

Insight

Spring 2015
Issue 54

FREE
magazine



Extra team members join expanding A&E

New, larger resuscitation area
doubles capacity for most seriously
ill patients – See pages 5-7

WIN

Free tickets to
Anything Goes
SEE BACK PAGE

Northampton General Hospital

NHS Trust





All members of **NHS** staff will receive free carpets when you reserve your home at Highgrove Fields

Dreaming of a new home...

Find your new dream home at
Highgrove Fields

Highgrove Fields offers a range of 3, 4 and 5 bedroom family homes. Each home has been finished to a high specification with contemporary style kitchens and bathrooms as well as generous living spaces. Highgrove Fields is perfectly placed to offer the best of both worlds, located on the edge of the picturesque village of Duston with easy access to Northampton and the M1.

3, 4 & 5 bedroom homes priced from £217,950



Buy your new home with just a 5% deposit*

Highgrove Fields

Tollgate Way, Duston, Northampton, sat nav NN5 5TW
Open 7 days a week 10am to 5pm

Call 01604 589433
westleighbhomes.co.uk



@WestleighHomes

*Subject to Help to Buy scheme rules. Mortgage offer is subject to application and status. Full details of the mortgage product are available through an independent mortgage advisor



Give a child a
brighter future.
Foster with TACT.



If you have a caring nature, time, energy and a spare bedroom, you could provide a young person with a happy home. In return TACT offers tailored training, 24/7 support and a generous allowance. Plus, as a **charity**, we invest surplus income back into additional support and activities for young people in our care.

TACT works with a wide range of children, however we are particularly interested in finding foster carers for young people aged 12+, sibling groups and children with complex needs.

If you think you've got what it takes to foster get in touch today.
Email **kettering@tactcare.org.uk** or call **01536 738437**.



tactcare.org.uk

Registered charity numbers: England & Wales 1018963. Scotland SC 039052.

Fundraising headshave for cancer doctor Jo

A Northampton doctor who has treated more than 10,000 cancer patients is preparing for a close shave, having decided to sacrifice her flowing locks to raise money.

Cancer specialist Dr Jo Inchley is hoping that shearing her blonde tresses will help to raise £5,000 towards the cost of refurbishing the chemotherapy suite at Northampton General Hospital.

Jo, a specialty doctor in clinical oncology, has worked at the hospital for 14 years treating patients undergoing chemotherapy. She said: "Hair loss is such an outward symbol of cancer treatment and it can be the most distressing part of the treatment process for some patients. I've spoken to some of my patients about having my head shaved and they've been very supportive.

"We're seeing increasing numbers of patients receiving cancer treatment and that's largely because treatments are getting better. We

have a greater range of options for treating patients and we have longer treatment cycles. That's obviously really good news but it means that we've outgrown the facilities for our day patients. We need to invest in an upgrade of the chemotherapy suite to make their stay more comfortable and improve the working environment for the team.

"I'm a bit nervous but it's a privilege to raise money for the hospital where my husband and I both work and where I was born."

Originally from Wollaston, Jo still lives in the county with her surgeon husband Rob Hicks and their three children.

Jo will have her hair shaved on Friday 13 March. Her hair will be sent to the Little Princess Trust which makes wigs for children undergoing cancer treatment.

To find out more or to make a donation to the Chemotherapy Suite

Dr Jo Inchley



Refurbishment Appeal visit Jo's just giving page at <https://www.justgiving.com/Jo-Inchley>.

The appeal is being coordinated by Northamptonshire Health Charitable Fund. For more information contact 01604 545857/545091 or email greenheart@ngh.nhs.uk.



I'm a bit nervous but it's a privilege to raise money for the hospital where my husband and I both work and where I was born.



Insight

Spring 2015



Editor: Peter Kennell 01604 523871
(peter.kennell@ngh.nhs.uk)
Advertising: Octagon Design & Marketing Limited
01909 478822

Insight is a free magazine, and we encourage our patients and visitors to take one home with our compliments. Please pass it on to a friend or relative when you have read it. Printing and design of the magazine are provided free of charge in return for the revenue from advertisers. No NHS or charitable donations are used to fund its production.

CHIEF EXECUTIVE'S COLUMN

Time to plan for the future

It is the time of year when we have to set out our hospital plans for the new financial year, which runs from April to March. This year our thoughts are much broader in scope than usual, and have been increasingly turning to planning for the future with our commissioners, with other hospitals and with community and social services.

We need to do this because we know that to be a sustainable hospital we will need to be more efficient internally, and we will also need to work more efficiently with primary care, social care, commissioners and other hospitals. If we can succeed in developing a sustainable business plan then we will also be able to access cash for investment.

We must make sure that we focus firstly on the priorities, that address any immediate and emerging clinical risk issues. We also need to make sure that we are really considering patient needs across all services. Unless we make immediate efficiencies across the organisation we know that we will not be able to make any other commitments to invest in services this year. For that reason we will be ensuring that during the year the impact of all investment and all interventions is measured both in quality terms and in terms of cost and that as and when we are able to release funding during our programme of transformation and change we do this in a planned way.

At the end of January the Trust Board approved our clinical strategy, which has been the culmination of discussions both here at NGH and across the health and social care economy. This strategy sets out our approach and ambitions for our future services.

Because the strategy was published within our board papers – which are public documents – it was inevitably picked up by local media, who focused on our long-term plan for the site, which they estimated would double the size of the hospital.

In fact from our perspective it was a simple matter of outlining an ambition for the future – providing a sense of direction and an overview of what we want to do, rather than a firm plan.

We will translate the strategy into a plan – and for that we will need to make sure we are all working together in a way that makes best use of all our resources. We won't be able to do this without a transformational change in the way we do things.



In order to be able to develop a sustainable hospital service for the future – and in order to be able to realise our clinical strategy – we have to make our services more efficient. We may have to make difficult decisions about what to prioritise, and we will need to ensure that any changes to services improve quality and meet patients' needs, and not just reduce cost.

More detailed plans about how we do this are yet to be finalised, and our frontline staff need to be involved in this process because they know best what patients want. Staff are becoming used to hearing me say that all of us at NGH have two jobs – one to deliver care and one to improve care. We need to have three aims for the patients we serve: good care for the patients in front of us; good care for the population we serve; and value for money for the taxpayer.

There is a quote I'm fond of which picks up on this, and which we are using in some of our leadership training material. The fact that it comes from a physician who is not only very famous for his impact on clinical matters, but also practised in the 19th century, only makes it more effective. It's by Sir William Osler, who wrote this when he was in charge of John Hopkins Hospital in Boston.

"Medical care must be provided with the utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated."

Dr Sonia Swart

Chief executive

Emergency department continues expanding >>

A year-long expansion of our A&E department continues with the opening of a new area in which to treat the most seriously ill patients



Some of our A&E staff in the new unit: clinical educator Michelle Buckenham, consultant Dr Tristan Dyer, directorate manager Katherine Vanham, matron Jason King, consultant Dr Fiona Poyner, and sister Jessica Gibbs.

New resuscitation unit doubles capacity

Another phase of the continuing redevelopment of our accident and emergency department has seen the opening of a new 10-bed resuscitation unit for seriously ill patients. The £1 million unit allows us to care for twice as many patients needing intensive medical and nursing care.

Sister Jessica Gibbs said: "This new resuscitation area means we have the equipment we

need, the space we need and now the nursing staff to look after patients until they are well enough and stable enough to move to intensive care or to another ward or hospital."

The new unit has specialist equipment for treating critically-ill babies as well as facilities for delivering a baby urgently. There's also a specialist bay with dedicated facilities for stroke cases.

Dr Fiona Poyner, A&E consultant, said: "We are seeing increasing numbers of patients coming into resuscitation needing intensive medical and nursing care. They rose from 8,500 in 2013 to 10,000 last year.

"The new area means we now have the kit we need in one place, we have more space and less need to move patients about. It's definitely a better deal for our patients."

“
It's definitely
a better
deal for our
patients.”



Pharmacy staff join A&E



Pharmacy staff have been introduced to our accident and emergency department during busy periods to support patients with better care when they're in hospital.

Medicines management technician Pam Bhambra and clinical pharmacist Anna Gordon Brown have volunteered to work their normal weekday hours over the weekend as this is where pressure is normally highest. They support the A&E nurses, doctors and consultants to optimise the use of medicine, helping improve the flow through A&E and improving the level of care delivered to patients. The initiative also releases nurses' time to concentrate on other clinical care.

Gill Williams, principal pharmacist, clinical services at NGH, said: "By including experts on medicines in clinical teams it can reduce the potential for errors in prescribing and administration, reduce delays in getting medicines to patients, ensure patients are prescribed all of their regular medication and in some cases mean that patients' problems can be sorted without them needing to be admitted to a ward.

"The use of medicines has become increasingly complex with many patients on multiple drugs. Pharmacists working within our A&E department can contribute directly to patient care in distinct ways. The A&E Pharmacy team's focus will be to ensure that the right medicine is available at the right time for attending patients. They will also assist in the identification of medication issues and problems to improve both quality and safety."

Recent work has shown that pharmacists working within the A&E team can help identify medication-related issues and also ensure medicines are swiftly supplied and communicated to GPs, preventing unnecessary delays for patients. It also means that, should patients need to be admitted to a hospital ward, the pharmacist can assess what they have been taking at the point of admission, preventing delays in patients receiving essential treatment, reducing omitted doses and lessening delays on discharge.



Medicines management technician Pam Bhambra and clinical pharmacist Anna Gordon Brown who are helping to deliver the new pharmacy service in A&E

Advanced associate practitioners Karen Frost, Harjot Singh and Mark Baverstock. A fourth member, Jonny Davies, is due to join the team shortly.



AAP team brings new skills

“

My heart lies with the patients. This job was the perfect opportunity to develop myself without moving away from patient care.

”

In another initiative to help reduce waiting times and manage the flow of patients through A&E, we have introduced a new role of advanced associate practitioner (AAP) to our emergency department.

Three new AAPs, all from different backgrounds, are already putting their individual areas of expertise to good use in treating some of the more seriously ill or injured patients in A&E.

Mark Baverstock said: “Essentially we’re nurse practitioners and, whereas there have been nurse practitioners in minor injuries for a long time, this is quite a new role in terms of the majors and the resuscitation room.

“We all come from different backgrounds so we all have different experiences. Between the three of us, we have nearly 40 years’ experience of clinical practice. I think that’s our greatest strength as a team, that we’ve

been on the shop floor and on the road. I started out in A&E so I’ve come back full circle. I practised respiratory nursing and the opportunity to apply that in an A&E setting was really appealing.

Karen Frost, formerly a junior sister in A&E, said: “I wasn’t getting to use my experience in the job I was doing and I had reached the point of having to make a choice about my career path, either managerial or clinical. My heart lies with the patients. This job was the perfect opportunity to develop myself without moving away from patient care.”

Former paramedic and physiotherapist Harjot Singh said: “I will benefit from my previous experience because I’ve seen people in their homes and I’ve seen the condition they’re in before they come into hospital. In my new role, I’m now starting where normally I’d have finished, so the learning curve has been phenomenal.

“It’s a great opportunity for a paramedic to step up to the plate and work at the same level as colleagues with a more conventional nursing background. The chance to learn alongside medical and nursing staff was an opportunity I couldn’t say no to. I feel well supported and everyone is very friendly and eager to help.”

As the first of their kind in the emergency department, the team are aware of the need to prove their worth. Mark said: “We’re aware of the pressure that comes with the job. We’re the first people to be appointed to these new roles at NGH and expectations are high. It’s quite a leap of faith for the department to invest in this kind of resource. We’ve been very well supported and everyone’s been really helpful.” And Karen added: “We are a work in progress.”

Meet our cardiac chest pain nurses



People might be nervous at first, but very quickly they feel more relaxed when they meet us.



Our rapid access chest pain clinic provides a quick and early specialist cardiology assessment for patients with chest pain. Whereas patients with a suspected heart attack or acute coronary syndromes would go directly to A&E, this clinic can result in either swift initiation of treatment or the reassurance that pains are not heart-related.

It is not a walk-in service, so patients normally come here after they've been referred by their GP or by A&E, having experienced new onset of symptoms such as chest pain or tightness, or shortness of breath.

Often the symptoms are quite mild but are linked to exertion.

Cardiology specialist nurse Karyn Noy said: "An appointment lasts for up to an hour, and we talk to people about their symptoms, medical history and lifestyle risk factors. People might be nervous at first, but very quickly they feel more relaxed when they meet us. We're quite chilled and have a sense of humour! We generally recommend they bring someone with them so that there is someone else to hear and remember what we have said.

"We do an ECG and listen to their

heart and lungs, and we'll ask some people – mainly men – to use the treadmill. Often it's the part that people are most scared of, but it's not a test they can either pass or fail. It's simply that walking on the machine for as long as they can manage helps us to measure what level of effort brings on their symptoms."

Then the team work out whether someone's symptoms are likely to be heart-related or not. In around half the cases they are not, being due to other things such as stress, muscle strain, a lung problem or indigestion. In these situations the patient is



Cardiac chest pain nurses Novah Clifford, Karyn Noy, Christina Prada, Maria Mitchell and Patricia Allen



Another member of the team, Rebecca Coleman, is currently on maternity leave

discharged back to their GP, along with reassurance and lifestyle advice. Frequently the advice is about giving up smoking, eating the right things, exercising more, reducing alcohol, or learning to manage stress. "Often just telling people it's not their heart makes them feel so much more reassured, and their symptoms can suddenly diminish," said Karyn.

"Where symptoms do appear to be heart-related we send them on for different tests. Sometimes in complex cases we seek advice from one of the consultants but generally we the nurses make the decisions. These clinics has been running for 14 years and we have years of experience in dealing with many different problems and complex health issues. We're very open with people, and we tell them everything we think it might be. We ensure that they and their GP get a copy of the same letter explaining everything we have said."

Novah Clifford and Karyn have worked at the clinic the longest and share most of the management responsibilities, but all the nurses work very much as a team when it comes to patients' appointments. Novah said: "As well as being very helpful to patients, the clinic also helps the hospital avoid unnecessary admissions, as A&E can refer people to us very quickly as soon as they have established that someone is not in danger. Our target is to handle referrals within 14 days and we have always met that. Usually it's within a week. We deal with 1,500 chest pain referrals a year – that's six booked appointments every working day – plus patients with abnormal ECG test results that we fit in."

Praise for cardiac nurses

Christina Prada was praised for a presentation she gave at a recent cardiovascular nurse conference about the work of NGH nurse-led cardiac services.

The conference was designed to bring cardiac nurse specialists together to network and attend educational sessions from a range of speakers such as other nurse specialists, GPs and cardiologists.

It was sponsored by pharmaceutical company Daiichi Sankyo. Afterwards the company's health outcomes manager wrote to thank Chris for her support, saying: "The feedback has been very good, and it was a great example of sharing best practice. You were an engaging speaker and delegate, and really added value to the discussions. I would really like your managers to understand the impact of your work in coming to present to Masterclass meetings like this."

The company's praise was echoed by NGH matron Helen Lidbetter and deputy director of nursing Fiona Barnes, who agreed that "all our chest pain nurses are outstanding and are really something for NGH to shout about".

Chris, who is a BHF acute coronary syndrome nurse, said: "Few enjoy public speaking but when it is on a subject we are passionate about words come a little easier. We really do have brilliant nurse-led cardiac services here at Northampton, far more advanced than in many hospitals. The more places I go, people I meet and professionals I hear speak, the more I realise we are working to an amazing standard in terms of documentation, assessment, patient safety and variety of investigations we offer. I feel very proud of this. I also learnt heaps on the study day so have lots of new ideas!

"We pride ourselves in delivering an efficient cost effective service whilst maintaining the highest standards of patient care. Being a small team we also ensure we appreciate and support each other and continue to love our work. The recent conference highlighted our expertise and as a result we have hatched a plan to offer a preceptorship for specialist nurses from other hospitals and community services, so that we can pass on our knowledge and skills along with how our service is run."

BHF acute coronary syndrome nurses
Christina Prada (left) and Nicky McCarthy



Halfway there – but chemotherapy unit still needs your help



Last year we launched an appeal to refurbish the chemotherapy suite, to give cancer patients more privacy and provide a brighter, more uplifting area for patients and more practical space for staff. More than 450 chemotherapy day case patients visit the suite each month in a room and department which is in much need of alteration, refurbishment and improvement. We are very grateful for all the many individual and company donations that have helped our appeal reach half of the £350,000 needed. Please help us reach our target by fundraising or making a donation.

Bank Transfer

Acc.: 02137258
Sort code: 30-96-09
NGH Charitable Fund

Cheque

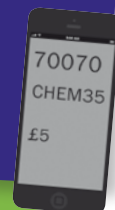
Made payable to NGH
Charitable Fund

Cash

At the cashiers office,
Billing Road entrance
to hospital

Text

CHEM35 £5 to
70070 to donate
£5 instantly!



Kerala Fest raises £1,000

The Chilanka Keralites Association put on a Kerala Fest at the Cripps Centre to raise money for the chemotherapy suite appeal. The evening was a dance, food and musical extravaganza and raised over £1,000 for the appeal.



I want people to see me as Suzanne, not cancer. I want to go out into the street and blend in.



Have you got any pennies?

We are asking visitors to pick up hand-decorated "penny pots" to fill with loose coins and then return to the hospital. "Because," said fundraising manager Alison McCulloch who, along with chemo staff, spent hours decorating the jars, "not everyone who wants to donate is up for climbing mountains and cycling across countries."

The 102nd Northampton Brownies from Duston had great fun decorating penny pots for the chemotherapy suite appeal. Each Brownie then took their pot home and collected change over a few weeks. The Brownies then worked towards their maths badge by counting the money and raised a fantastic £230!

If you would like to start your own penny pot collection, contact the charity on 01604 545047 for a pot and some information – or make your own. Every penny received will go towards the chemo suite refurbishment, so why not start your penny pot collection today!



Suzanne dares to raise cash for our appeal

Suzanne Wright, who was diagnosed with breast cancer in 2013, wanted to raise money to support the chemotherapy suite refurbishment whilst she was receiving treatment so - for each of the six chemotherapy sessions that Suzanne received - she set herself a 'dare' to do.

Dressing up in neon clothes, wearing hats, bright pink Afro wigs and also daring her partner Steve to wear a wig for donations, you definitely couldn't miss her when she came in for her sessions. She vowed to "turn this wretched disease into something amazing" and planned to "have some fun and games, raise money and put it right in its place!"

Suzanne's fundraising (which included a charity pub crawl along Wellingborough Road with her friends!) raised an amazing total of £1,951.52 in aid of our appeal. Well done girls, and thank you!

Suzanne has also been part of a national promotional campaign for the "Look good, feel better" charity, which is dedicated to improving the wellbeing and confidence of women undergoing treatment for cancer. She told the charity: "I want people to see me as Suzanne, not cancer. I want to go out into the street and blend in. Make-up is my warpaint – it sets me up for the day and allows me to be Suzanne."



Suzanne Wright with her 'Look good, feel better' advertising campaign poster



Suzanne's fundraising with her friends raised almost two thousand pounds



Our enthusiastic research and development staff ask patients to help them with a range of studies across a variety of departments in the hope of learning more about a condition and finding answers.

Meet the team aiming to make medical problems a thing of the past



The R&D staff are very friendly and they always look after you.



Research is a key part of health care development. It aims to find out the causes of illness and how it can be treated or prevented. Thousands of people each year agree to take part in research studies, contributing to the testing of potential new medicines, treatments and medical devices, before they are adopted across the NHS.

At NGH we have had a research unit since 2005, and last year we recruited 1,400 patients into

the National Institute of Health Research portfolio of trials. These are trials deemed to be of national importance. A number of other patients volunteered for research relevant to NGH which has helped inform service changes here.

There are a number of supporting research teams across the hospital, and the clinical trials benefit all areas – but last year saw a lot of research in cardiology,

rheumatology, cancer and critical care. Research provides access to new drugs, medical devices and treatment in a controlled and systematic manner, giving clinical teams a knowledge and understanding of new emerging health care, helping to enhance clinical services and provide the best possible care for patients. A thriving research culture is also good for professional academic development and

helps to attract and retain the best staff. Even more importantly there are benefits for patients too.

R&D manager Julie Wilson said: "Research gives access to various treatments and drugs that may not have otherwise been available. Taking part in research brings people an understanding and knowledge of their health condition, and there is a lot of evidence that participants in interventional research fare better than those who do not - probably because of that increased knowledge and understanding of their disease, and also because of increased medical input. Many people do so for altruistic reasons, hoping that their contributions may help others in the future."

Our highly professional, trained team are inclusive and friendly, and they welcome participants in research of all ages and health backgrounds. They follow strict guidelines to explain to patients all the risks and any potential benefit of research, and ensure that nobody is coerced into taking part. The golden rule of research is that "participation is voluntary and that patients are free to withdraw their consent at any time without their medical care or legal right being affected".

Nigel Huggins, 59, from Goldings, has taken part in various trials over the past 20 years. He said: "I had a stroke in 2007. Now I'm one year into a four-year trial to see whether cholesterol-lowering injections instead of tablets can further reduce the risk of having another stroke. The R&D staff are very friendly and they always look after you. Because I'm also a diabetic I have fasting appointments, so I

“
Research
gives access
to various
treatments
and drugs
that may
not have
otherwise
been
available.”



In October last year the R&D team welcomed two apprentices, Stewart Dann and Ruby Hughes, who are an asset to the team and have made their presence felt around the hospital. Stewart said: "As well as the department here I work in oncology too so it means I see many different aspects to R&D. I like it a lot, and hope that I can apply for a permanent position at the end of my twelve month apprenticeship."



Cancer clinical trials nurse Ruby Goyena

get breakfast after my blood tests which sets me up for the day.

"If this trial of injections proves successful, and the side effects are less than some people experience with statins, then it's got to be a benefit. But you can only find out with research and development, so us guinea pigs are needed! I'm quite willing to do it. It's no real inconvenience, and any help you can give to future generations is good."

Julie Wilson added: "Research is a big part of hospital care and improving health, and we wouldn't be where we are today without past research contributing to future health care. Our team all take a lot of pride in their job and it feels good to be part of something which can make a difference years down the line."

Anyone interested in taking part in a clinical trial at Northampton General Hospital can e-mail Julie.wilson@ngh.nhs.uk, call the research office on 01604 545941, or speak to their consultant.

Stroke services among best in the country

Quick care for patients has led to Northampton General Hospital stroke centre being rated among the best in the country in a new report.

The findings of a specialised national scoring system rated Northampton General Hospital in the second-highest category for the care of stroke patients from the initial admission to hospital through to the six-month follow-up appointment.

The report – known as the Sentinel Stroke National Audit Programme (SSNAP) – shows improvement across all areas of stroke care leading to an overall B rating for the hospital, the

second-highest rating possible.

Dr Lyndsey Brawn, divisional director and consultant stroke physician, said: “Stroke is one of the top three killers in the UK and a major cause of disability.

“We know that expert stroke care in the first few hours can significantly reduce long term disability and improve the prospects for recovery.

“Behind these statistics is a team of medical, nursing, therapy, radiology and administrative staff providing round-the-clock specialist stroke care.”

The hospital – which is the stroke

centre for the whole county, treating patients from Northampton and Kettering catchment areas - was measured on a number of areas in stroke care including how quickly lifesaving treatment was delivered as well as aftercare services such as speech and language therapy.

SSNAP is the national stroke register which collects information about the stroke pathway from all hospitals treating stroke patients in England and Wales. Results are updated every three months and can be found on the Royal College of Physicians website.



Stroke is one of the top three killers in the UK and a major cause of disability.



Some of the members of the NGH stroke team



FROM THE ARCHIVE

Celebrating fifty years of Gosset care

Gosset Ward is our neonatal intensive care unit, where we care for newborn babies who require some form of special high dependency or intensive care nursing. In March we are celebrating 50 years since it opened in Spring 1965. The ward was named after Dr Harry Gosset, the hospital's first consultant paediatrician, who worked hard to plan for the much-needed facility and who sadly, died just three weeks before it opened. Read more about him below, and turn the page for more about the unit today.

The history of NGH neonatal care

When the Barratt Maternity Home opened in 1935 there was a small premature baby unit on the ground floor. Over the years it moved location as more space was required for extra incubators. In the early 1960s it was decided that a new unit should be built above the gynaecological ward and theatre. The planning team of Dr Gosset, Sir Anthony Alment, Matron Hague, Sister Henbest and the architect, Mr Goodlad travelled around the country visiting other premature baby units, seeking help and advice.

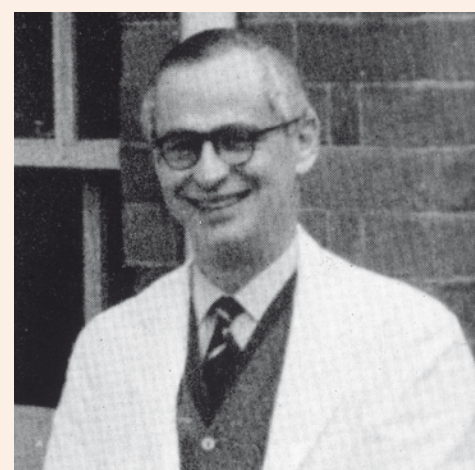
The unit was ready to be opened in the Spring of 1965 but sadly, three weeks before, Dr Gosset died suddenly. It was then decided that the unit should be named after him. Later in 1989, the ward was relocated to its present position between the two children's wards.

Dr Isaac Henry 'Harry' Gosset was appointed in 1947 as the hospital's first consultant paediatrician. After qualifying in 1933 his first venture was travelling around the Antipodes in a van! In 1935 he returned for post-graduate study at St Thomas's Hospital and for two years was

a GP in Liphook, Surrey. He returned to hospital paediatrics in 1938 until war broke out, when he joined the RAF, rising to the rank of Wing-Commander, medical specialist.

He was described by his colleagues as a gentle, kind and highly intelligent man, who worked tirelessly, to the detriment of his own health. The family home was Vigo House, on the Bedford Road and off-duty he was very much the family man, with his wife, two sons and two daughters. Dr Gosset died on 4th March 1965 at the age of 58.

Sister Phyllis Henbest was first shown around the Barratt Maternity Home in 1953, by her friend Ruth Wagstaff (nee Palmer) and soon began to work there. In 1957 a vacancy in the premature baby unit became the opportunity Phyllis had been waiting for to work in her favourite area of midwifery. Over the years she then became the department's sister, then in 1972 her title changed to nursing officer, and she finally retired in 1980.



Dr Harry Gosset

Members of the NGH Archive have been privileged recently to meet up again with Miss Henbest, and talk with her about her work, Dr Gosset, and the excitement, tinged with sadness, of the new unit opening in 1965.

If you would like to find out more about the Barratt and Dr Gosset, please visit the NGH Historical Archive.

We are normally open Wednesday mornings between 8am to 1pm.

Please telephone 01604 544868 or email sue.longworth@ngh.nhs.uk to make an appointment.

Fifty years of Gosset c



“

*As a team
we are
passionate
about
providing the
very best
medical care
for these
infants.*

”

care for premature babies



Front row: Joy Henman (staff nurse), Jenna Leeder (ward team assistant), Rachael Cole with Buddy, Katie Palmer and Daniel Gunn with Ava.

Middle and back row: Lauren Hinchon (healthcare assistant), Bally Sandhu (matron), Gemma Read (staff nurse), Dr Ayman Elhomoudi, Wendy Copson (ward sister), Dr Cathryn Chadwick (consultant paediatrician), Katy Powis (clinical educator), Jo Cooper (discharge coordinator).

Around 4,800 babies are delivered at Northampton General Hospital every year, and about ten per cent of those require specialist medical treatment on Gosset ward after birth. The number of admissions to the unit has increased by almost 50 per cent over the last ten years, chiefly reflecting local population expansion.

Most of the babies admitted to Gosset are due to premature births. The normal length of pregnancy is 37 - 42 weeks gestation, so a baby born before 37 weeks is premature. Babies less than 34 weeks will normally be admitted to the unit. Babies of 34 weeks or more will only be admitted to Gosset if they need specialist care. It is also not unusual to admit full term babies to the unit for various reasons.

The unit is part of the Central Newborn Network and is a designated level two local neonatal unit. This means that they provide intensive, high dependency and special care for babies from 27 weeks gestation onwards.

The nursing staff are led by the ward manager, sister Wendy Copson. Most of the nurses have a qualification in children's nursing, and some have additional qualifications in neonatal intensive care nursing. A team of doctors includes five consultant paediatricians specialising in neonatology.

Consultant paediatrician Dr Nick Barnes said: "As a team we are passionate about providing the very best medical care for these infants, but to do so naturally requires a large amount of specialist equipment. The hospital budget doesn't allow us to purchase all the new equipment we would like, and we're very grateful for any additional support we receive through fundraising. Families have often stressed how important it has been to them to feel like they have 'given something back' after their baby has spent time on the unit. We very much appreciate their actions and we can assure donors that every single penny donated is spent on medical equipment or in improving the facilities on the unit for parents."

New clinics improve access to glaucoma care

Patients with stable glaucoma are now being seen at Northampton General Hospital by a team of three trained technicians, helping to reduce waiting times and ensure that the growing number of people with glaucoma have timely access to treatment.

Glaucoma, a condition that causes severe visual impairment and blindness if left untreated, cannot be prevented but its impact on sight can be minimised through effective lifelong monitoring.

As the population ages, the incidence and burden of eye disease is increasing, with the number of cases of glaucoma in England and Wales likely to increase by a third by 2021. NGH has already seen a significant demand on its service and has introduced a new approach in order to help relieve some of these pressures.



Technician Verity Smith carries out a check on a patient



Deputy head orthoptist Priti Mohla, and ophthalmic technicians Debbie Pearce and Verity Smith

“The clinics run five days a week throughout the year so patients do get seen quickly.”

Patients with stable glaucoma, those experiencing no new symptoms or changes to their condition for two years, have often had long waits for an appointment with a consultant. Now they are seen on time by a specially trained team of technicians who carry out various tests to check patients' intraocular pressures and assess the health of their optic nerves.

Consultant ophthalmologist and NGH glaucoma lead Miss Diana Mather said: “The clinics run five days a week throughout the year so patients do get seen quickly. Of the first 600 we've not had to move or cancel a single appointment, which is a great

improvement on the previous way of working. I personally review all the patient information as soon as I can and, if there are any problems or concerns, I can immediately slot the patient into one of our fortnightly clinics without delay.”

“Separating out those patients whose glaucoma is stable means that we're better able to cope with the workload, and we're seeing patients more efficiently. The patients come in knowing that their appointment will happen, they'll be seen on time, in here for a maximum 45 minutes. They know all their notes will be reviewed by me and they will be seen immediately if there are any concerns.”

“We talked to a lot of patients about it before we started the new system and they were very supportive of the change. They actually prefer coming in to see the technicians as they know it's a quick appointment and one that's unlikely to be cancelled. Most people enjoy talking to the technicians, and many feel more at ease with them than clinical staff who often have less time to spare.

“Things seem to be working very well, and that's down to our incredibly dedicated staff. It's been very much a team effort to get this new system off the ground, but both patients and staff are benefiting from it now.”



1



2



4



5



NGH people

1 Here's **Dr Emily Maile**, who along with Dr Mary Sam has taken on the challenge of developing the 'Dr Toolbox' app for staff at NGH. The app will contain key information about contacts, how to make referrals, details of on-calls and a "survival guide" for every single ward containing everything a doctor needs to know when starting a new ward.

2 Lead cancer nurse **Liz Summers**, along with colleagues at Macmillan and NGH, organised another event aimed at helping people affected by cancer manage their health and wellbeing. Held at the Northampton Hilton in

December, the day included lots of help and information, and workshops covering topics such as keeping active, mindfulness and relaxation, complementary therapies - plus dance, singing and painting activities.

3 Congratulations to **Marina Gittings** who has retired after 16½ years as a clinic coordinator in cardiology. Marina, who was previously a school secretary before taking on her cardiology role, plans to move back to Yorkshire, where she will continue to enjoy her hobbies of gardening and cooking. She has already travelled widely to places including Australia,

India, Singapore and Brazil, but hopes to do more of this as well. We wish her a long and happy retirement.

4 You may have read in the winter issue about Jess Busuttil, who is taking on 12 challenges this year with her friend Cynthia Valentine to raise money for two good causes – one of them being our Do It For Dementia campaign to support NGH patients with dementia. Here's Jess completing her first challenge – a winter trek up Mount Toubakal, the highest peak in the Atlas Mountains. She said: "It was really tough but I'm ready to take on the rest now!"



5 Our best wishes to **David Ratliff** who has retired after 20 years as a consultant at NGH. David came from Leicester General after being a senior lecturer and he joined the vascular team in 1994. He played pivotal roles in the development and expansion of the vascular studies unit in 1996, and the Northamptonshire vascular service.

6 Our very best wishes to consultant orthodontist **Gavin Greig**, who has retired after almost 30 years at NGH. Gavin was appointed in 1985 to set up a hospital orthodontic service at Milton Keynes and Northampton, which he helped develop into a unit today which provides care of the highest standard. He intends to spend more time playing bowls and golf, as well as expecting to have to do more gardening and decorating!

7 We welcome **Rachael Corser** as our new interim director of nursing. Rachael, who started in

January on one of the busiest days the hospital has seen, said she was struck by how incredibly resilient and committed NGH staff were. She said: "I am proud to take the professional lead for nursing and I have a commitment to work alongside my colleagues to ensure that we provide safe, effective and harm-free care to all our patients. I am passionate about advancing nursing practice and supporting our workforce to modernise and develop as the needs of our patients evolve."

8 Congratulations to **Rose Bridgewater** (right) and **Zoey Wilson**, radiographers from the breast screening unit, who have completed studies that will enable them to play an expanding role in the department. Rose has been awarded a Master of Science in Advancing Healthcare Practice with merit, and Zoey has qualified for a Postgraduate Certificate having successfully completed modules on image

interpretation, mammography and interventional techniques.

9 Congratulations to **James Rogers, Louisa Kiddle, Gill Dunn**, and **Richard Goodley** - our first staff to successfully complete the Mary Seacole programme, provided through the NHS Leadership Academy. Richard said: "I would recommend the course for staff looking to manage small teams, as long as you are able to spend several hours per week for online study."

10 Pharmacy technician **Michelle Upstone** visited her daughter Emily's school (Oakley Lower School) to explain to the children about her job in the pharmacy at NGH. Michelle told them that she was seeing a patient the next day who had very itchy legs, and invited the children to help her make a cream that would stop his legs itching. Here's Michelle with daughter Emily helping to make the cream.

Third successful year of screening programme

Scans prevent deaths from condition that affects mainly men aged 65 and over

There are around 3,000 deaths each year in men aged 65 and over in England and Wales from a ruptured abdominal aortic aneurysm (AAA). It's a condition that affects the main blood vessel that runs from the heart down through the chest and abdomen. There are often no symptoms and no warning of a problem until an aneurysm bursts.

Since April 2012 all 65-year-old men registered with a Northamptonshire GP have been invited to the county's screening programme for AAAs. Since April 2013 screening has been rolled out to the whole of England. The

aim of the programme is to reduce deaths from the condition by up to 50 per cent by detecting problems early and offering monitoring or treatment depending on the size of the aneurysm. In the first year of full national coverage (2013/14) more than 260,000 men were screened, 3,700 AAAs were found, and 500 men had successful elective surgery. Here in Northamptonshire we screened over 3,600 men, found 59 AAAs and seven men had successful elective surgery.

Around one in 70 men aged 65 in England has an AAA (an aorta measuring more than 3cm). The condition is much less common

among women, for this reason they are not currently offered screening by the national programme. Men over 65 who have never been invited for screening can refer themselves directly for a scan by contacting the team at Northampton General Hospital on 01604 523276 or email aaascreening.ngh@nhs.net

Local programme screening manager Gill Dunn said: "Men who have an AAA will not generally notice any symptoms, which is why screening is so important. It is a very simple, non-invasive scan, which can be carried out at your local GP surgery. The scan shows a picture of the aorta on a screen and we will be able to

“Men who have an AAA will not generally notice any symptoms, which is why screening is so important.”



Consultant vascular surgeon Mr Gabor Libertiny, screening technician Nikki Bennison, service manager Gill Dunn, screening technicians Kim Littlemore, Kimberley Iddles and Sarah Dickinson



Kimberley Iddles carries out a AAA scan for Declan Flood at Weston Favell health centre

measure it. The appointment takes just a few minutes and you get the results straight away.”

Most men have a normal result, and get instant reassurance. If a small aneurysm is found, meaning that the aorta is a little wider than normal, you would be invited back for regular scans to check whether it is getting any bigger. If a large aneurysm is found, you would be given an appointment with a specialist team to have more tests and to talk about possible treatment, usually an operation.

Consultant vascular surgeon Gabor Libertiny said: “If an aneurysm ruptures, approximately 50 per cent of patients make it to hospital, and around 50 per cent of those will survive, so there is very high mortality associated with

this condition. It’s clearly much better to screen patients, monitor those who are found to have an aneurysm, and then treat them with a planned procedure before a problem becomes likely.”

Declan Flood was found to have an aneurysm a year ago that was not large enough to need operating on, and he now attends quarterly scanning appointments to monitor its progress. At his latest appointment he was told within a few minutes that the aneurysm had not grown significantly since his last check-up and again did not warrant further intervention.

Declan said: “The scanning is a good idea – it’s really simple and very quick. You don’t feel a thing, and it’s not an inconvenience at all.”



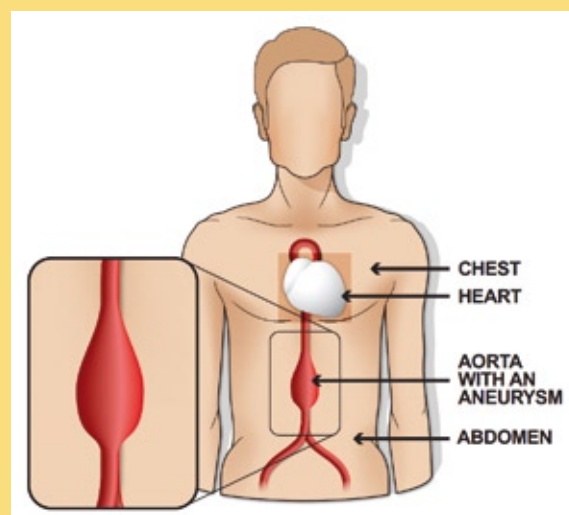
The scanning is a good idea – it’s really simple and very quick. You don’t feel a thing.



FACT FILE

Abdominal aortic aneurysm

Abdominal aortic aneurysm (AAA) is a serious vascular condition. The aorta is the body’s largest artery carrying blood to all vital organs. Aortic aneurysms are caused by a progressive weakening of the aortic wall which results in a dilation or “ballooning” of the vessel. The aneurysm will grow progressively larger and eventually may rupture if it is not diagnosed and treated.



Sometimes, the operation to repair the damage has to be carried out by traditional open surgery. Nowadays more repairs are carried out by a ‘keyhole’ procedure known as endovascular aneurysm repair, or EVAR.

Consultant vascular surgeon Gabor Libertiny said: “We treat patients using the EVAR procedure wherever possible. It’s safer and less stressful for the patient, their stay in hospital is much shorter, and they recover more quickly.”



All donations to the hospital are managed, separately from NHS finances, by the trustees of the Northamptonshire Health Charitable Fund, a registered charity. If you would like to make a donation, or be involved in raising money for NGH, please contact our fundraising office on 01604 545857.

Please visit our website for more fundraising stories and details of how you can get involved www.nghgreenheart.co.uk

Mike's Spartan challenges benefit haematology patients

In memory of his uncle Richard Mabbutt, Mike Freeman set himself a target to complete a minimum of three Spartan obstacle races of varying distances. Cheered on by his family, Mike really put himself through his paces and completed three races totalling 37k in three months. Jumping over hot coals, dodging barbed wire and pushing himself through the assault courses, we can see from these pictures how challenging it was! Congratulations and a big thank you to Mike for raising £285.95 to support our Haematology department.



Morgan's Skydive to support the ITU Department in memory of his Pap



Completing a skydive on the day after his 16th birthday, Morgan Bosley wanted to raise money to say thank you to our ITU after they cared for his Pap, Paul Foulkes, who suffered a stroke and heart attack in 2010. Morgan said: "I wanted to say a big thankyou to all the caring doctors and nurses in the unit who did all they could for my pap up until he died. He was the best pap any child could ask for. He used to take me fishing, down to the boxing club, and I used to love listening to all his stories. I miss him dearly as do all of my family."

Morgan raised £800 which the ward plans to use to buy two portable saturation probes, which measure the oxygen levels in patients' blood - and two hand-held spirometers, which measure lung capacity. Staff nurse Emma Harvey said "A big well done and



thank you to Morgan for his generous gift. It will enable ITU to buy valuable pieces of equipment that will help us in treating other patients who require critical care. Thank you so much."

Framed photos and cash for oncology

Members of the Rushden and District Photographic Society held their annual Terry Chapman photo competition raising £450 in aid of our Oncology department. John Roberts and Rusty presented the funds to chemotherapy staff along with some beautiful framed photographs. The photos will join others on display in the department for patients to see and admire.





Tour de Skeggy supports children's wards

Cycling over 100 miles from Northampton to Skegness, Colin Toal raised £1,262 to support our Disney and Paddington children's wards. Riding with his cycling partner Rob, they completed the 100 mile route in 7.5 hours, enduring two punctures (both on Rob's bike) but with good weather they made it safely! Thank you to Colin for your continued support in donating nearly £1,700 over the past couple of years.



Eye waiting room chairs from walkers



Paul Ollett (centre in picture) from the Waendel Walkers Club presented £600 to our Ophthalmology department, which enabled them to buy more comfortable chairs for their patients in the waiting room. Thank you to the club for your continued support!



Funds for Paddington in memory of Emily

Victoria and Netty Mould from the *Emily the Angel on our Shoulders* charity came in to present staff on Paddington Ward with £349 that the charity has raised in memory of Victoria's daughter Emily. Emily, who suffered from cardiac problems, sadly passed away in 2013. Her family set up the

charity to thank Paddington Ward for their care of Emily. The ward will be able to purchase three new thermometers for their stands using this donation, which was raised by a Christmas fayre and fishing competition. We thank *Emily the Angel on our Shoulders* for their much appreciated support.





Sarah in her NGH role

Sarah's African mission

Last November, NGH emergency medicine consultant Dr Sarah Vince lent her skills for two weeks to a district hospital in Luampa, Zambia, in the heart of the African bush.

One of a team of six volunteers, Sarah gave up two weeks' holiday to make her second visit to the country with a charity called Mission Direct. She said: "We had a mix of various skills and specialties, but you get no special training – you literally go with the skills you've got."

Sarah rapidly discovered a huge difference between injuries she sees at NGH and those she had to deal with in Luampa. "One little girl had been dancing near the fire and her dress had caught fire, resulting in 45% burns to her body. In the UK she would have been transferred to a burns unit, and would have needed skin grafts. But these burns were almost three days old, because it had taken that long to walk to the hospital. We were able to clean and dress her wounds and, although the burns were definitely painful for her, she just stood and let us do it. The locals simply don't express pain in the way we do. Women deliver babies in absolute silence."

The hospital gets some government funding but they can only afford to run the generator for four hours a day. So there is limited lighting and power – and, because a pump is needed for running water, that is only available for four hours a day too. So there is very basic handwashing, and of course no showers.

"A boy run over by an ox cart had multiple injuries and was in a lot of trouble when he arrived at the hospital at night. The operating theatre was locked up and there was no electricity."

>>



Luampa Hospital. The ambulance provided by the government is equipped with oxygen and monitoring equipment which the hospital staff are not trained to use



The volunteers distributed 350 pairs of unwanted glasses they brought with them from the UK

“
I learned a lot about malaria and HIV medicine, and while we were out in the birthing huts the ladies tried to teach me to basket weave!







Turning on the generator would have used diesel, meaning that the next day's patients could not have their blood tests or x-rays. We took him to the children's ward, gave him a general anaesthetic - with all of the children around us watching, and families peering in through the window to see what was going on. We stopped his bleeding and got his broken bone splinted by torchlight."

"We also needed initiative to solve problems. When a lad fell out of a mango tree and broke his femur we needed to put him in traction - but had no weights. So we improvised with water bottles and added sand and stones to make up the weight!

"Lack of staff is an issue too. Healthcare assistants aren't qualified but will do everything a trained nurse would do such as set up IV lines or administer drugs. Nurses do 12-hour shifts to cover one who is sick, without any extra pay or time off.

They see it as their vocation and they just do it.

"I gave lectures every morning, on topics such as trauma management, first aid, and burns management. But they taught me as much as I taught them. I learned a lot about malaria and HIV medicine, and while we were out in the birthing huts the ladies tried to teach me to basket weave!

"The people are so friendly and so hospitable. You have to tread a careful line when suggesting improvements because you're always aware they might be doing things that way for a very good reason. The western way isn't always right, and they do such an amazing job with the resources they've got."

Sarah paid for her own trip, but does not look for compliments and is very modest about what she has achieved. "I'd always thought that in training in emergency medicine I'd have skills that I could use

in the third world, but because of family illness I don't want to leave the country for long periods of time. So this is a way I can contribute in a Christian way while still living in the UK. I also don't think my strongest skills would be transferable out there - plus I really like being able to have a shower when I want!"

Finally, Sarah would like to thank all the NGH staff who responded to her appeal for unused pairs of glasses before her trip. The team were able to distribute 350 pairs (120 from NGH) in Luampa, as well as 43 kilos of outdated medical equipment.



Sarah's trip was organised by Mission Direct. For ways to volunteer for, give to or help this charity, please visit their website www.missiondirect.org

10% staff discount on all spectacles



EYE to EYE OPTICIANS

Your local opticians

Looking after your eyes for over 20 years

- We stock over 1000 spectacle frames from designer names to budget to suit all pockets
- We provide comprehensive eye examinations by qualified optometrists with professional spectacle and contact lens dispensing.



Northampton General Hospital
Cliftonville, Northampton 01604 545722
www.eye-to-eye-opticians.co.uk

Earls Barton Clinic
58 Broad Street, Earls Barton 01604 810777
eyetoeyeopecticians@btconnect.com

Need a new kitchen?



'70% of our business is from recommendations'
PARKLANDS INTERIORS

9 Coppice Drive, Parklands, Northampton, NN3 6ND

01604 493114

parklands_interiors@btconnect.com
www.parklandsinteriors.co.uk

• Kitchens • Bedrooms • Bathrooms

No job too small



Every possible care has been taken to ensure that the information given in this publication is accurate. Whilst the publisher would be grateful to learn of any errors, it cannot accept any liability over and above the cost of the advertisement for loss there by caused. Octagon Design & Marketing Ltd has not vetted the advertisers in this publication and accepts no liability for work done or goods supplied by any advertiser. Nor does Octagon Design & Marketing Ltd endorse any of the products or services. No reproduction by any method whatsoever of any part of this publication is permitted without prior written consent of the copyright owners.

Octagon Design & Marketing Ltd. © 2015.

Britannic Chambers, 8a Carlton Road, Worksop, Notts. S80 1PH. Tel: 01909 478822

Northampton General Hospital NHS Trust has not vetted the advertisers in this publication and accepts no liability for work done or goods supplied by any advertiser. Nor does Northampton General Hospital NHS Trust endorse any of the products or services.

INSPIRED LEARNING



Give us a call
01604 765765



From Nursery to Sixth Form (3-18 years), outstanding success is achieved through a broad and challenging curriculum. In a happy, friendly environment, girls visibly grow in confidence and ability, emerging as fully rounded, educated young women. *Come and see for yourself.*

Open Day Friday 1 May 2015

9:30am - 12:00 noon



www.northamptonhigh.gdst.net



Northampton's Original Laser Clinic
Established 1998

Trust the Experts - All Treatments
by Qualified Nurses and Therapists

- Laser Hair Removal
- Facial Rejuvenation and Anti-Ageing Treatments including Pigmentation Marks
- 30% discount now on thread veins
- The Clinic Beauty Room**
 - Dermalogica Treatments and products
 - Microdermabrasion
 - Electrolysis
 - OPI Gel Nail Polish

STUDENT AND NHS STAFF
10% Discount on Treatments and Dermalogica Products



38 Billing Road, Northampton, NN1 5DQ
Tel: 01604 634999 Email: info@laserhairclinic.co.uk
www.laserhairremoval-northampton.co.uk (free client parking)



for SEND in Northamptonshire

Information
Advice
Support
Service

How can IASS support you?

We aim to provide a range of flexible services that ensure you are:

- Provided with accurate unbiased information on your rights, roles and responsibilities within education.
- Given practical support to help in discussions with schools and other agencies, providing opportunities for early disagreement resolution.
- Helped to express your views and assist in getting them valued by professionals.
- Provided with information about other agencies which can help.
- Supported to participate in strategic decision making for services for children and young people in Northamptonshire.



Education
Options



Exclusion
Advice



Special Needs
Education Advice



Participation

We also work with schools, Northamptonshire County Council and health; promoting working partnerships to ensure young people and their parents' views are heard.

For More Information:

Telephone: 01604 636111

Email: contact@npps.info – Internet: www.npps.info



Northamptonshire
County Council

New discharge suite means more comfort for patients

A new discharge suite has opened, near to the Cheyne Walk entrance to the hospital, which will provide a more comfortable area in which patients who are ready to leave can await their transport home.

The suite comprises a lounge area with chairs, four separate rooms with beds, and a quiet area for patients with dementia symptoms. Once they are medically fit to leave hospital, all patients waiting for transport or collection by a family member or transfer to care homes etc will be discharged via the new suite.



Birth centre celebrates its first year with official opening

Midwives, mums and babies gathered recently to celebrate the first anniversary and official opening of our midwife-led birth centre.

The Barratt Birth Centre features four birthing rooms, three of them with pools complete with mood lighting and iPod dock, plus

kitchenettes, double beds and en-suite bathrooms. It provides a more relaxing, 'home from home' environment for birth, and is suitable for women who are deemed as having a low-risk pregnancy. Almost 600 births took place there in its first year.

Richard Barratt, whose great-grand uncle and local shoe entrepreneur William Barratt funded the setting up of the Barratt Maternity Home in 1936, officially opened the unit alongside his wife Jacky and daughter Pia.

Matron Paula Briody said the reaction to the unit, which is staffed entirely by midwives, has so far been overwhelmingly positive. "The feedback we get from this unit is the highest of any area within the trust. It provides a 'half-way home' for women who neither want to give birth at their own home or in the labour ward. The environment is key to a positive birth experience - be that in an obstetric labour ward, a birth centre or at home. Now at NGH we have the ability to offer all these choices, and this will ensure that women receive the right care, in the right environment for them at the right time.

The feedback we get from this unit is the highest of any area within the trust.





JOIN TODAY AND SAY YES TO

SAVINGS!



As an employee of the

NHS

you qualify for Individual Membership*

Costco Wholesale is a membership warehouse club, dedicated to bringing our members quality goods and services at the lowest possible prices.

Individual Membership

To join Costco and start saving please provide your employee ID card or current pay slip to prove your employment, PLUS a current utility bill (gas, telephone, electricity) or a bank statement addressed to your home.

The annual membership fee for Standard Individual Membership is £25 (plus VAT), which includes a complimentary card for your spouse or domestic partner.

SIGN UP FOR MEMBERSHIP WITH THIS
ADVERT AND RECEIVE A
FREE CHOCOLATE CAKE!

COSTCO MILTON KEYNES ONLY. VALID UNTIL 30/06/15.



Costco Milton Keynes
Mandeville Drive
Kingston
Milton Keynes
MK10 0DB

Join in the warehouse or online:
www.costco.co.uk/membership

T: 01908 285 020
E: marketing117@costco.co.uk

www.costco.co.uk

*Membership Criteria applies. Accepted methods of payment: cash, debit card, cheque or American Express. Membership must be obtained before purchases can be made.



VALUE

|

QUALITY

|

SAVINGS

|

WOW!

Food Court | Fresh Bakery | Groceries | Gifts | Electronics | Fine Jewellery | Designer Apparel | Opticians | Fine Wines | Butchers and more!

7918

ROYAL
DERNGATE &



Hop aboard for sassy heroines, mischievous mob bosses, comedy capers and tap dancing sailors in this hilarious tale of romance and hijinks on the high seas.



Win free theatre tickets Anything Goes

This classic multi-award-winning musical comedy will transport audiences to the magical age of tap dancing and high society.

When Billy Crocker discovers that his heart's desire, debutante heiress Hope Harcourt is engaged to an English aristocrat, he stows away aboard the S.S. American to win her back. Aided by a string of eccentric passengers on board the luxurious transatlantic liner, can this web of love be untangled before they reach Southampton?

Cole Porter's uplifting masterpiece of music and dance includes the magnificent songs *I Get A Kick Out of You*, *You're the Top*, *It's De-Lovely* and *Anything Goes*. Hop aboard for sassy heroines, mischievous mob bosses, comedy capers and tap dancing sailors in this hilarious tale of romance and hi-jinks on the high seas.

Anything Goes takes to the Derngate stage from Monday 11 to Saturday 16 May, with performances at 7.30pm nightly, and matinees at 2.30pm on Wednesday and Saturday.

Tickets – priced from £16 to £36.50*

– can be booked by calling Box Office on 01604 624811 or online at www.royalandderngate.co.uk

For your chance to win a pair of tickets to the evening performance of *Anything Goes* on Monday 11 May, answer the five questions below.

Send your entry to arrive by Wednesday 29 April 2015 to peter.kennell@ngh.nhs.uk – or by post to Insight magazine, NGH, Cliftonville, Northampton NN1 5BD. Please include a daytime telephone number with your entry.

- 1 **Who** wrote the musical *Anything Goes*?
- 2 **What** rating did NGH receive from the national audit programme for its stroke care?
- 3 **Where** in Zambia did Dr Vince carry out a two-week mission?
- 4 **When** does Dr Jo Inchley have her head shaved?
- 5 **How** many men did we screen for an abdominal aortic aneurysm in 2013/14?

* A transaction fee of £2.80 applies to telephone and website bookings only. Does not apply in person, or to Groups and Friends, and is per-transaction, not per-ticket.

► The winner of 'Oklahoma!' tickets in our last competition was Vanessa Moody of West Hunsbury.