Family accommodation, funded by the Sick Children’s Trust, nears completion. This accommodation will mean that the parents of children having serious or complex interventions will be able stay on the Freeman Hospital site.
People with cancer need places like these

The wild garden of the Maggie’s Centre in the grounds of the Freeman Hospitals a place of peace and tranquillity.

Welcome to Maggie’s

“Coping with my treatment was all so confusing. Then a Cancer Support Specialist at Maggie’s sat me down and took me through my treatment. It all became clearer and life became better. I could finally sleep again.”

Emma
The Trust has continued its strategic drive towards an all-embracing electronic patient record (‘EPR’), whilst investing in state of the art infrastructure to ensure this is well supported and functional. Building on our original work with the University of Pittsburgh Medical Center, the Trust is refreshing and refocusing its relationship with core EPR supplier, Cerner Corporation, and ensuring that parties have a mutual understanding and buy-in, to future direction of travel. The Trust was an early mover in terms of adopting advanced EPRs and its foresight and application is recognised by external benchmarking. The NHS England sponsored Clinical Digital Maturity Index, placed the Trust joint top of its National league table upon launch. This maturity of roll-out is also helping the Trust extract tangible value-based benefits from its EPR investment, which will only continue to grow.

A key focus this year has been in developing the business linkage of IT to the Trust, and in this regard, the Trust supports a Clinical Director of Medical Informatics portfolio, reporting to the Medical Director. This portfolio ensures that the views of practicing clinicians are correctly represented in the specification and operation of Health related IT, helping to better harness their capabilities to the Trust’s overriding objective of top quality Patient Care.

Importance of the EPR agenda to the Trust is reflected in dedicated and continuous Board oversight, which considers not just the technology but supporting services required for delivery. External advice is also used on occasion to enhance the quality of Board decision support and for quality assurance purposes.
Alongside a hardware refresh, the Trust continues to improve quality of hardware administration, scalability and redundancy

Strategy is all very well, but we are also judged on practical delivery. Below is a selection of highlights:-

The Trust is a competent and experienced infrastructure operator. During the Year under review an EPR hardware refresh was completed for the supporting server infrastructure, with minimal disruption to clinical users. Originally commissioned in 2008, the legacy server infrastructure has seen the average number of daily users more than double, as new functionality and capability has been added. The new servers will provide a robust platform for continued growth over the coming years and the Trust is already realising predicted benefits.

Alongside a hardware refresh, the Trust continues to improve quality of hardware administration, scalability and redundancy. Server virtualisation is a key tactic in this regard and has proved to be a resounding success. All servers in scope were completed and additional servers added where required.

Regarding Print Strategy, the replacement of personal printers and photocopiers with high volume, centrally managed, multi-function devices is approaching completion. In addition to significant cost savings, the new printers have a reduced environmental impact and offer new capabilities to Trust users. These include secure printing, scanning, and the ability to collect print requests from any printer across the Trust.

As an established operator of Community based services, IT functionality has been further developed to facilitate this scope of delivery.

Remote access has been transitioned to a new 2-factor authentication mechanism. This enables access for mobiles devices in remote areas of Durham and Northumberland and Users are now able to access with a personal PIN.

SystmOne, our community electronic patient record, has now been deployed to all remaining community areas for activity recording. This allows a consistent method for community staff to schedule and record clinic appointments and home visits. We continue to develop the system, and have recently deployed full clinical record capability for the 0-19 Health Visiting and School Health services.

The Trust’s multiple EPR applications continue to be developed and one of its most important is its Theatre management system, Cerner’s SurgiNet.

SurgiNet is currently in use across all Freeman theatres and is now being rolled out to the RVI site. SurgiNet removes paper documentation by populating the electronic clinical record with key information about theatre procedures as they are taking place. It also introduces new information sources for clinicians and managers to review how theatres are being used, and to help develop safer and more efficient practices.

In conclusion, Information Technology has sound foundations in terms of investment and service delivery, and will continue to develop, but we do acknowledge more needs to be done and at a greater pace and impact than in recent times if overall expectations are to be met.
Over the last year there have been some exciting developments in the Research Department at Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTHFT). Professor Julia Newton, who is Dean of Clinical Medicine at Newcastle University, and an Honorary Consultant Physician with NuTHFT, has been appointed as Associate Medical Director for Research and oversees research activity within the Trust. Professor John Simpson has been appointed as Clinical Director, Research & Development, and oversees our research delivery activity at an operational level within the organisation.

2013-2014 has been a spectacular year in terms of growth from the previous year, culminating in the Trust being recognised as one of the most successful recruiters to National Institute for Health Research (NIHR) portfolio studies. The Trust also contributes the largest proportion of activity towards the Northumberland, Tyne & Wear Comprehensive Local Research Networks’ success as the highest recruiter of participants into portfolio studies in England. There were 456 NIHR portfolio studies running in Newcastle over the period with recruitment into these studies up from 34% to 37% on the previous year with over 14000 participants taking part in portfolio studies. With the appointment of Professor John Simpson our priorities have shifted towards not simply recruiting the highest number of participants in the Trust per head of population but also improving the quality of these portfolio studies and the proportion of these that are led from Newcastle. In addition there is a drive to increase our commercial activity and over the last year the Trust has increased the number of commercial studies it participates in by 21%.

In addition to the changes in the Research Department, the second arm of activity in this area has been the successful bid to host the new Research Network for the National Institute for Health Research across the North East and North Cumbria. NIHR LRN: North East & North Cumbria is now at the centre of research delivery across the region and led from the Trust. Professor Steve Robson is Clinical Director for this new Network which has the ultimate aim of enhancing the health and wealth of the people living in our region.

A further innovative development within the new structures in the Research Department outreaching into the clinical activity in the Trust is the designation of a number of Clinical Directorates as Academic Clinical Directorates. These Academic Clinical Directorates have explicitly identified Academic Directors who integrate fully into the management structures of the Clinical Directorates. They are very much seen as areas of considerable academic strength with the intention that they will disseminate and foster good practice and drive up academic standards within our clinical services. This initiation recognises the considerable scientific evidence that units and departments that are academically active have better outcomes for patients.

The Trust has been recognised as one of the most successful recruiters to National Institute for Health Research portfolio studies.
Median Working Days for Approval by Category (Quarter on Quarter)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>31</td>
<td>12</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

Number of Studies Approved by Category

<table>
<thead>
<tr>
<th># of studies approved by category (quarter on quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>2013-2014</td>
</tr>
</tbody>
</table>

Non-Commercial (Non-Portfolio) | Portfolio Non-Commercial | All Commercial (Portfolio and Non-Portfolio) | Total No. For Quarter | Total For Year

Non-Commercial (Non-Portfolio) | Portfolio Non-Commercial | All Commercial (Portfolio and Non-Portfolio) | Total No. For Quarter | Total For Year

45 31 22 27 65 9 18 58 43 33 91
NHS Trusts significantly boost research in the North East and North Cumbria

Clinical research is on the rise in the NHS, and several of the regions NHS Trusts are helping to spearhead the trend highlighted by new figures published in a league table.

Produced annually by the National Institute for Health Research Clinical Research (NIHR) Network, the research delivery arm of the NHS, the league table shows the number of studies undertaken by each NHS Trust from April 2013 to March 2014, and the number of patients who volunteered to take part in clinical research.

The league table has revealed that The Newcastle upon Tyne Hospitals NHS Foundation Trust is the top Trust in England, for the number of clinical research studies undertaken last year. In addition a number of other Trusts within the North East and North Cumbria region have also increased the number of clinical research studies they have undertaken within the past year.

Clinical research is a vital part of the work of the NHS, contributing to the drive for better treatments for all NHS patients and providing evidence about “what works” so that treatments for patients can be improved. In addition, there is research evidence to show that patients have better outcomes in hospitals and surgeries that are research active – even if they don’t actually take part in a study themselves.

Jonathan Sheffield, Chief Executive Officer of the NIHR Clinical Research Network spoke of our region:

“It's great to see a real appetite for research in the region. I would like to thank all the patients and carers who have taken part in research, and thereby made a contribution to improving NHS treatments for everyone.

“I would also like to congratulate the Trusts in the North East and North Cumbria area for increasing their number of studies. We know that research is something that patients really value and these Trusts are creating the opportunities for patients to get involved.”

The clinical research league table is available at: www.crn.nihr.ac.uk/annualstats

Patients and carers who want to find out more about clinical research can visit: www.nhsresearch.org

Some examples of our achievements in research over the last year include:

• Diagnostic Evidence Cooperative – one of 4 National Awards

The NIHR has awarded £4 million across four Diagnostic Evidence Cooperatives (DECs) nationally which have been funded to catalyse the production of evidence in vitro diagnostic medical devices that are near adoption. Primarily, they focus on research on clinical utility, health economics, and human factors. Newcastle (Simpson) was successful in securing one of the four centres, along with Leeds, London (Imperial College) and Oxford. The network of DECs and their collaborators from the NHS, industry, and academia provide a wide and deep range of expertise and resources, which can be accessed via the DEC. Newcastle will be focusing on testing the effectiveness of new diagnostics tests for cancer, cardiovascular, liver, musculoskeletal and respiratory diseases, stroke, genetics, infections, and transplantation.

• Rare Diseases TRC - BioResource

The NIHR BioResource – Rare Diseases has been established to identify genetic causes of rare diseases, improve rates of diagnosis and to enable studies to develop and validate treatments; thus improving care for those with rare diseases and their families; thus improving care for those with rare disease and their families. The BioResource itself is already working across a number of the NIHR Biomedical Research Centres (of which Newcastle is one) and Newcastle (Chinnery) was invited to augment the resource.

Newcastle has been involved in another aspect of the Rare Disease Report involving work led by Professor John Burn as NIHR Genetics Lead. An agreement called the NIHR UK Rare Genetic Disease Research Consortium Agreement had been made and that this allowed lead NHS site R&D approval for all 23 UK Regional Genetic Services for clinical (nonCTIMP) research studies.
**Prime Minister backs Pfizer and Newcastle INSPIRE Partnership**

Newcastle Hospitals has become the very first clinical research organisation in the UK to be awarded INSPIRE site status by Pfizer, under its INSPIRE (Investigator Networks, Site Partnerships and Infrastructure for Research Excellence) programme. The INSPIRE partnership is very much in line with the Government’s aim to make the UK a world leader in life sciences.

Prime Minister David Cameron said: “I am delighted that Pfizer has chosen Newcastle Hospitals Trust to be one of its international sites for clinical research. This decision shows that our efforts to cut bureaucracy and to encourage more businesses to expand in the UK are succeeding. The UK is now a much more attractive location for clinical trials.”

Pfizer and Newcastle Hospitals will share expert knowledge and experience of medicines research and as a Pfizer-preferred international site for potential future research studies, patients treated at Newcastle Hospitals could be the very first in the world to have access to the latest advances in treatments through clinical trials.

---

**NIHR Senior Investigators**

Senior Investigators are the NIHR’s pre-eminent researchers and represent the country’s most outstanding leaders of clinical and applied health and social care research. Senior Investigators are fundamental to the formation of the NIHR Faculty. Over two hundred NIHR Senior Investigators have been appointed through annual competitions informed by the advice of an international expert panel. Currently Newcastle has 11 Senior Investigators, with Professor David Jones being newly appointed and Professor Ian McKeith having his term renewed.

**University awards**

- Newcastle Brain Tissue Resource secured additional funding from the Medical Research Council (MRC) as part of its renewal, obtaining an additional £1.2million to further its work.
- An MRC award to Professor Jones for: “Stratified Medicine in Primary Biliary Cirrhosis (PCB) Understanding Disease Mechanisms and Targeting Therapies (UK-PBC)”. Valued at £2.3million.
- Dr Anna Basu was awarded an NIHR Career Development Fellowship in the sum of £760,000.

**Medical Research Council Centre for Neuromuscular Diseases - renewal awarded**

As one of the premier centres for developing and delivering clinical research Newcastle Hospitals are at the forefront of improving clinical services in the NHS and bringing with that better outcomes for our patients.

Julia Newton, Associate Medical Director (Research) & Dean of Clinical Medicine
John Simpson, Clinical Director Research & Associate Dean for Clinical Research

---
RESEARCH which could help muscle injury patients recover quicker has been given a cash injection by a generous Tyneside businessman.

Meenu Malhotra, chairman and chief executive director of the Newcastle-based Malhotra Group, has made a personal donation of £100,000 to the Newcastle Healthcare Charity to fund research which will help elderly and trauma patients.

The money will go to a project involving Newcastle University’s Faculty of Medicine and the Orthopaedic Trauma Department at the Royal Victoria Infirmary (RVI) which will examine the patterns of muscle injury.

It will look specifically at the molecular basis of muscle injury in orthopaedic patients with a view to helping develop improvements in clinical care and reducing post-op recovery times.

Professor David Deehan, consultant orthopaedic and trauma surgeon at the RVI and Freeman Hospitals said: “I am delighted to accept Mr Malhotra’s extremely generous donation to the Newcastle Healthcare Charity.

“This will enable us to fund this important research study into muscle injury. We already know that major injury is associated with dysfunction of the skeleton and other organ systems for example, the lungs.

“However, one of the major factors in successful recovery is how quickly normal muscle activity can return.

Professor Doug Turnbull will oversee research at the neuromuscular laboratory at Newcastle Faculty of Medicine with help from specialists at the RVI’s major trauma centre.

Mr Malhotra said: “Having travelled to many countries, I firmly believe this region is second to none in terms of its patient care and in the use of pioneering technologies and we should all be very proud of our hospitals and their achievements. The North East has been at the forefront of many strands of clinical research, with both the RVI and Newcastle University leading the way. For some time now I have been looking for a means to give something back to the care community and am delighted and very proud to make this heartfelt donation.”

By Rachel Wearmouth
Reporter
rachel.wearmouth@ncjmedia.co.uk
Unlocking DNA to lead world in medical research

£300m genome project gives hope to millions... and we’re at the centre.

Researchers in Newcastle are in the process of recruiting thousands of patients so their genome - material encoded in them and their families DNA - can be sequenced for the 100,000 Genomes Project.

The scientists will then examine the results so they can begin to understand the processes that cause the disease.

It is ultimately hoped that, in time, this will lead to better tests, drugs and treatment, that will give millions suffering from rare and life-threatening diseases “hope for the future.”

Nothing on the scale of the 100,000 Genomes Project has ever been attempted anywhere before.

Along with Newcastle, Cambridge and London have also been established as test centres.

Scientists expect the project to be pivotal to the development of future personalised treatments based on genetics.

Researchers in Newcastle, supported by Newcastle Upon Tyne Hospitals NHS Foundation Trust, will be looking in particularly at rare diseases.

Simon Stevens, chief executive of NHS England, who began his career in the North East, said: “The NHS is now set to become one of the world’s ‘go-to’ health services for the development of innovative genomic tests and patient treatments.

“The NHS’ comparative advantage in unlocking patient benefits from the new genomic revolution stems from our unique combination of a large and diverse population, with universal access to care, multi-year data that spans care settings, world-class medicine and science, and an NHS funding system that enables upstream investment in prevention and new ways of working.”
The Newcastle upon Tyne Hospitals

NHS Foundation Trust

THE INSTITUTE OF TRANSPLANTATION

Healthcare at its very best - with a personal touch
MOTHER Freda Carter bravely agreed when her son John died of a brain tumour that his heart should be donated to save the life of a stranger.

Now, by an astonishing twist of fate she has met the recipient – and felt John's heartbeat again.

Freda, 66, attended a memorial service for organ donors and as one of the thankful beneficiaries stood up to deliver a reading, she sensed her son's presence in the room.

“I turned to my husband and said: He has got our John's heart!” Freda recalled yesterday.

“Something inside me, I am not sure what, just knew it was him.”

Scott Rutherford, 20, who was given John's heart as a youngster, said: “The day when we met was unbelievable, it was some sort of miracle.”

John Carter, a spray painter, died aged 33 in 2008. Freda, his father also called John, 70, his widow Andrea, 37, and his sister Julie, 43, agreed that his kidneys, liver and heart should be donated to save others.

The family, from Sunderland, Tyne and Wear, had always wanted to meet the person who had been given John’s heart but strict rules forbid this unless the recipient specifically requests it of their own accord.

All they knew was that the man whose life had been saved by their son was called Scott, and had been 14 when the transplant took place.

Then at the memorial service in November last year Freda and John met Scott by sheer chance.

Freda recalled her joy over the miracle meeting, six years after her son’s death.

“I was gobsmacked”, she said. “Scott came up to me and opened his arms and gave me a huge hug.

“He said he would be eternally grateful for what we have done for him.

“I asked him if I could feel John’s heart beat and he let me. It was all that I wanted.” Freda’s husband, a retired engineer, added: “We are over the moon for Scott. John lives on through him.”

Scott, from North Shields, was born with his arteries the wrong way round and when he received John’s heart he was just hours away from death.

He said: “When I was growing up, I had barely any life. I was miserable and when my heart problems got worse I just wanted to die.

“I am unbelievably thankful to John and his family for everything that they have done for me.”

“The day when we met was unbelievable, it was some sort of miracle.”

Scott has gone on to become an actor.

Lynn Holt, heart and lung transplant coordinator at the Freeman Hospital said: “This case is a one-off situation.

“It was completely coincidental as Scott was a guest speaker at a service where John’s family were attending.

“It is an amazing result and I know that Scott was so happy that he got to meet the family, even if it was such an unusual situation.

“He was over the moon and at last sent them a thank you letter.

“That is something which he has wanted to do for years.”

Freda with her husband John yesterday. She said her greatest wish was to meet the boy given her son's heart...
Newcastle woman’s hearing restored thanks to special implant

“I can hear the birds, the fizz of opening bottles... I’m realising what a noisy place the world is”

A woman who was one of the first in the North East to have a special hearing implant says her life has been transformed by the device. Layla Osselton has suffered from significant hearing loss as she has had serious, recurrent ear infections that caused damage to her hearing.

Earlier this year the 37-year-old was one of the first patients to be given a bone anchored hearing aid (BAHA) at Newcastle’s Freeman Hospital.

The discrete hearing device bypasses the middle ear and stimulates the inner ear directly through the skull in order for sounds to be heard.

Personal fitness instructor Layla, of Jesmond, Newcastle, who is married to Steve, 50, says the results of the BAHA have been astounding.

She said: “I never thought it would be possible that I could hear some of the sounds that I have. It is amazing, as I can hear things like birds in the street or the fizz of opening a bottle of sparkling water. I feel like I am fully engaged in the world now and I’m realising what a noisy place it is! It’s amazing. My hearing loss did impact upon my life as I lost confidence and I didn’t feel comfortable going out unless Steve was with me. Now I have so much more self-confidence.”

Layla had normal hearing until she was eight years old, when she began to suffer from chronic, regular ear infections. Blocked and swollen ear canals led to serious hearing loss with sound so muffled that she felt like she was permanently underwater.

Experts at Newcastle’s Freeman hospital fitted Layla with a new generation of hearing aid called Attract, which connects the sound processor to her head using two magnets, ideal for her active lifestyle. Traditional hearing aids were not a suitable option as they were ineffective.

Ian Johnson, consultant ear, nose and throat surgeon and director of Newcastle BAHA Centre, said: “Bone conduction hearing systems allow us to help patients who cannot be treated with traditional hearing aids. By using a small implant, we simply bypass problem areas and that means we can restore hearing that’s seriously deteriorated, or give someone the joy of being able to hear for the first time.”

The BAHA technology is developing at a fast pace as new sound processors and systems become available.
We have listened to feedback from our patients and visitors regarding access to our hospitals and have acted to improve links directly to our hospitals from major interchanges and the wider region whilst ensuring transport links are provided between our clinical services at the Freeman Hospital; Royal Victoria Infirmary; and The Campus for Ageing and Vitality (former Newcastle General Hospital site) as well as supporting services located at Regent Point providing sustainable and efficient transport of staff between each of these core service sites.

The Trust, working in partnership with Arriva North East have introduced new branded and accessible services which arrive directly at our hospital’s doors. Operating every 30 minutes from Regent Centre and the Haymarket in central Newcastle the new bus routes also improve access to our services for our patients and visitors from the wider region, in particular to those resident in South East Northumberland where the first stop for many of the express buses commuting from these areas is Regent Centre. With just one change, patients can be delivered to the doors of the Freeman Hospital or RVI within 12 minutes.

Our partnership with Arriva North East also presents a historical moment as service number 46 (connecting the north of the city to the RVI via the city centre) is the first public transport service to access the RVI in its history. The services also plug some current gaps in the public transport network which improve access to our hospitals from areas suffering high levels of social deprivation and low car ownership thereby reducing journey times to our leading services to patient groups most likely to be without a car and likely to have health issues.
Utilising the latest technologies to deliver molecular diagnostics and genomic services, NewGene is able to offer significant benefits leading to improved clinical delivery:

**TURNAROUND** - Clinically relevant turnaround times.
**RESPONSE** - Emerging clinical need can be met with rapid development of new tests.
**SAVINGS** - The high throughput capacity of the technology gives rise to savings in both time and cost.
**QUALITY** - An excellent track record in external quality assessment.
**FLEXIBILITY** - NewGene can develop a bespoke service to meet your specific needs.

**Integrated service provision**

By combining clinical and laboratory expertise with the use of state of the art technology NewGene is able to deliver a high quality, fast turnaround service at an attractive price. NewGene works in collaboration with clinicians to deliver a broad portfolio of tests for clinically significant inheritable disorders and for personalised medicine diagnostics for somatic mutations in cancers that are delivered using its high throughput DNA sequencing platforms. NewGene provides optimal services to NHS Trusts and overseas healthcare providers.

### Personalised medicine
- **RAS** testing for colorectal cancer
- **EGFR** test for non-small cell lung cancer
- **BRAF** testing in melanoma
- **TPMT** screening for adverse reactions in acute lymphocytic leukaemia
- **cKIT / PDGFR** for gastro-intestinal stromal tumors.

### Hereditary diseases
- Aortopathy gene panel
- **BRCA1** and **BRCA2** sequencing
- RASopathies testing
- aHUS genotyping
- Hereditary colorectal cancer panels
- Genetic testing in Familial Hypercholesterolaemia

### Haemato-oncology
- **BCR-ABL** monitoring for patients with chronic myeloid leukaemia
- CML mutation screening
- **JAK-2, MPL and CalR** testing in myeloproliferative disease
- Clonality
- Diagnostic testing

### Research and Development

NewGene is a leading provider of R&D support to the NHS, academic community and industry. NewGene's technology platforms combined with the expertise of its team offer exciting opportunities for research projects and clinical service development.
Familial Hypercholesterolaemia

Familial Hypercholesterolaemia (FH) is one of the most common genetic disorders, affecting around 1 in 500 people, and causes high levels of cholesterol in the blood. It is asymptomatic and if left undiagnosed can leave individuals at high risk of developing heart disease at a young age, often leading to premature death.

The key to improving outcomes is early identification and treatment, which can effectively eliminate the excess cardiovascular risk.

AHSN funding has been secured in order to develop genetic testing within a comprehensive regional FH service.

North East and North Cumbria Regional FH Service

The objective of the programme is to establish a coordinated regional service for FH; integrating primary care, specialist assessment within a lipid clinic and genetic testing of both index cases and family members.

The innovative approach taken by this consortium is the development of an adaptive regional strategy for FH diagnosis. In the pilot phase NewGene have designed a custom genotyping panel that includes those genetic mutations most commonly found to be the cause of FH in our region. If no mutation is found and the clinical indications are strong, patients will undergo full sequencing of the all relevant genes using next generation sequencing technologies in an attempt to find the underlying genetic cause of their disease. The impact of this two stage approach with the combination of rapid, low cost genotyping followed by comprehensive full gene analysis will be evaluated, on both the clinical service and the potential value for money to the NHS.

In parallel service developments the clinical infrastructure is being put in place in order to ensure the long term provision of FH services across the region; this includes the appointment of specialist nurses, investment in IT systems and commitments from all members of the Northern Forum of CCGs.

Partners

Established through a partnership between the Newcastle Hospitals NHS Foundation Trust and Newcastle University, NewGene is a pioneer in developing, validating and delivering molecular diagnostics using the latest high throughput sequencing and genotyping technologies.

For more information visit our website: www.newgene.org.uk

Telephone: +44 (0) 191 242 1923
Email: info@newgene.org.uk
We are one of the best performers nationally with 99% of patients receiving angioplasty (PCI) within 90 minutes (DOH target) of arrival at Freeman with an ST segment elevation myocardial infarction (heart attack); median time from arrival to having the culprit artery unblocked by PCI is only 22 minutes (known as door to balloon time) which is the best (shortest) time in the UK; call-to-balloon time (i.e. call for help from patient to PCI) within 150 minutes (DOH target) is 87.5%. This is shown on the exhibit below.
Freeman Clinics Ltd is a key facilitator in the integration of primary care services and healthcare delivery within the Trust’s regional scope of operations. Trading as a private company since 2008, it was and remains a pioneering initiative.

Freeman Clinics is an important component of the Trust’s ‘Better Together’ strategy, envisioning the delivery of seamless healthcare across primary, community and secondary care services.

Focus of Freeman Clinics activities remained unchanged in the Year under review, namely provision of Primary Care and walk-in facilities from sites at Battle Hill in North Tyneside and Ponteland Road in Newcastle upon Tyne, as well as Primary Care in Longbenton and Shiremoor, North Tyneside.

A broad range of clinics continue to be offered at sites with the objective of bringing the Trust’s quality services closer to patients. These include:

- Audiology
- Echocardiology
- Hepatology
- X-ray and Ultrasound
- Dermatology
- Ophthalmology
- Renal Anaemia
- Audiology
- Paediatric
- Dietetic

Further detail is available at the Freeman Clinics website. Please see: www.freemanclinics.co.uk

The year under review evidenced the continued popularity of walk-in facilities at Battle Hill and Ponteland Road, and also integration of the Earsdon Park practices at Longbenton and Shiremoor into the Freeman Clinics business. In addition, provision of further clinics is also under consideration.

Freeman Clinics continues to be alive to the broadest range of collaborative opportunities with Primary Care, whether by acquisition or venturing.

Freeman Clinics remains an important component of the Trust’s ‘Better Together’ strategy, envisioning the delivery of seamless healthcare across primary, community and secondary care services.
Patients benefiting from new Pharmacy outpatient service

Patients requiring medication following an outpatient appointment are now benefiting from a more convenient pharmacy dispensing service at the Freeman and Royal Victoria Infirmary hospitals, thanks to a new partnership between the Trust and Lloyds Pharmacy.

Earlier this year, Lloyds Pharmacy took over the management of the Outpatient dispensing services and Pharmacy shop at the Freeman Hospital and Royal Victoria Infirmary. The units were refurbished and to make them more spacious and comfortable for patients waiting and to include the new Lloyds branding.

Whilst Newcastle Hospitals retains overall responsibility for the quality and safety of the outpatient dispensing services, this partnership combines the strengths of the two different healthcare organisations; bringing together the operational effectiveness of Lloyds Pharmacy with Newcastle Hospitals’ own clinical excellence.

Lloyds Pharmacy has extensive experience of working successfully with a number of other hospital trusts, where they have significantly reduced outpatient dispensing waiting times and offered a range of additional services benefiting NHS patients.

Outpatient dispensary services are now available at the Royal Victoria Infirmary on Saturdays for the first time. Both the Freeman Hospital and Royal Victoria Infirmary dispensaries will also be open for longer each week.

Another significant benefit from this new arrangement will see the Trust’s pharmacy staff freed up from dispensing duties and therefore able to spend more time on wards and with patients discussing their medicines. More pharmacy staff on wards will improve inpatient discharge support and help patients to be discharged without delays.

This partnership will allow closer links between Newcastle Hospitals and Community Pharmacy, so that, when necessary, patients are able to receive ongoing support with their medicines when they leave hospital.

A ceremony to mark the reopening of both outpatients’ dispensing pharmacies was held at the Royal Victoria Infirmary in May 2014.

The Outpatients’ Pharmacy at the Royal Victoria Infirmary (Queen Victoria Road near Newcastle city centre) is open from 8.30am to 6pm Monday to Friday and from 9am to 12.30pm on Saturday. The Outpatients’ Pharmacy at Freeman Hospital, Freeman Road, High Heaton, is open from 8.30am to 6pm Monday to Friday.

The ribbon was cut by Sir Leonard Fenwick, Chief Executive and Neil Watson, Director of Pharmacy and Medicines Management at the Trust, along with Andrew Willetts, Public Sector and Healthcare Services Director of Celesio UK, Lloyds Pharmacy parent company.
New brand identity for Pharmacy Production Unit

In February 2014, the Trust’s Executive Directors approved a new brand identity for the Pharmacy Directorate’s Pharmacy Production Unit – Newcastle Specials.

Newcastle Specials is a Medicine and Healthcare Products Regulatory Agency (MHRA) approved NHS Pharmacy Production Unit based at the Royal Victoria Infirmary and in the Northern Cancer Care Centre at the Freeman Hospital.

It boasts a purpose-built production facility and NHS lead unit status in the North East of England. Operating under a ‘Specials’ licence and Investigational Medicinal Products licence are a team of 50 skilled technical staff responsible for delivering high-quality manufactured products to bespoke and exacting requirements.

Through the supply of unlicensed medicines to Community Pharmacy and other NHS hospitals, Newcastle Specials already generates a healthy income for the Trust. However, by having a unique brand identity, Newcastle Specials is now able to develop a robust marketing plan so that the unit can promote its products and services to a much wider audience. This should lead to increased business opportunities for Newcastle Specials and therefore help grow new income which helps to improve the services and facilities for our patients at the Freeman and Royal Victoria Infirmary hospitals.

A Byteful of Sugar: Medicines Optimisation and Electronic Prescribing in Newcastle Hospitals

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from medicines.

The introduction to the 2001 document: ‘A spoonful of sugar’ identified that: “Optimising the use of medicines is central to the quality of patient care in hospitals”.

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.

The same document went on to describe strategies for optimising medicines management; one of these included computer technology. Electronic prescribing reduces medicine errors significantly by providing timely, legible information. Computerised systems containing rules to prevent incorrect or inappropriate prescribing have also reduced the incidence of prescription errors and increased the appropriateness of medicine treatment.

Newcastle Hospitals implemented an electronic prescribing system on our adult in-patient wards in 2009. In the subsequent five years, working closely with in-house informatics development colleagues, the Pharmacy team have continued to develop and make improvements to the system.

Since the start of this year, the system now allows for the real-time identification of high risk patients and enables the correct targeting of appropriate clinical pharmacy resource to support those patients. The development was integral to a significant service change for the pharmacy department in which clinical services were extended to weekend and out of hours working. The aim of the targeted service was to make clinical pharmacy services proactive rather than reactive; enabling them to be more efficient and help staff identify their own workload rather than relying on referrals or queries from the wards.

The new software upgrade to the electronic prescribing system was launched in early 2014 and was initially planned for use solely in extended hours. It was quickly apparent, however, that targeted working had significant benefits in regular hours too and it has now become an integral part of the clinical pharmacy service.

Whilst the targeted system is relatively in its infancy the Pharmacy clinical team believe it represents a fundamental change in how clinical pharmacy services are delivered and will be a significant help in the fight to improve medicines optimisation.
£30m to save even more lives at our amazing heart unit

Hospital bosses have announced plans for a £30m expansion to its world-beating heart unit that will help it to save even more lives.

The Freeman Hospital’s Cardiothoracic Centre in Newcastle is already a regional and national centre of excellence for the treatment of young patients.

Now plans have been revealed for a new three-storey unit at the site which will build on its outstanding work.

It is hoped the new building could open in 2016.

Hospital bosses in the North East have set aside uncertainty over the future of vital children’s heart services by announcing a £30m expansion of facilities.

Planning permission has been sought for the development of Newcastle Freeman Hospital’s Cardiothoracic Centre, which is a regional and national centre of excellence for patient treatment.

The specialist service provides care for all types of children’s heart and respiratory-related conditions. Newcastle Hospitals is the only trust in the UK to provide all cardiac care from conception, through birth, childhood and adulthood.

The move comes at a time when uncertainty surrounds the future of heart services in the region as the national review of Congenital Heart Disease (CHD) continues. The review is looking at whether child heart surgery should be concentrated at fewer, larger centres.

Sir Leonard Fenwick, chief executive of Newcastle Hospitals NHS Foundation Trust, said the development plans were established when an initial review by NHS Safe and Sustainable ruled the Freeman Hospital should continue doing children’s heart surgery. This decision was later overturned and a new review put in place.

He said: “It is a ground-breaking development building upon more than 30 years’ success in pioneering health care. The plans arose as part of the initial Safe and Sustainable review, which disappointingly floundered. However, children are there to be treated and cared for so there is a need to continue with investment.

“The new centre is an expansion to the current services. It is to provide more modern, sustainable conditions and intervention care, to build upon what already exists.”

Demand for cardiothoracic expertise at the Freeman Hospital has grown substantially over the unit’s history since first opening in 1977. This is particularly relevant to children’s heart services, where location and standards for treatment and recovery areas have developed in response to the complexity and long-term nature of treatment.

The children’s heart unit undertakes complex congenital heart surgery that cannot be performed in any other centre. The unit treats children who are in the most at-risk group and accepts referrals from every UK and Republic of Ireland children’s heart unit.

Plans have been put forward to build a new development on the south-western part of the Freeman Hospital site. The proposed building will sit alongside the regional cardiothoracic centre.

The three-storey facility will include a 20-bed paediatric intensive care unit, an 18-bed inpatient ward, cardiothoracic operating theatre and catheter laboratory suite.

It is hoped that building will begin in May next year with the new centre open to patients by November 2016.

Newcastle East MP Nick Brown said: “This is a great vote of confidence in the provision of cardiac services at the Freeman. I strongly support the hospital management’s decision to back our world renowned Centre of Excellence.”

Plans for the proposed development were on display yesterday in the atrium of the Institute of Transplantation at the Freeman Hospital.

Last week ministers announced another delay in the review of the country’s heart units. No date has yet been set for a final decision.
UK's youngest heart-op baby

Life-saving surgery just minutes after birth

BY GRACE MACASKILL
AND DAPHNE LAMBI

LITTLE Chanel Murrish is Britain’s youngest ever baby to have open heart surgery – just minutes after being born.

Her chances of survival had been so low before her birth that her parents Fay and Micheal were twice offered a termination. But the couple refused to give up on their daughter after a scan during Fay’s pregnancy showed the tiny fighter giving the thumbs-up.

Now, at five weeks old, Chanel is going from strength to strength having got through not just the first operation but a second procedure at the age of just seven days.

Fay, 24, said: “Chanel has proved she is determined to live. I’m so proud of her. The doctors say one in three million babies are at risk of the same condition. “Before she was born the specialists said she might not survive birth but we couldn’t face a termination. “I know she wanted to live because she was giving a huge thumbs-up at her scan. It was like she was telling us everything would be OK.”

Chanel was delivered by caesarean at Newcastle’s Freeman Hospital. Almost immediately surgeons operated on the 7lb tot, placing a stent in her heart. This kept her alive long enough to have the first operation for a condition called hypoplastic left heart syndrome, which meant only one half of her heart was beating.

Fay said: “It was awful. I didn’t even get a chance to hold her before she was taken away.”

TRANSPLANT

Fay had a straightforward pregnancy until her 20-week scan at Sunderland Hospital during which she was told of her baby’s condition.

When the couple were referred to a specialist at Newcastle’s Royal Victoria Infirmary they were offered their first termination.

Fay said: “We were told Chanel could have operations but would only have a 50/50 chance of surviving the first and would need two more. “Even then her life expectancy would only be to young adulthood and she would eventually need a heart transplant. “When you hear that you wonder if you should bring a child into the world. “But Chanel started kicking. There was no way I could have a termination.”

Later in the pregnancy Fay and Micheal, of Seaham, County Durham, were again faced with the agonising decision of whether to terminate the pregnancy because doctors also found problems with her heart’s blood flow.

Fay said: “The options were putting Chanel through the operations with a 20 per cent chance of survival, a termination or I could give birth to her and let her slip away peacefully.”

But they decided to give her a chance and not only did she survive her first surgery she then pulled through a seven-hour operation just seven days later.

Soon after the couple’s sons, Chase, four, and Cole, 22 months, were able to meet their sister for the first time.

Fay said: “For now we’re living in the moment and enjoying our beautiful baby daughter.”
Heart tsar: Surgery at Freeman is best for all

Helen Rae
Health Reporter
helen.rae@ncjmedia.co.uk

A LEADING medic has said he believes an initial proposal to keep children’s heart surgery in the North East would be the correct decision for youngsters.

Former national ‘heart tsar’ Sir Roger Boyle suggested that children’s heart surgery should remain at Newcastle’s Freeman Hospital.

Five years ago, NHS Safe and Sustainable conducted a detailed review into the future of children’s cardiac surgery after experts insisted there is a need to streamline services into fewer, more specialised units.

It was recommended that the Freeman Hospital should continue to provide children’s heart surgery and Leeds General Infirmary, Glenfield Hospital in Leicester and the Royal Brompton in London should cease to do so.

Yet that ruling was overturned when Health Secretary Jeremy Hunt ordered for NHS officials to re-evaluate the decision.

Yesterday Sir Roger Boyle, who was head of the National Institute for Cardiovascular Outcomes Research, told Radio 4 he believed the initial proposal should remain, but suggested it may not.

He said: “The original plan was that the Leeds unit should move to Newcastle, that the Leicester unit should move to Birmingham and that there should be only two centres in London, rather than three.

“That would be my continued advice, because having sat through all the very lengthy and meticulous debates about how we might come up with the best solution, I was convinced that was the right solution. But I don’t see there is very much chance of that happening.”

Sir Roger insisted there had been an “overwhelming consensus” in about 2006 that the NHS needed fewer, larger child surgical centres that could provide a “comprehensive and safe service”.

He added: “That principle I think is still adhered to by many, but it looks as if the establishment has turned their face against it.”

Sir Roger’s statements come on the back of a report into paediatric cardiology at Leeds General Infirmary which showed that mortality rates are safe, however, it was highlighted that some families of very ill children received poor care.

Last night, Sir Leonard Fenwick, chief executive of Newcastle Hospitals NHS Foundation Trust, said he was confident that children’s heart surgery will remain in the region as the Freeman has “a world class unit.” In June it was announced NHS England would lead the new Congenital Heart Disease (CHD) review to ensure services for both adults and children with CHD are provided in a way that achieves the highest possible quality. Findings of the review will be released later this year.

Dr Mike Bewick, Deputy Medical Director at NHS England, said: “As part of our national review of congenital heart surgery, we are developing a new set of national standards that providers will have to meet.”

Our ace of hearts

THE Government’s meandering progress towards a decision on where in Britain children's heart units should be located continues to be a source of frustration.

The decision was made once (correctly) and then unmade.

Last week, yet more delays over a final decision were announced. No date had been set for a final decision. Every unit remains in limbo.

The decision-makers may be twiddling their thumbs - but here in the North East we are pulling our fingers out.

The heart unit at the Freeman Hospital is already doing wonderful work and it is good to see that the uncertainty at a national level will not prevent the expansion of that unit.

We already have more than enough good reasons to keep the Newcastle unit open. This is one more.
The challenges facing the NHS over the coming years are significant. The need for efficiency and innovation is greater than ever, this being no more so than the care and support provided to patients outside the traditional hospital environment.

Arising out of the positive signals from Government (circa 2009) to bring about a more cohesive “joined up” NHS, the time was right for a Foundation Trust to take such matters more seriously.

In 2010, the Council of Governors launched a manifesto - ‘Better Together’ to improve services across pathways, enabling improved chronic disease management, earlier discharge and hospital avoidance where appropriate. The Trust saw partnership with Primary & Social Care as pivotal.

A responsibility of care

Most patients know that when they seek help for say a fractured limb in A&E, arrange a vaccination for their child at a Clinic, require treatment for bronchitis at their GP Surgery or have an insulin injection at home, they are using the NHS. What they are often unaware of is that it is made up of separate elements which have differing policies and practice, hence can tend to communicate ineffectively with each other, duplicate work and in certain respects compete.

Care is delivered by distinct organisations and in rather different ways, all of which leads to variable standards in the quality of care, inefficient working practices and on occasion engendering confusion and frustration amongst patients and carers.

We know this is a challenge - but it is a challenge we are facing up to. Through ongoing commitment to collaboration and partnership working we have been able to develop good, robust relationships with GPs. The patient centred partnership approach is enabling faster innovation, a move towards prevention as well as treatment and provide better care for less cost. However it is only the beginning.

The overriding objective - Once and for all putting the patient at the centre of healthcare provision

It is crucial that Primary and Community based healthcare services take centre stage in the health and social care system of the future. This was previously articulated by the Trust as far back as 2007 and continues to be one of our strategic priorities.

Patient centred care ensures that the transitions between providers, organisations and health care settings are co-ordinated and efficient and at all times involve patients and their families in the design of care. In the current scenario there is too much focus on the system itself and not the needs of the patient.

We know that individual healthcare professionals already try to work effectively across competing organisations. However, our view is that truly effective collaboration between healthcare professionals is not achievable while tensions exist at an organisational level and separate organisations which promote distinct and rather differing agendas. Creating a single system of healthcare delivery across all services is the only option which ensures people get the very best of care throughout their illness and ongoing support where called for. Moving in and out of hospital is complex with all the processes and transactions associated with admission, discharge, follow up and ongoing care. There are increasing alternatives to hospital-based care and opportunities to discharge patients much earlier. This requires integrated pathways of care where quality and safety are not compromised and the patient is at the heart of such pathways. To do this the boundaries as things stand between community/primary and hospital-based care must be eliminated and we are determined to see this brought about.

The patient centred partnership approach is enabling faster innovation, a move towards prevention as well as treatment and provide better care for less cost
The key features of a single, integrated system of healthcare delivery:

**Integration** - single assessment and care management processes, organised and planned transfer of patients as they move through the system; teamwork and communication amongst healthcare professionals.

**Innovation** - a constant and relentless drive to improve the quality of care and patient experience.

**Convenience (of time and place)** - where patient needs are met closer to home, in a minimum number of appointments.

**Continuity and flexibility** - where the same individual professional co-ordinates care (the GP is well-placed to undertake this role) and complete patient information is held securely in an electronic record.

**Technology** - being used in a more effective and intelligent way.

**Evidence-based practice** - with redesigned care pathways.

**Ensuring access to best in class** which support training and education to sustain a world class workforce inside and outside of hospital.

**A range of Consultant-led training initiatives** for Primary Care Teams.

**A pro-active Wellbeing for Life Board** hosted by Newcastle City Council linked to our community based Future Needs Assessment and the nationally inspired Better Care Fund initiatives do serve to engender a backdrop of change.