done very quickly and enabled me to be thoroughly assessed within two weeks of the injury.

Initially I was frustrated, very low and quite emotional but the support, kindness, reassurance, and encouragement I was given along with introduction to the gym soon had a smile back on my face.

Some of the exercises were challenging at first and to my dismay I found it really difficult to manage even one revolution of the pedals on the exercise bike. Armed with advice regarding medication, elastic bands and exercises I was allowed to do at home I set up my own timetabled regime of medication followed by exercise sessions.

My family and friends were surprised to see how much I enjoyed my physio sessions and listened patiently as I informed them what I'd been up to and demonstrated my improvement. After several sessions we had a true moment of triumph when the protractor came out again and Kathryn declared my knee was now straight!

After returning to work I continued to attend for treatment to strengthen my knee and improve my balance to ensure I was ready to return to netball, running and cycling.

I truly believe the treatment that I received allowed me not only to return to work much quicker than anticipated but very possibly saved me from undergoing surgery.



The science behind your care...

TO mark Healthcare Science Week Talking Point went behind the scenes to explore some of the scientific careers that are vital to our hospital and community services...

Diabetic Eye Screening

Karen Rigby, Retinal Screener/Grader:



Our main aim is to reduce sight threatening retinopathy in the diabetic population. The role involves learning to identify diabetic eye disease from photographs we take of the back of patients' eyes.

What I enjoy most about my role is being able to interact with patients every day and help educate them on the importance of their diabetic control and how that can impact on their vision.

It can be a daunting experience when a patient is first diagnosed with diabetes and as screeners we are often the first service they visit after diagnosis, so it's important to listen to the patient's concerns and point them in the right direction.

Thanks to diabetic eye screening diabetic retinopathy is no longer the leading cause of blindness in the working age population – so you know you're making a difference to people you are seeing!

Medical Physics

Karen O'Neill, Head of Radiotherapy Technical Services:

I manage the servicing and repair of state-of-the-art linear accelerators in our

radiotherapy department.

We work alongside physicists, engineers, and radiographers, where we are constantly developing new methods and equipment, to improve the quality of treatments.

This job enables our team to repair and service state of the art linear accelerators, within an industry that is constantly developing and changing, so our job role is very dynamic and exciting.

Neurophysiology

Laura Caddy, Clinical Physiologist:



We are a small team of clinical physiologists working in neurophysiology. Our main role is to perform investigations on the central and peripheral nervous system and produce technical reports on our findings.

Most of the investigations are performed in the department

but we also perform portable electroencephalogram (EEG) recordings on several wards, including the intensive care unit and the neonatal unit. We work alongside a team of consultants and help to diagnose a variety of neurological conditions, such as epilepsy, neuropathy and multiple sclerosis.

It is extremely interesting and rewarding and we regularly deal with both children and adults which generally makes each day varied.

Cardiac Physiologist

Emma Beaney, Specialist Cardiac Physiologist:



As a cardiac physiologist, my role involves performing and assisting with a wide range of procedures to diagnose and treat heart conditions. These range from diagnostic tests such as exercise tests and echocardiograms, to invasive procedures in the cardiac catheter lab where coronary angiograms take place, and pacemakers and heart valves are implanted.

A typical day for me involves seeing patients with pacemakers or implantable defibrillators and optimising their settings, then assisting with cardiac ablations where abnormal electrical pathways within the heart are burned to correct and prevent arrhythmias (abnormal heart rhythms).

The role of a cardiac physiologist is varied, dynamic and challenging. It involves lots of patient contact, ranging from young people with inherited conditions to elderly patients with acquired heart disease, and is very rewarding as both immediate and long-term improvements in the patient's quality of life are often seen.

Optometrist

Edel Stafford, Specialist Optometrist:

Hospital optometrists work alongside other eye specialists and healthcare professionals such as ophthalmologists, orthoptists, ophthalmic nurses, ophthalmic imagers and healthcare assistants.

The role of a hospital optometrist can vary significantly and rarely involves undertaking a standard eye test. The traditional role includes complex adult refraction, research, examining small children and babies, prescribing optical aids for the partially sighted and specialised contact lens fitting.

We also have specialised areas such as glaucoma, post-operative cataract care, paediatric and neonatal contact lens fitting and most recently emergency eye care.

Clinical Photographer

Debbie Banks, Senior Clinical Photographer:

As a clinical photographer I often find that both healthcare professionals and patients are fascinated in what I do. Working in the medical illustration department, I capture clinical photographs and videos of patients to document and monitor their treatment process as a part of their medical record or for teaching and research purposes.

There is so much more to being a clinical photographer than just taking a photograph. All clinical photographers in the medical illustration department are appropriately qualified; each being registered with the Academy for Healthcare Science, as well as holding an active professional membership with the Institute of Medical Illustrators (IMI) to maintain high standards.

Most specialties across the Trust refer patients for clinical photographs. Many patients attend the photography studio but we often visit clinics, theatre and wards.

It's important to capture high-quality photographs that are stored securely

maintaining patient confidentiality, and for this reason external clients such as private practices and solicitors also refer to us.

The medical illustration department prides itself on respecting patient consent and confidentiality and will always consider the patient's best interests before taking a clinical photograph.

Maxillofacial Prosthetics

Mark Jagger, Maxillofacial Prosthetist:

Maxillofacial prosthetics is a clinical healthcare science that deals with specialist rehabilitation of patients requiring treatment after a traumatic injury, cancer surgery or defects from birth causing malformation.

Within this field of reconstructive science the support we give is varied and wide, from implant retained noses, eyes and ears to keloid scar therapy, oral surgery plans and deep buried implants such as titanium cranial plates.

As a career maxillofacial prosthetics is very rewarding and enjoyable. There is constant need for innovation and problem solving.

Associate Practitioner, Pathology

Ian Kirton, Associate Practitioner:

My duties are broad; I read culture media looking for MRSA, carry out PCR (Polymerase Chain Reaction) testing and carry out microscopy on a range

of specimens. I process a number of different types of specimens and assist with stocks and ordering.

I also assist in a key trainer role on some of the automated systems.

I continue to increase my knowledge as the lab changes and progresses with new technology and techniques. This keeps my job varied and interesting with the added satisfaction that I am helping clinicians to treat potentially dangerous infections.

Biomedical Scientist

John Coatsworth, Senior Biomedical Scientist, Immunology:

Biomedical Scientists are responsible for performing scientific tests on body fluids and tissues. The results of these laboratory based investigations provide information which can help in the diagnosis, monitoring and the prevention of many illnesses.

In immunology most of the tests we perform are on blood samples. For example we help rheumatologists to identify the causes of tissue damage leading to arthritis. We also test a lot of samples from renal physicians looking for causes of kidney damage. Another important area is discovering abnormal proteins in the blood, which can help haematologists to diagnose and treat patients with myeloma.

Anyone who has given a blood sample for a suspected allergy will have had that sample tested in immunology too.



Congratulations Christine!

CONGRATULATIONS to Christine Dunn who has retired after clocking up 41 years of clerical work within the pathology department!

Colleagues threw Christine a party on 23 February - exactly 41 years to the day when she started at Middlesbrough General.

Dr John Hovenden (pictured) presented her with flowers, gifts and some amazing homemade cakes.

Christine said: "I'm simply overwhelmed to know that so many people appreciate me and what I've done in my time here. I'm both happy and sad to be going - I believe that it is the right time for me to retire and I'm looking forward to having a bit more free time!"

She plans on spending her retirement helping out her mum, babysitting her new grandchild and working in the garden!



Hours of fun planned to help elderly care patients!

FROM dominos, cards and knitting to enjoying a sing-a-long or a spot of afternoon tea, our new therapeutic care volunteer programme has something for everyone and is already proving a hit with elderly care patients.

The seven day programme is packed full of activities which take place in the new day rooms on wards 11 and 12 - set up thanks to generous donations from Interserve and JK Recycling!

Launched in February with music from the chaplaincy choir and crafts from the volunteers' knitting circle, the day room activities have been welcomed by both patients and staff.

Debi McKeown, Nursing Sister in Therapeutic Care, said: "This is a pretty big deal for us and a lot of people have worked very hard over the past few months to make this happen.

"What we do clinically for our older patients on these wards is fantastic but now we can also look after their social wellbeing, which will help to prepare people for when they go home.

"The new day rooms give patients a place to join in activities or enjoy a meal together. But for some they will just be a place to go to get some quiet time."

Ward Manager Sam Roberts said: "This really is going to give our patients a better hospital experience. It encourages

patients to engage with staff and each other and provides something to occupy them rather than just being sat in a hospital bed.

"It's really overwhelming to see how much the patients are getting out of this already!"

Patient Iris Walker (pictured centre) added: "If I was at home I would be listening to music so this makes us all feel happy!"

The volunteers are joining forces with organisations across the community to come up with a varied activity programme of events and have already had support from Ageing Better Middlesbrough, mima, Dorman Museum and St Alphonsus Primary School.

Future schedules include everything from pampering days to reading with local school children and reminiscing with war memorabilia.

Jane Wiles, Associate Director of Nursing for Community Care, said: "These patients are one of our most vulnerable groups and this is a great opportunity to help us to keep them active. It's about making sure patients get the best possible care from a social as well as a physical perspective."

Got an activity idea? Post your ideas on the staff forum or James Cook Hospital Facebook page, tweet @South_Tees_TCVs or email Debi.McKeown@stees.nhs.uk



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Where there is a will there is a way!

OLIVIA Fairclough hit the headlines last year when she was left paralysed following a horse riding accident in Egypt and her brother Trevor launched a fundraising campaign to get her home.

It was a frightening time for Olivia – she had a broken back, three broken ribs and damaged lungs, but was in a hospital where people spoke very little English. She had no idea what was going on and to make matters worse, her travel insurance had lapsed so she would have to pay for any treatment she received.

The 32-year-old from Eaglescliffe says she was amazed when donations flooded in from Teesside and around the world to help pay for her treatment and fly her home – a move that was supported by the Great North Air Ambulance and consultants at James Cook.

"It's amazing that people donated money to get me home - that's what's keeping me going!" she said.

On hearing about Olivia's situation on BBC Tees, Professor Stephen Bonner, Clinical Director of critical care, contacted Trevor and offered to help with the repatriation.

Steve enlisted the help of his Arabic speaking colleagues including Mr Waleed Hekal, Consultant Spinal Surgeon, and Dr Elrasheed Ellidir, Consultant Physician, who liaised with doctors in Cairo to determine the extent of Olivia's injuries, the surgery she required and the safest way to fly her home.

Olivia had been working in Cairo for a year teaching horse riding and was waiting for her turn to jump her horse when the accident happened. She believes the horse reared over backwards and fell on her but she has very little recollection of the incident.

"I just remember waking up on the sand and not being able to breathe, I



Prof Stephen Bonner with Olivia Fairclough

"They raised £32,000 in nine days which was amazing. I'm so grateful to everyone."

thought I was going to die," she said.

"I was just lying there in hospital not being able to do anything, so to find out my brother and the local community had come together to raise money for me to get home was just so overwhelming.

"They raised £32,000 in nine days which was amazing. I'm so grateful to everyone."

Prof Bonner said: "I heard Trevor talking on the radio and every time he phoned the hospital people were speaking Arabic to him and he had no idea what was going on.

"We have lots of doctors that speak Arabic at James Cook so we were able to talk to them and work out what treatment needed to be done there and what could be done here and to help in trying to get her safely home.

"We had the x-ray images sent over and they were discussed in a meeting here with all our top spinal experts.

"After the surgery the main thing was to get her back here before there were any complications."

Olivia underwent surgery – she now has

three pins in her spine - and four days later she was flown to the spinal unit at James Cook.

She was warned she could spend up to a year in hospital but her determination saw her discharged in four months – every time her consultant gave her a goal she smashed it in half the allotted time.

The thought of being able to ride again and possibly compete in Paralympic dressage was what kept Olivia going.

However, recent x-rays show she has developed curvature of the spine so for now her dreams of getting back in the saddle have had to be put on hold.

"I can be around horses but I can't ride them anymore which just about kills me," she said.

"I'm just urging people not to take anything for granted – even putting your socks on! It takes most people two minutes to get dressed but it can take me half an hour now!"

Despite everything she has been through Olivia is setting herself a number of challenges for the future including finding other ways to get involved with horses and planning a trip back to Cairo later this year for a holiday.

"Where there is a will there is a way!" she added.





Mr Trushar Patel and the eye day unit team

Advanced eye procedure now available at James Cook

EYE patients at James Cook can now undergo a procedure to strengthen their cornea at the Middlesbrough hospital.

This advanced procedure, known as corneal collagen cross-linking, is used to treat a progressive corneal condition called Keratoconus which affects young people.

Previously patients requiring this treatment would have had to travel to York, Leeds or Sunderland.

Keratoconus can start in patients as young as 13 and can progress until the patient is around 30. It affects both eyes and makes vision very blurred as it changes the shape of the cornea.

If left untreated the eye can deteriorate to the point where patients require corneal transplant surgery.

Consultant Ophthalmologist Mr Trushar Patel performed the first collagen cross-linking at James Cook in November 2016.

The procedure takes about 18 minutes and involves applying a vitamin B compound, called Riboflavin, to the surface of the eye and then treating it with a controlled application of ultraviolet

light to strengthen the cornea using a special machine.

Mr Patel said: "We are very pleased to have this service available for our patients. Previously we would have had to refer patients elsewhere for treatment or just keep monitoring them closely.

"Patients now don't need to travel to other specialist centres and can have their treatment performed at James Cook in a more timely manner. This means that they can benefit from stable vision much earlier in the disease process without the need for using complex spectacle or contact lens correction to optimise their vision.

"The other significant advantage of this treatment is the reduced impact on corneal donor demand because the number of corneal transplants required will reduce."

Jacob Rawlinson, one of the first patients to undergo the treatment has been very impressed. He said: "I'm grateful to have had my treatment performed here at James Cook and that I have not had to travel further afield. The procedure was painless and my eye has now recovered and I'm looking forward to having my other eye treated."

New eye casualty opening times

EYE casualty opening hours have changed at James Cook.

The department, based within eye outpatients, was previously open 8am to 8pm, seven days a week, but its new opening times are:

- 8am to 5pm - Monday to Friday
- 8am to 12noon - weekends and bank holidays

The changes have been introduced following changes to junior doctors' working hours, but patients are being reassured that they will still be able to get emergency treatment 24/7.

Outside of these new opening hours patients with an eye injury or other serious eye problem can access services via the hospital's accident and emergency department.

For non-emergencies the hospital also offers a fast track eye clinic which provides an appointment slot within one to five days of referral.

Clinical Director for Ophthalmology, Chrisjan Dees, said: "Many patients who come in with an acute eye problem do not need to be seen immediately. For this group of patients we run a fast track eye clinic.

"This clinic is also for patients who are referred urgently by their optometrist or GP. Patients will typically receive a phone call within 24 hours of referral offering them an appointment time.

"Any emergencies outside of eye casualty opening times will be treated in the A&E department."

Trust is top at putting junior doctors through their PACES

JAMES Cook has been recognised as one of the leading UK centres in creating the “next generation” of senior NHS doctors.

Dr Mahir Hamad, Consultant Physician and Clinical Director for Acute Medicine, has received a prestigious award recognising the Trust’s achievement in enabling 270 junior doctors each year to take a vital clinical practice exam.

This makes the hospital one of the “flagship centres” for providing the Practical Assessment of Clinical Examination (PACES) exam, on behalf of the Membership of the Royal Colleges of Physicians of the United Kingdom MRCP (UK).

The exam is the final stage which sees junior doctors progress in their career to registrar level, following four years of clinical practice after graduation.

Dr Hamad said: “We are now recognised as one of the biggest providers of the PACES exam, which is the vital final stage for junior doctors progressing to registrar level.

“Registrars are vital to the running of all NHS trusts, so by providing the opportunity to take this examination in Middlesbrough, we are helping to create the next generation of these vital senior doctors and benefitting the health service across the country.”

Dr Hamad explained that in the past three years, the Middlesbrough hospital has increased the number of PACES

examination candidates taking the exam on site by as much as 50%.

As a result, after taking over the running of the examinations three years ago, he has been named the recipient of the inaugural UK PACES Champion Award.

In a letter notifying him of the honour, Professor Andrew Elder, Medical Director of MRCP (UK) writes: “You have gone above and beyond expectations to ensure regular candidate spaces are provided to UK trainees by developing a high capacity PACES centre at The James Cook University Hospital.”

The letter also states “the excellent standards” Dr Hamad and his team regularly deliver has seen James Cook become “one of the flagship centres for MRCP (UK)” and “a great example to other host examiners.”

Dr Hamad added: “Increasing the number of PACES candidates that take the examination here has been a team effort and we have been providing the examinations at the hospital for 15 years now. I will accept this award as recognition for the team as a whole, not just for me as a personal accolade.

“It would not be possible to have achieved this without the input of numerous other consultants and staff from the South Tees Institute for Learning Research and Innovation (LRI), who are responsible for ensuring the exams run smoothly. It is very nice for all the consultants involved and the LRI to receive this recognition.”



Patient experience team

Real-time patient feedback

The Trust has launched a new patient experience programme to capture real-time feedback to ensure patients really are at the core of everything we do.

Named 1000 voices, the programme aims to gather over 1,000 patient comments a month, enabling the Trust to continually improve services.

Real-time data is collected by facilitators who visit all South Tees sites and interview at least eight patients per ward each month.

Data is captured using a standardised questionnaire. A report is then shared with senior staff within 24 hours - this fast turnaround means any minor issues can be dealt with quickly.

Patients’ comments are already making a difference. One patient on ward 37 fed back that “the metal bins are so noisy, it’s bang, bang, bang all night”. The team discussed this and managed to obtain softer closing bins and the patient was very impressed that something was done so promptly.

The reports are displayed on the wards and will soon be available online via the patient experience pages on the intranet and internet.

Thirty wards across the Trust are already signed up with the aim of all wards participating by July 2017.

The Trust is also collecting feedback two weeks after discharge by sending out a postal survey to 600 patients every month.

To share your experiences contact the patient experience team (pictured) on 01642 835964 or email patient.experience@stees.nhs.uk



Professor Andrew Elder, MRCP (UK) Medical Director with Dr Hamad and the Trust’s Medical Director for Specialist Care Dr Mike Stewart (left to right)



together we do the amazing



Flu team celebrate

Trust smashes flu target!

FLU champions are celebrating after the Trust hit its flu uptake target in record time!

South Tees faced a challenging national target to vaccinate 75% of frontline staff by 31 December 2016.

Teams across the Trust joined forces to really push the flu message using an emotive social media campaign featuring real patients that made national headlines in the Nursing Times and Nursing Standard and has been short-listed for the 2017 Flu Fighter Awards.

And their efforts paid off when they hit the target just in time for Christmas.

Figures show 620 more frontline staff at the Trust had been given the jab by December 2016 compared to December 2015 – a 12% increase.

By mid-January South Tees had vaccinated 5,910 staff - well ahead of the same time last year when we had done 5,249.

Occupational Health Service Manager, Elaine Mockler said: "Thank you to everyone who stepped up and had the jab and to the occupational health team, flu champions, pharmacy staff and support teams who have worked tirelessly over the last few months to help us achieve this – it really has been a huge team effort.

"Our hard-hitting media campaign played a fundamental part in ensuring staff got the point and stepped up early!"

Our final vaccination rate for 2016/17 was 77.1%.

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Trauma Immediate Life Support Training

MEMBERS of the Major Trauma Centre team at James Cook have designed a new training course to boost the confidence of nurses who assist with major trauma incidents.

Trauma Immediate Life Support (TILS) looks at how best to manage major trauma and covers techniques such as applying splints, fitting neck collars and using a rapid infuser.

The course has been set up by Ian Blain, Rebecca Ashby, Lianne Sankey and Laura Evans from the Major Trauma Team to help improve the care provided for patients across the region.

Ian, Consultant in A&E Medicine, said: "Being involved in major trauma cases can be quite stressful so this training is designed to boost the confidence of nursing staff by giving them specialist experience and improving their knowledge and skills.

"This should reduce the pressure of being involved in major trauma cases and improve the care we deliver to patients."

The training is available to nurses from all major departments across the Trust. Anyone interested in taking part should email Rebecca.Ashby@tees.nhs.uk.

James Cook is the Major Trauma Centre for South Durham, East Cleveland, Tees Valley and North Yorkshire. Major Trauma Centres are specialist hospitals that are able to deal with injuries to all parts of the body.

At James Cook we receive both adults and children with significant injuries and have a wide range of specialist trauma doctors and nurses available 24 hours a day.

To find out more go to www.southtees.nhs.uk/mtc or follow @JamesCookMTC on Twitter.

Did you know...

- Major Trauma Networks are saving an extra 840 lives per year across England!
- James Cook Major Trauma Centre receives 600 to 700 major trauma cases per year
- In the last two years, 60 of our patients had injuries so severe that they were not expected to survive - over half of them did!
- We are one of only five UK hospitals receiving helicopters day or night thanks to our ground-level lit helipad!



Ian Blain, Rebecca Ashby and Laura Evans



together we do the amazing

Advance your career in health and social care

We offer a range of multidisciplinary short courses, undergraduate and postgraduate degrees, and higher and degree apprenticeships, as well as bespoke masterclasses with flexible delivery routes to suit your learning needs.

Short courses include:

- > Advancing Collaborative Practice – Autism Spectrum Condition/Attention Deficit Hyperactivity Disorder
- > Diagnosis and Management of Heart Failure
- > Dialectical Behaviour Therapy
- > End of Life Care
- > Enhancing Contemporary Practice in Dementia Care
- > Integrated Cognitive Behavioural Theory and Interventions in Mental Health Practice
- > Management of Acute Chest Pain
- > Management of Tissue Viability and Wounds
- > Principles of Major Trauma Management in the Emergency Setting

Masterclasses include:

- > Care of Older People
- > Chronic Obstructive Pulmonary Disease Management and Intervention
- > Diabetes Management and Prevention
- > Eye Movement Desensitisation and Reprocessing
- > End-of-Life Palliative Care
- > Management of Tissue Viability and Wounds
- > Pain and Symptom Management
- > Promoting Health and Wellbeing
- > Respiratory Disorder
- > Weight Management, Nutrition and Childhood Obesity



We also offer the employer-led Health Assistant Practitioner Higher Apprenticeship starting in May 2017.

A limited number of places are funded by HEENE for those working within a north east NHS organisation. Find out more: sohsc.events@tees.ac.uk.

Find out more about these programmes:

➔ tees.ac.uk/health&socialcare



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