

Winter 2017/18

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East Kent
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**We're improving
emergency care in
east Kent**

Find out how inside

Plus:

Get to know your
local minor injury unit

Fighting fit

Lauren's battle against a
rare brain tumour



welcome

Message from Susan Acott,
Interim Chief Executive of East Kent Hospitals

Winter can be a tough time for elderly people or those vulnerable to cold weather-related health issues. Taking advantage of the NHS flu vaccine, planning ahead to make sure you don't run out of vital medication should bad weather hit and ensuring you get advice from your GP or pharmacist if you suspect problems, are all practical ways to avoid falling ill this winter.

Knowing the right health service to use will also help you get the treatment you need faster, which is why we have dedicated the back page of this issue to listing all the local minor injury units in east Kent. These units have a vast range of services for quickly treating illnesses and injuries such as sprains and

strains, minor cuts, and wounds, eye injuries and burns and scalds. Please take this information home with you - you never know when it may come in useful.

Also in this issue of Your Hospitals, we describe how and why hospital services need to change. The NHS wants to hear your views on what our priorities should be when deciding how hospital services in east Kent should be organised in future - please keep an eye out for opportunities to take part during 2018.

As usual, this issue is also packed with real-life stories of people who have battled with illness and benefitted from the best of the NHS. I hope you enjoy reading their inspiring stories.

Best wishes
Susan

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Your Hospitals is published three times a year, and is packed full of real life, inspirational stories, advice and tips on staying healthy; and information about the right place to get care and treatment urgently. We print 30,000 copies which are free to pick up from over 300 places. We send Your Hospitals to more than 10,000 staff and Trust members by email, and it is featured on our website.

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Parents open maternity bereavement suite

Parents suffering the loss of a baby during or shortly after birth now have a private place to stay in the Queen Elizabeth The Queen Mother Hospital, away from the maternity ward.

The maternity bereavement suite was opened at the Margate hospital on Monday 9 October, by Gill and Adrian Child, whose son Remy died during the early stages of labour in May 2015, and Jessica and Aaron Young, whose son Oliver died shortly after birth at the QEOM in March 2016.

Through their experiences, both sets of parents were made aware of the need for parents in this situation to be apart from the busy maternity department, filled with the sights and sounds of new-born babies and celebrating families.

This gave rise to the 'Precious Memories' appeal, which has resulted

in a dedicated suite, giving families the privacy and comfort they need in such a traumatic time.

Abigail Burgess, who is also an East Kent Hospitals' bereavement lead midwife, said: "Parents need a place where they can receive vital physical and psychological support. It's also a place of sanctuary where they can be in a peaceful and private environment, but near the maternity team giving their care."

The suite includes a kitchenette, en-suite bathroom and a separate entrance and exit from the maternity ward.

East Kent Hospitals Charity has supported the project. It cost over £100,000 and would not have been possible without the fundraising support and donations from families and local businesses which has gone



Gill and Adrian Child with son Milo at the opening.

towards the suite's development.

The Charity is also supporting the 'Twinkling Stars' bereavement suite project at the William Harvey Hospital in Ashford.

Changes at the top

East Kent Hospitals welcomed Susan Acott as Interim Chief Executive and Dr Peter Carter OBE as Interim Chair in October.



Susan comes from her Chief Executive role at Dartford and Gravesend NHS Trust, a post she has held for eight years. She will act as interim Chief Executive at East Kent Hospitals while the Trust conducts a robust recruitment and selection process for the permanent role. Peter has a wealth of experience in the

health sector and has been Chief Executive of the Royal College of Nursing and Central and North West London NHS Foundation Trust. In 2006 he was awarded an OBE for his services to the NHS.

Peter was interim Chair at Medway Foundation Trust from November 2016 to March 2017. He is working with East Kent Hospitals until the Trust's Council of Governors appoints a permanent Chair.



New MRI scanners unveiled at Kent and Canterbury



Two new state-of-the-art Magnetic Resonance Imaging (MRI) scanners have been unveiled at Kent and Canterbury Hospital as part of a £4m investment in diagnostic equipment at the hospital.

The scanners, which are housed in a purpose-built unit, take detailed images of the inside of almost every part of the body.

One of the scanners is a replacement for the hospital's previous one, the other is an extra MRI scanner that is twice as powerful. The new, faster machines will cut the time patients need to wait for a scan.

Higher standards for patients

How we're working to improve emergency care in east Kent

The NHS in east Kent has begun a 12-month plan for improvement in emergency care, which includes ensuring NHS services can meet the needs of a challenging winter period.

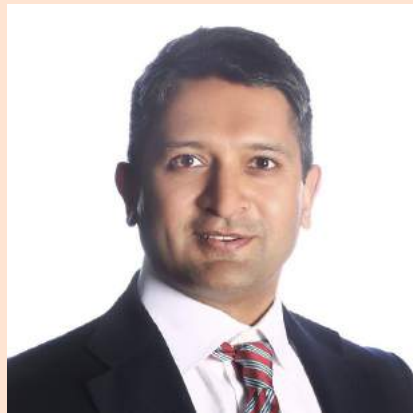
We are at the start of our improvement plan, but the early signs of progress are very encouraging. In our first two months (October - November 2017), we saw a 10% rise in the number of patients being treated, admitted or discharged within the four-hour emergency care standard.

We have also expanded and improved the facilities in the emergency departments to improve the environment for patients, and 11 doctors filled vacant roles in our emergency departments this autumn.

What's in the plan

- Identifying and helping patients who are frail or at risk of developing pneumonia earlier, so they are less likely to need hospital care.
- Expanding the service that allows many patients to receive hospital treatment without the need for an overnight stay.
- 24/7 mental health teams working in the emergency departments to ensure patients have fast access to appropriate services.
- Ensuring people don't stay in hospital longer than they need, by further investing in therapies staff, who ensure patients have the support they need to be able to leave hospital safely, for example, with specialist equipment at home.
- Expanding services in the community so that rapid response teams are seeing patients within two hours of a referral from the emergency department.

New faces in our emergency departments



The Trust has welcomed Dr Anil Verma as the new Divisional Medical Director for Urgent Care and Long Term Conditions.

Dr Verma has returned to the UK after five years in Abu Dhabi, where he worked as a Senior Consultant in Emergency Medicine.

"I came to east Kent because I want to make a difference," he said.

"The NHS is a precious and valuable thing, and while it has many challenges, these give us a real opportunity to transform it and make a difference for both staff and patients."



We also welcomed Dr Jonathan Leung, Emergency Medicine and Intensive Care Consultant, to the Trust this autumn.

Jonathan has returned to east Kent having undertaken some of his training here in 2008. He has since worked in the Royal London Hospital intensive care unit, Harefield's intensive care unit and as a locum emergency medicine consultant in Bart's Health.

Since 2016 he's played a full-time role in Kent, Surrey, and Sussex Air Ambulance and as an emergency medicine consultant in the Royal Sussex County Hospital.

Get to know your local...

There are many minor injury units in east Kent, where you can get faster treatment for many injuries such as sprains, burns and eye injuries than if you went to A&E. See page 16 for your take-away guide.



Do you have:

- A lung disease
- Kidney or heart disease
- Diabetes
- Another long term condition
- Or do you suffer from breathlessness?

Cold weather can make you more likely to catch a winter illness that could become very serious.

So even if it's just a cough or cold, seek advice from your pharmacist before it gets more serious.

**STAYWELL
THISWINTER**

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Leyla Hannbeck, Pharmacist

Patients review hospital environment

Quality of food, privacy, dignity and disability access is improving in east Kent's hospitals, and the hospital environment is becoming more dementia-friendly, according to an independent inspection led by patients.

The annual Patient-Led Assessment in Care Environments (PLACE) audits were introduced nationally in 2013, designed to assess the quality of the

patient environment. All hospitals, hospices and day treatment centres that give NHS-funded care are subject to a PLACE inspection.

The 2017 assessments of the William Harvey, Queen Elizabeth The Queen Mother and Kent and Canterbury hospitals put the Trust above the national average in nearly all measures, and showed further improvements compared with performance in 2016.

The story ends well for Phil



In the last issue of Your Hospitals, we featured the story of Phil Shakesheff and his fight against cancer. Phil had been diagnosed with skin cancer which had moved to other parts of his body, including his lungs. Since the issue went to press, we heard the great news that Phil is in remission and feeling better every day.

Phil received immunotherapy for six months at the William Harvey Hospital, Ashford. Immunotherapy 'wakes up' a patient's own immune system, enabling the body to remove cancer cells. It's sometimes also called 'biological therapy'.

Phil said: "The treatment started in January, and I was also put on a course of steroids too, for two months. In June I was told that the cancer was in remission. I had one or two minor side-effects, as you'd expect, such as a minor eye inflammation and fatigue, but apart from that, I've been fine. Now, I'm fighting fit."

"I've had fantastic treatment, and the care that I've received has been amazing."

■ For more information about immunotherapy, visit the website of Cancer Research UK at www.cancerresearchuk.org

Hospitals support Healthwatch Help Cards



We are pleased to support the use of Healthwatch Help Cards in our hospitals. The cards, supplied by Healthwatch Kent, are freely available to any Kent resident who may need extra support when attending an NHS appointment, such as help with filling in forms. Patients can show their card to discreetly communicate their need to staff.

Funding go-ahead for dementia care



East Kent Hospitals, Kent County Council and partners across east Kent and Europe have secured funding for a dementia centre of excellence in Dover.

The centre will be built near the former Buckland Hospital site, subject to planning. It will house 30 people living with dementia, and encourage them to lead as normal a life as possible, engaging with a familiar environment while having access to care 24 hours a day.

The project will cost over £3m, of which £2,046,177 will be provided by Interreg 2 Seas, with the rest being match-funded by ten partners, including East Kent Hospitals.



Brave Lauren praises the NHS for tumour care

For someone so young, New Romney resident Lauren Bates has experienced a great deal in her 27 years.



A keen traveller, she's been to the four corners of the earth in search of adventure, and taken in the sights and sounds of Bali, Canada and Hawaii and many other countries too.

But for hairdresser Lauren, her most demanding journey has been the one that's taken her back to recovering her health.

She's spent the last few years battling against a rare type of brain tumour that has caused acromegaly - a condition which makes the body produce too much growth hormone, leading to, over time, excess growth of body tissue.

Lauren has featured in the national media in a bid to highlight her condition and raise funds and awareness for others experiencing the same.

"The tumour was pressing on my pituitary gland, releasing hormones and having an effect on my extremities, such as my hands and feet," she said. "These

parts of my body were continuing to grow when they shouldn't have been."

She was also experiencing excruciating headaches and fatigue and didn't know what the problem was. Her circumstances came to a head when she had to cut short a trek in Australia and return to Kent because she was feeling "very poorly".

By early 2015, Lauren was becoming increasingly concerned by what was wrong with her. But she was referred to East Kent Hospitals, where, following a series of tests and consultations at the Buckland Hospital, her acromegaly was diagnosed.

"It was relief," said Lauren, "because at last, I could say to everyone, I'm not making it up - it's a real thing."

She was referred from the Buckland to King's College Hospital in London, where, in 2015, she had three operations to remove the tumour, over a three-month period. She then went on to have a month of radiotherapy at St Thomas' Hospital in London.

For Lauren, the period from initial diagnosis at the Buckland, the operations and radiotherapy in London was a quick one, and she's been impressed by the swift response.

"The NHS has been fantastic," she said. "The time it took from the diagnosis at the Buckland to the operation being performed was very short."

But Lauren is still under the care of the NHS, takes medication to stabilise her condition, and she has regular blood test and scans. She's also had operations on her right eye, which is another legacy of the tumour.

"The tumour grew around my optic nerve, and now I'm totally blind in my right eye and have no touch sensation on the right-hand side of my face," said Lauren.

She added: "This has led to various eye problems, and I've had to have corneal grafts. So I'm still a regular visitor to the William Harvey Hospital and Kent and Canterbury Hospital eye clinics."



A step forward to better healthcare in east Kent

Multi-million pound investment in east Kent hospital services

Almost 70 years since it began, the NHS is a great success story. People now are living longer and enjoying a better quality of life despite multiple health conditions.

While this is something we're very proud of, it also gives us a new challenge. The population the NHS needs to look after today is very different to the one it looked after 70 years ago. We are all living to an older age, we have more complex health needs and our expectations are higher, too because more treatments are on offer than ever before.

Already, some parts of the NHS have changed for the better. We no longer have general medical teams doing their best to look after a large number of patients with an array of different conditions. We now have specialist teams, where highly-skilled doctors, nurses and therapists are experts in the field of specific health conditions. As a result, more people are surviving serious illness and enjoying a good quality of life.

"The problem is, much of the NHS is still set up to work the way medicine worked 30 years ago, when there were few specialist teams and hospitals were very general," said Dr Paul Stevens, Medical Director.

Where communities have specialist hospitals – which may serve a very large geographical area – patients are treated faster and the outcome of their treatment is often better.

That's the standard we want in east Kent. Here, our hospital system is still set up in the old way, with specialist staff being spread too thinly across multiple sites. We are not meeting NHS constitutional standards on waiting times because we are trying to do

everything in several places. We want to change because we know that's the right thing to do for patients.

The potential options for change – and what they mean

Our commissioners, east Kent's Clinical Commissioning Groups (CCGs) are considering the potential options for how emergency, acute medicine and planned major orthopaedic hospital services in east Kent could be organised.

Hospitals have always been a key part of local communities, and rightly so. In our vision for the future, each local community will have strong healthcare services so people can access the help they need when they first need it, close to home. By making these services easily available for everyone, we hope to prevent more people becoming worse and help them recover faster, without even needing to go to hospital.

But it's important that if someone needs urgent medical help because they are very ill, or needs a planned

operation like a hip replacement, that they get the best possible care the NHS has to offer, as quickly as possible.

We can only achieve this for each community in east Kent if we organise our specialist hospital services differently, in larger hospitals serving a wider geographical area.

Whatever option is chosen, it will represent a significant multi-million pound investment for the NHS.

What happens next

Over the next few months, the potential options for re-organising hospital services in east Kent will be evaluated by the NHS and patient and public representatives on whether they:

1. can deliver improvements in patient care
2. are accessible for patients
3. can be staffed
4. are affordable within the funds available
5. are deliverable within the timeframe needed
6. support research and education in the county.

These 'evaluation criteria' will be used to assess the advantages and disadvantages of each remaining option in fine detail, to reach a shortlist to consult the public on.

We need the help of each local community in east Kent to decide which service should be where. Please work with us to get the best possible healthcare for you, your family and your neighbours.

Please look out for details of public meetings we will be holding, or sign up to become a member of the Trust to receive regular updates - full details of how to do this are on page 15.

NHS commissioners and the NHS centrally (NHS England) will need to approve the shortlist because all the options require significant funding.

No final decisions will be taken until after commissioners have had the opportunity to consider feedback from the formal public consultation alongside all other evidence later in 2018.

What are the potential options?

Currently the three main hospitals in east Kent – at Ashford, Canterbury and Margate – each provide different services, with A&E departments at Margate and Ashford and an Urgent Care Centre at Canterbury. A range of specialist services are located at different hospitals. For example, the trauma unit is located at William Harvey Hospital, and inpatient kidney services are at the Kent and Canterbury Hospital.

OPTION 1: Re-organising services at our three main hospitals

This potential option is to have two emergency hospitals with expanded 24/7 A&E departments, with one providing the full range of specialist services. In addition, the third hospital would have a 24/7 GP-led urgent care centre, treating urgent illnesses and injuries that do not need to be seen by A&E doctors.

One of the two emergency hospitals would also be the centre for highly specialist services in east Kent (e.g. trauma, vascular and specialist heart services).

This potential option is the:

- William Harvey Hospital, Ashford, as a major emergency centre with an expanded 24/7 A&E department and the centre for specialist services in east Kent;
- Queen Elizabeth The Queen Mother Hospital (QEQM), Margate, as the second emergency hospital, with an expanded 24/7 A&E;
- Kent and Canterbury Hospital as the 24/7 GP-led Urgent Treatment Centre, treating urgent illnesses and injuries that do not need to be seen by A&E doctors.

OPTION 2: New development at Kent and Canterbury Hospital

This potential option is a new build connected to the current Kent and Canterbury Hospital, which would be a single major emergency centre for all of east Kent, with one 24/7 A&E and all specialist services at the same hospital (e.g. trauma, vascular and specialist heart services).

This option would mean that acute services (e.g. A&E, acute medicine and all specialist services) would move to this site from the QEQM Hospital and the William Harvey Hospital. Instead these sites would have 24/7 GP-led urgent treatment centres, as well as diagnostics (such as X-ray and CT scans), day surgery, outpatient services and rehabilitation.

It has been possible to consider and include this potential option because a private developer has offered to donate to the NHS land and the shell of new hospital which it would build adjacent to the Kent and Canterbury Hospital, as part of a development to build 2,000 new homes.

Subject to planning permission and capital funding, this proposal is an additional potential option which has been included now in our process. It could not have been included at the beginning of the process because it has only emerged as an offer recently.

Options for planned orthopaedic care

The waiting list for planned orthopaedic operations has risen by 75% in four years. In the last three years there has also been a fourfold increase in the number of operations cancelled on the day they were due to take place because the bed was needed for an emergency patient. Providing this service differently will cut waiting times and improve outcomes for patients.

The six potential options for where the service could be located in the future are:

1. only the Kent and Canterbury Hospital
2. only the QEQM Hospital
3. only the William Harvey Hospital
4. both the Kent and Canterbury Hospital and William Harvey Hospital
5. both the Kent and Canterbury Hospital and QEQM Hospital
6. both the William Harvey Hospital and QEQM Hospital.

“We want to change because we know that's the right thing to do for patients.”

Helping you get home again



right support is in place when patients are discharged.

Patients are seen at home within hours and receive an assessment by a Home First Team, made up of community nurses, therapists and social care professionals. Every patient has a personal care plan and this may include therapy, goals, support for carers, any equipment they may need and self-help advice.

Frank's story

War veteran and ex-gunner Frank Gambrill, 94, from Whitstable, is now recovering at home thanks to Home First.

The great-grandfather spent six days in the Queen Elizabeth The Queen Mother Hospital in Margate after a fall on 4 November.

Frank is grieving for his wife, Shelia. They had been married for 63 years and he was keen to get back to his home town, where he has lived all his life.

He said: "It's been a very difficult couple of months. I cared for Shelia for a year before she died and she didn't want to go into hospital either."

"I suffer from gout and have been in a lot of pain. My leg was so painful. It just went from under me and over I went. I couldn't get up or move or anything."

Frank managed to call his daughter, Jennifer, who dialled 999. As

soon as he was admitted to hospital, the team, made up of doctors, nurses, therapists and social care professionals, discussed his treatment daily and how to get him home safely.

The fluid was drained from Frank's leg and after six days in hospital, he was ready to be discharged and the Home First Team kicked into action.

He said: "I was so glad to be back home, it's much nicer to be in your own surroundings. I was surprised the team was over here so quick. I can't believe all the attention from the lovely nurses."

"I can't do gardening anymore, but I don't like to be just sat in hospital, I suppose hardly anybody does."

Frank was assessed by occupational therapist Ryesa Jewitt and Personal Nursing Assistant Charlotte Curtis, who visited him during the next three days.

They brought in other members of the team and arranged for a walker upstairs, chair raisers to help Frank get up and down without twisting, and something to transport his meals so he can be more independent.

The team also arranged for Kent County Council's social care team to look at modifying Frank's bathroom.

Frank said: "My son is moving in with me, but I can't wait to get back on my mobility scooter so I can start getting to the shops again and also pop down the pub."

Hundreds of patients across Kent are now receiving care at home who would normally have stayed in hospital, thanks to Home First.

Under Home First, hospital staff work closely with colleagues in the community and in social care to plan for a patient to return home as soon as possible.

Some patients may not need any help when they get home, but for those who do, Home First teams are triggered into action to make sure the



homefirst

Let's get you home

Helping patients to get home safely and sooner from hospital.



"It's like suddenly being able to see in HD"

Debbie Elliott, from New Romney, was the first person to have a new, sight-saving operation at Kent and Canterbury Hospital this summer.

Twelve years ago, during a routine eye test, Debbie was told there was something wrong.

"It was just a check-up, but I started to worry when the optician looked concerned and the text books came out," she said. "I was told that I may have Fuchs' dystrophy. I hadn't heard of the disease before."

Fuchs' dystrophy is an inherited problem causing the cornea (the clear 'window' of your eye) to swell and cloud over.

Administration assistant Debbie, who was 38 at the time, was referred to the William Harvey Hospital in Ashford where the diagnosis was confirmed.

"Initially there wasn't too much to worry about, because the disease progressed very slowly," she said. "But after a number of years both my husband and I noticed my sight was getting worse. The problem was in my right eye at first, but I started to worry it was affecting both eyes."

"I was told the condition was definitely progressing, and I was going blind in my right eye."

The good news for Debbie was that a cornea transplant operation could be carried out – a procedure normally done in a London hospital.

Even better, the Kent and Canterbury Hospital was ready to begin offering this operation locally, which meant Debbie could be the first person to benefit from this new service for east Kent.

"I was over the moon when I heard that I could have the operation performed at Kent and Canterbury Hospital," she said.

Consultant Ophthalmic Surgeon Mr Nick Kopsachilis performed the operation on Debbie's right eye, under general anaesthetic on 1 June 2017.

The procedure – known as Descemet's Membrane Endothelial Keratoplasty (DMEK) – is intricate surgery where the diseased tissue is

removed and replaced with donor tissue just 10-15 thousandths of a millimetre thick.

Mr Kopsachilis said: "Within a week of having this operation, most patients have normal vision. This is a great advantage compared to the standard procedure where visual rehabilitation can take up to three months. It is also less likely that the donor tissue will be rejected by the recipient's body."

Debbie is enjoying being able to see the world much more clearly.

"At home, I can now see the Artex pattern on the ceiling, and I can also see the pattern in the carpet on the floor," she said. "Everyday objects are much easier to see – everything is brighter and clearer than it used to be. It's like being able to suddenly see in HD."

She added: "Everything with the operation itself went really, really smoothly. I'm no longer going blind in my right eye and the whole procedure has balanced my little world."

"Thanks to someone registering as a donor, I can now see. I'm very grateful. It has helped me lead a normal life."

"Having the operation at the Kent and Canterbury Hospital has been less stressful than having to go to one of the

London hospitals. An appointment has already been made there to correct the vision in my left eye, too."



Interested in registering as a donor?

Debbie's sight was saved thanks to one of the many people who have registered as an organ donor. Everyone can join the NHS Organ Donor Register regardless of age, as long as they are legally capable of making the decision and live in the UK.

To find out more about organ donation, please visit www.organdonation.nhs.uk

The perfect match



Jason Carpenter knew what his partner, Sarah Verstage, would like more than anything – a new kidney, because hers were failing, and making her progressively ill.

But the wait for a donor kidney can sometimes be at least three or four years, and even more for those with an unusual blood group. By the beginning of 2017, Jason knew that Sarah was in need of help.

So the couple had a long discussion, and Jason suggested that if he were a compatible match, he could donate one of his kidneys to Sarah.

"I didn't hesitate," said electronic engineer, Jason, 44. "It was just something that had to be done."

Helped through the process

Once they had made their decision, the couple were helped through the complex process by East Kent Hospitals' Living Donor Transplant Co-ordinator, Sarah Norris.

Jason added: "We had tests to make sure that it was possible for me to be a donor, which involved looking at blood group and tissue type. We were referred to Guy's hospital in London, and they told us that we were a match.

"The NHS also had to be sure that we were both in good physical condition and that we were aware of what was involved. That was in March, and the operations were performed in late August."

Carried out at Guy's hospital, the procedure involved the removal of Jason's kidney and with as little delay as possible, transplanting it into his partner. The couple then went on to recover and recuperate, with Essex-based Jason staying in hospital for three days, and Sarah for six days.

End of one journey... the start of another

For nursery nurse Sarah, receiving a kidney from her partner represents the end of a journey that started many years ago. Now 37, she was born with spina bifida, which affects the nervous system and body organs.

"Before the transplant, my kidneys were functioning at 10 per cent overall," said Sarah, "and that function was getting worse."

She added: "In fact, my kidneys were in steady decline for years. But you don't notice because the loss of kidney function is a slow one, and I didn't realise how ill I was. I had very bad fatigue and struggled with daily tasks."

But Jason's donation has given Sarah a new future – immediately after the operation her kidney function was at 55 per cent.

"I feel really, really, well," she beamed. "I feel like partying!"

Jason's remaining kidney is starting the biological process of compensating for the kidney that he's donated.

For the near future, the couple will continue to visit Kent and Canterbury Hospital's renal unit, where their health will be monitored.

Sarah continues to take pills that will reduce the chances of her body rejecting Jason's kidney, and the couple are already making more plans for the future.

"I've no regrets whatsoever," said Jason.

Live donation explained

In the UK, the Human Tissue Act (1 September 2006) was introduced, allowing a donation from people other than those in a close relationship with the recipient.

This made 'pooled and paired' donation more possible, as well as 'altruistic donation' with no particular donor in mind.

But Kidney Research UK always advises that there must be a powerful reason why people wish to donate, and this is usually because of a concern for a relative, spouse, partner or friend who is in need of a kidney transplant.

"I didn't realise how ill I was... now I feel like partying!"

■ The renal unit for East Kent Hospitals provides renal services for the population of Kent and Medway. There are now more than 360 patients who have functioning renal transplants.

East Kent Hospitals' Living Donor Transplant Co-ordinator, Sarah Norris, said: "The donor has to be in tip-top condition and we have to make sure that they won't be harmed. But if we're satisfied that all the requirements have been met, we can proceed.

"Kidneys from live donors tend to last longer and be more successful than a donation received from someone who has died."

If you're interested in becoming an altruistic, live donor and would like to find out more, visit www.nhsbt.nhs.uk, or East Kent Hospitals' website at www.ekhuft.nhs.uk and search for 'renal transplant'.

You can also email Sarah Norris at sarahnorris1@nhs.net

Stroke doctor wins professional excellence award



Actress Sophie Thompson and Baroness Floella Benjamin present Dr Hargroves with his award.

Dr David Hargroves, Trust Clinical Lead for Stroke Medicine, has been presented with a Life After Stroke Award for Professional Excellence on behalf of the Stroke Association.

The Life After Stroke Awards celebrate the achievements of unsung heroes who are helping to conquer stroke.

Dr Hargroves said: "I am deeply honoured to receive this award, but my job really is its own reward. Every day we see how devastating a stroke can be and it spurs me and the team on, to provide the very best possible treatment and care we can. There is nothing more worthwhile than seeing people recover to enjoy their life after a stroke."

Juliet Bouverie, Chief Executive of the Stroke Association, said: "Stroke care is making advances all the time, thanks to the passion and commitment of remarkable people like Dr Hargroves. He has transformed stroke care in East Kent. The innovations he has made mean that local people have a much better chance of surviving the condition and making a good recovery. This is a fantastic achievement that fully deserves a Life After Stroke Award."

Dr Hargroves has also been appointed Senior Clinical Advisor to the national Getting It Right First Time (GIRFT) programme. This is a programme to improve medical care across the NHS by tackling variations in clinical practice and sharing best practice between Trusts.

The GIRFT programme now has 41 clinical leads and advisors from across the NHS working to deliver improvements across a range of medical and surgical specialties, including rheumatology, endocrinology and stroke medicine.

"The speed of my treatment was amazing"



Howard Grover always considered himself to be healthy, active and leading a life that promotes wellbeing.

A keen skier, the 71-year-old Lyminge resident and his wife Jennifer count Austria as a favourite destination because of its famous Alpine slopes.

And it was on a recent trip there that the retired salesman started experiencing problems.

"I was playing a board game with Jennifer, when I noticed that my vision was becoming fuzzy," recalled Howard, "and I really couldn't carry on playing."

He added: "Jennifer and I were joking about it, and we thought there was nothing to worry about – she suggested that I pulled out of the game because I was losing!"

But the following day, when he was working on a computer, Howard experienced the same thing happening again. And this time, the symptoms were more disturbing.

Looking back to the time, he said: "I covered up my left eye and realised that I couldn't see anything out of my right eye – nothing at all. I was scared and knew that it was something serious."

Unexpected diagnosis

An appointment with an Austrian doctor led to a suggestion that Howard wasn't expecting. The visual problems were pointing to something wrong in his arterial system.

Howard and Jennifer returned to Kent and swiftly made a GP appointment. He was referred to East Kent Hospitals on Thursday 12 October,

where he met stroke consultant, Dr David Hargroves.

Dr Hargroves said: "Following a detailed assessment, which included an MRI scan, we identified that Howard needed immediate treatment.

"It turned out that he had a blockage in his right-side carotid artery. The carotid arteries are major blood vessels in the neck that supply blood to the brain, neck, and face.

"This blockage led to Howard experiencing a 'transient ischaemic attack' (TIA) which is sometimes referred to as a 'mini stroke'. This is caused by a temporary disruption in the blood supply to part of the brain, and in Howard's case, caused his visual problems."

Swift action

Howard was given tablets that stabilised his condition and reduced the risk of a major stroke occurring, which had the potential to cause massive – and potentially irreversible – damage.

He went on to have the second scan he needed, on Sunday 15 October, seeing one of East Kent Hospitals' consultant vascular surgeons, Mr Tom Rix the following day in his emergency outpatient clinic.

Two days later, Howard was operated on at the Kent and Canterbury Hospital by surgeon Mr Tom Rix. He underwent a procedure called a 'carotid endarterectomy' under general anaesthetic.

This is a surgical procedure used to unblock a carotid artery.

"I cannot thank the staff enough."

The following day, Howard was given the all-clear and discharged from hospital, free from the worry brought on by his condition.

"The speed with which I received treatment was amazing," said Howard. "I cannot thank the staff enough for all that they've done."

He added: "I was diagnosed, treated and allowed home in little more than a week. The efficiency and effectiveness of the way I was treated is a great testament to East Kent Hospitals and the NHS."

Dr Hargroves added: "Howard was experiencing symptoms that showed he had a blockage in one of his carotid arteries. If left untreated, this could have had devastating consequences.

"Time was of the essence and why we have, for the last decade, worked closely with colleagues to have rapid access to comprehensive imaging through our excellent radiology department. This has enabled the team in east Kent to treat him so quickly.

"I'm so very pleased that Howard has made a swift and healthy recovery."

Could it be you?

Governors are here to listen to you and feedback your views to the Trust. Early in the New Year we will be holding elections for new governors... could that be you?

There are three types of governors: staff governors represent our staff, public governors represent people who live in their constituencies and partner governors represent other parts of the public sector, for example the voluntary sector or local government.

Nine public governors are coming to the end of their term of office which means there will be vacancies in the Ashford, Canterbury, Dover, Shepway, Swale and Rest of England and Wales constituencies.

Governors are voted in by Trust members in their areas and elections to these positions will be held in January 2018.

There is more information about Trust membership and what being a governor involves on our website www.ekhft.nhs.uk

■ If you are interested in standing for election, please contact Amanda Bedford on 01227 868784 or email: amanda.bedford1@nhs.net.

Join us!
It's free and you can bag great discounts!

Becoming a member of our Trust is FREE!

- You get access to high street discounts normally only available to NHS staff
- It makes it easier for us to keep in touch with you
- You'll be kept up to date with improvements and changes to local NHS services
- You can get involved as much or as little as you want
- You can vote for the person who will represent you on our Council of Governors

To find out more about membership and sign up online visit our website www.ekhft.nhs.uk, email foundationtrust@nhs.net or phone 01227 868784.

A helping hand into work

The Queen Elizabeth The Queen Mother Hospital, Margate, has given work experience to local young people, in an initiative run and organised by The Prince's Trust.

The Prince's Trust 'Get Into' Health and Social Care programme took place at the beginning of November and was one of six programmes across Kent and Medway and East Sussex.

The programme supports young people aged 16-25 not currently in education, employment or training. It helps them to gain skills and knowledge of the health and social care sector through training and work experience.

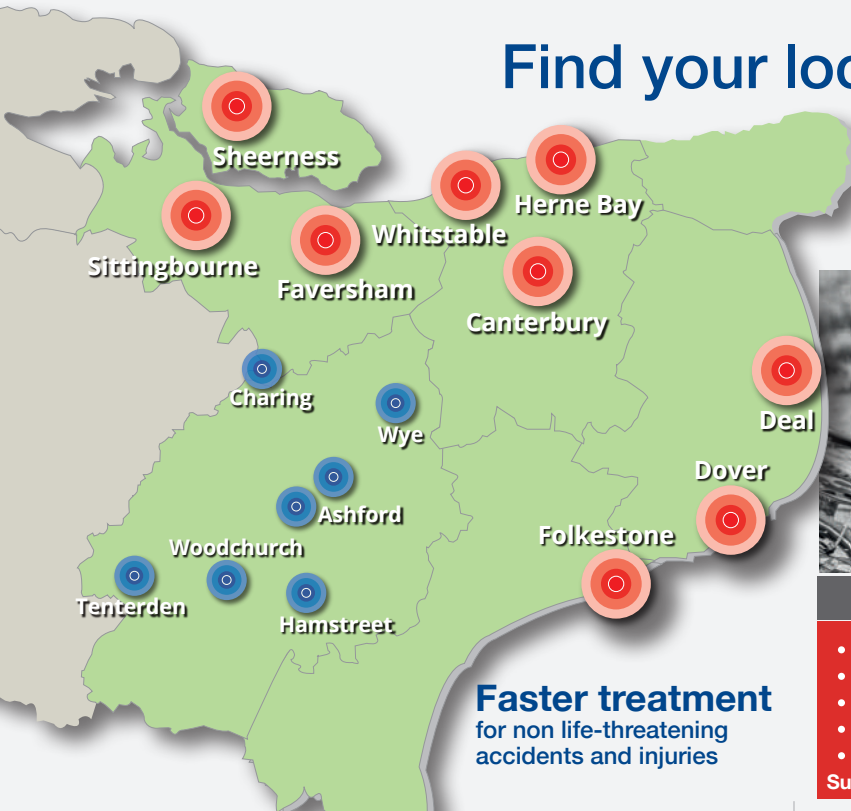
All the participants received training in infection control, safeguarding, information governance, mental health awareness and first aid. They learned employability skills and the health care sector's values and behaviours.

Several of the participants have been offered apprenticeship opportunities.



Find your local

Minor injury unit



Faster treatment
for non life-threatening
accidents and injuries



Walk-in minor injury units

- Children over one with a minor injury
- Minor eye injuries and infections
- Minor back, shoulder or chest injuries
- Minor burns and scalds
- Insect and animal bites
- Sprains and strains
- Dressings
- Cuts and wounds
- Minor head injuries
- Wound infections

Suspected broken bones or fractures: check listing for X-ray services

GP practices with minor injury services

For recent injuries less than 48 hours old:

- Sprains and strains
- Minor burns or scalds
- Minor cuts
- Severe bruising
- Wound infections
- Minor head, back, shoulder or chest injuries
- Minor dislocations of fingers or toes
- Minor eye injuries or small items in the eye
- Children (any age) with a minor injury
- Insect and animal bites

No X-ray services: for suspected broken bones or fractures, see the red list

Ashford: Kingsnorth

Kingsnorth Medical Practice, Ashford Road, Kingsnorth TN23 3ED
Mon – Fri: 8am to 6.30pm
Please call 01233 610140 before attending.

Ashford: Willesborough

Willesborough Health Centre, Bentley Road, Willesborough TN24 0HZ
Mon – Fri: 8am to 6.30pm
Please call 01233 621626 before attending.

Charing

The Charing Practice, Surgery Close, Charing TN27 0AW
Mon – Fri: 8am to 6.30pm
Please call 01233 714490 before attending.

Hamstreet

Hamstreet Surgery, Ruckinge Road, Hamstreet, TN26 2NJ
Mon – Fri: 8am to 6.30pm
Please call 01233 730190 before attending.

Tenterden

Ivy Court Surgery, Recreation Ground Road, Tenterden TN30 6RB
Mon – Fri: 8am to 6.30pm
Please call 01580 763666 before attending.

Woodchurch

Woodchurch Surgery, Front Road, Woodchurch TN26 3SF
Mon – Fri: 8am to 6.30pm
Please call 01233 860236 before attending.

Wye

Wye Surgery, Oxentun Road, Wye TN25 5AY
Mon – Fri: 8am to 6.30pm
Please call 01233 884585 before attending.

Canterbury

Kent and Canterbury Hospital, Ethelbert Road CT1 3NG
Daily: 24 hours Tel: 01227 864244
X-ray: Mon – Fri: 8am to 8pm / Sat & Sun: 8am to 4pm

Deal

Victoria Hospital Minor Injury Unit, London Road CT14 9UA
Daily: 8am to 8pm Tel: 01304 865420
X-ray: Mon – Fri: 9am to 4.45pm

Dover

Buckland Hospital, Coombe Valley Road CT17 0HD
Daily: 8am to 8pm Tel: 01304 222621
X-ray: Mon – Fri: 9am to 4.45pm

Herne Bay

Queen Victoria Memorial Hospital, King Edward Avenue CT6 6EB
Daily: 8am to 8pm Tel: 01227 594700
X-ray: Limited service – please call for details

Faversham

Faversham Health Centre, Bank Street ME13 8QR
Daily: 8am to 8pm Tel: 01795 562005
X-ray: Mon – Fri: 10am to 4pm

Folkestone

Royal Victoria Hospital, Radnor Park Avenue CT19 5BN
Daily: 8am to 8pm Tel: 01303 852727
X-ray: No x-ray service

Sheerness

Sheppey Community Hospital, Plover Road, Minster On Sea ME12 3LT
Daily: 9am to 9pm Tel: 01795 879100
X-ray: Mon – Fri: 9am to 5pm

Sittingbourne

Sittingbourne Memorial Hospital, Bell Road ME10 4DT
Daily: 9am to 9pm Tel: 01795 418300
X-ray: Mon – Fri: 9am to 9pm / Sat & Sun: 10am to 8pm

Whitstable

Estuary View Medical Centre, Boorman Way CT5 3SE (Sat nav: CT5 3RL)
Daily: 8am to 8pm Tel: 01227 284300
X-ray: Mon – Sat: 8am to 8pm