SPECTRA
Celebrating 70 Years of the NHS
As the NHS enters its eighth decade it is worth reflecting on what Aneurin Bevan would make of what we have achieved.

He described an ambition for the health of individuals and communities that was seen to be hugely ambitious. He offered a clear view that “No society can legitimately call itself civilized if a sick person is denied medical aid because of lack of means”. He was part of a world where the interventions that could be offered were limited and of variable effectiveness, where cures were limited and mortality rates from treatable conditions was incredibly high.

We now cure diseases that were thought untreatable and people are living longer and healthier lives than they ever have. We are part of a healthcare system that is beginning to embrace personalised, precision medicine, that is beginning to understand the roles of Artificial Intelligence and robotics. I think he would have hoped and expected that the NHS would be at the forefront of embracing new technologies in seeking to improve the outcomes for the population. Perhaps he would not have recognised the financial challenges associated with delivering it. I am sure he would have foreseen the integration of health and social care.

What, I believe, Bevan would have hoped never changed were the values of care that he saw evidenced by all of the staff at the introduction of the NHS. The recognition that whatever your contribution it added value and was valued was part of the beating heart of his new organisation. Our values continue to be his values and of that we should be justifiably proud. He marvelled at the quality of our people and despite all of the technical advancements we continue to be about people doing their best in caring for people. This translates into remarkable people continuing to do remarkable things everyday across NHS Tayside. It is our people and their commitment that would, I believe, give Bevan greatest confidence that his legacy is secure.

Professor Andrew Russell, NHS Tayside Medical Director

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Dr Drew Walker supporting ‘The wee c: Bringing cancer down to size’ campaign
In 2008, on the 60th anniversary of the NHS, I wrote that ‘the field of Public Health is unrecognisable from 60 years ago in many respects.’

Here we are, 10 years later and celebrating the 70th anniversary of the establishment of the NHS which remains a magnificent public sector legacy of its visionary creators. And the field of Public Health is even less recognisable from what it was 70 years ago.

We have continued to see a marked decline in deaths and serious illness due to many of the infections which were common three or four generations ago and we have also seen the emergence and successful tackling of new infectious disease challenges such as Hepatitis C. We also saw, nearly a decade ago, a flu pandemic which, although not as serious as initially feared, still managed to stretch the resilience of public, private and third sector resources and cause life-threatening illness and death in both vulnerable and previously healthy populations.

Smoking cessation and the ban on smoking in public places have led to significant reductions in the prevalence of smoking and smoking-related diseases, including amongst non-smokers who are no longer exposed to other people’s smoke to the same extent. In Tayside alone, since 2009 our smoking cessation services have supported 57,479 people to make a smoking quit attempt.

While tackling illicit drug use remains a significant challenge, and the recent rise in drug deaths a major concern, the increasing over-consumption of alcohol poses a greater threat to public health in Tayside. The cultural acceptance of binge-drinking and drunkenness remain a problem which will be partially offset by the welcome introduction of Minimum Unit Pricing (MUP) of alcohol across Scotland.

Programmes to detect disease at an early stage have multiplied in recent years, and long-standing screening programmes for breast, cervical and colorectal cancer have been joined, for example, by screening for Abdominal Aortic Aneurysms. The emergence of digital technologies has also created unprecedented opportunities to improve health and social care, enhance health and wellbeing, and promote health equity.

Public health programmes have increasingly been tackling the gross health inequalities that surround us, particularly between the most and the least affluent populations. Our Health Equity Strategy – Communities in Control – emphasised the need for self-management of long-term conditions, community development and participation in preventive programmes such as tackling alcohol misuse, accessing gluten-free food, and preventing falls.

We have implemented UNICEF UK Baby Friendly standards across maternity, health visitor and family nurse services and during the past 10 years exclusive breastfeeding rates in Tayside have increased by 5.1% at the 6-8 week review, with a 7% increase in Dundee. Given the contribution which breastfeeding can make to reducing health inequalities, the increase in Dundee, with its much higher levels of deprivation, is particularly welcome.

The obesity problem which I referred to ten years ago is still there and is even more firmly established as our number one public health challenge, but there is gradual recognition that we need to focus on environmental change as opposed to individual behaviour change alone.

Becoming more active in simple ways can help prevent disease and improve overall health. That is why the World Health Organisation launched a global action plan on physical activity and health which maps out how countries can reduce physical inactivity in adults and adolescents by 15% up to 2030. It recommends a set of policy areas which would improve opportunities for people of all ages and abilities to do more walking, cycling, dancing, sport and active recreation. In Tayside we are adopting these policies across the life span.

Ten years ago I wrote: ‘The solution to almost all of our major public health challenges and opportunities lies in close collaboration between the NHS, other public bodies, the voluntary sector and communities themselves, and the emergence of increasingly effective alliances between these sectors holds unprecedented promise for much improved health and reduced health inequalities in the future’. Although many things have changed over the intervening decade, that is as true now as it was then.

Dr Drew Walker, Director of Public Health
Smoking

Smoking is widely recognised as the single greatest cause of preventable illness and early death. In recent years, the number of smokers in Scotland has fallen dramatically but back when the NHS was established cigarettes were part of everyday life with an estimated 81% of men and 39% of women smoking. Smoking adverts regularly featured athletes, Hollywood stars, cartoon characters and even doctors promoting the benefits of cigarettes. But despite its popularity, concerns were growing around links with illness and excessive smoking was discouraged.

In the 1950s Richard Doll and Austin Bradford Hill published research which showed a link between smoking and the risk of lung cancer and ischaemic heart disease, marking a turning point in attitudes towards cigarettes and the beginning of the slow decline of smoking in the UK.

Andrew Radley, Consultant in Public Health Pharmacy explained there have been significant changes since our smoking cessation services were based around general practices, with health visitors and community nurses running support groups for the large numbers of smokers who wanted to give up. Around 74% of the population did not smoke in 2003 compared to the 83% of people who do not smoke in 2018.

Along our tobacco control journey, the Public Health Team has been known for its ability to innovate and try its hardest to improve the health of local communities. Give It Up for Baby was the first smoking cessation incentive scheme to be implemented in the United Kingdom and saw twice as many pregnant smokers successfully quit compared to standard approaches. This was quickly followed by quit4u, an incentive scheme that recognised that smokers from our most needy communities require extra support to give up smoking.
We adopted the Scottish pilot of ASSIST, which is an evidence-based intervention that uses the peer support of pupils for their classmates in schools, to help young people reject pressure to start using cigarettes. The number of young people not smoking is at an all time high, with latest figures showing that 94% of 15 year olds in Dundee do not want to smoke.

Following the introduction of the ban on smoking in enclosed public places in 2016, NHS Tayside extended this to include all of our sites and grounds in order to protect our patients, staff and visitors from second hand smoke and promote healthier lifestyles. We are currently working with partners in local authorities to increase the numbers of smoke-free areas, so that non-smokers are not exposed and our children do not see smoking as a normal or desirable activity. We have just launched smoke-free play parks in Dundee and are working to implement the new law that creates a financial penalty for smoking in hospital grounds later this year.

Our next practice development recognises that the people who still smoke do so in a social context, and to harness social networks to help them to stop smoking.

The Scottish Government has set out an ambition for Scotland to become a tobacco-free country by 2034. Our team are determined to deliver this ambition and to help the people of Tayside live longer and healthier lives.

Giving up smoking is the single most important lifestyle decision that anyone can make to improve their health immediately. Anyone who wants to stop smoking can visit any local community pharmacy or call our smoking cessation service Quit Your Way Tayside on 01382 424127 to find out about all the ways NHS Tayside can help support people to become smoke free.
Obesity
A growing problem in Scotland

Obesity is a significant public health issue in Scotland with adult obesity rates rising significantly over the past 25 years. It is estimated there will be 11 million more obese adults in the UK by 2030, resulting in up to 668,000 additional cases of diabetes, 461,000 cases of heart disease and stroke, and 130,000 cases of cancer, with associated medical costs set to increase by £1.9-2billion per year. Obesity and a BMI of 30 to 35 can reduce life expectancy by an average of three years, while a BMI of over 40 can see a reduction of up to 10 years.

Scotland has some of the highest incidences of obesity and there is a strong link between obesity and inequalities and deprivation.

Modern lifestyles have seen a reduction in physical activity with many people driving cars rather than walking or cycling, and spending large parts of their day sitting at desks or watching television.

The price and availability of processed foods with high levels of sugar, salt and saturated fats, along with a decline in home cooking, has also had an effect on obesity rates.

There has been widespread recognition in recent years that over consumption of sugar is a major factor on obesity, particularly in children, with some foods and soft drinks containing more than the recommended daily intake in a single portion.

In order to tackle this a Soft Drinks Industry Levy, dubbed the ‘sugar tax’, was introduced across the UK to encourage manufacturers to reduce the amount of sugar in their soft drinks or pay an additional tax. Since it came into effect earlier this year, many major brands have significantly reduced their sugar content.

NHS Tayside led the field in this area with the introduction of the Drinks4Health initiative, which saw all high-sugar drinks replaced with an extended range of healthier drinks in vending machines, shops and staff dining rooms across the organisation.

The project began in Perth Royal Infirmary in 2005, before being expanded to include some sites in Dundee then the rest of Tayside in 2008.
The following year, NHS Tayside also created a new weight management programme for children and young people. The Paediatric Overweight Service Tayside (POST) was launched in February 2009 and has seen 1,772 children and young people referred to the service over the last nine years.

With around one in five primary one children classed as overweight or obese, child healthy weight is a significant concern for NHS Tayside. POST is a free service which works with children and young people aged between 2 and 15 years, as well as their families, to manage their weight and adopt healthier lifestyles.

Parents and children are offered a programme of one-to-one sessions and can take part in groups with other families where they are encouraged to be active and stay healthy.

Although POST began life as a clinical service, it has developed over the last nine years and now works closely with schools to promote healthy lifestyles and healthy weight using a whole school approach.

Along with teachers from across Tayside, the POST team developed the Fun Fit Tayside programme which is delivered by teachers in class time to promote a healthy lifestyle to all children.

The POST service promotes the Fun Fit Tayside 1, 2, 3 message of at least one hour of activity, no more than two hours of screen time and three healthy balanced meals a day.

If anyone is concerned about their child’s weight, they can contact POST confidentially on 01738 473784 or on post.tayside@nhs.net
Improvements in technology have benefitted patients with diabetes since the inception of the NHS. Over 70 years, we have moved from the control of symptoms to the reduction in microvascular complications and we are now entering the era of reduction in mortality.

Through the years, insulin delivery has moved from reusable syringes requiring sterilisation to pen devices and insulin pumps which allow greater flexibility and tighter diabetes control.

Blood sugar monitoring has moved from the testing of urine to fingerprick blood sugar testing and we are also witnessing the advent of Flash Glucose monitoring and continuous subcutaneous glucose testing to allow ever tighter control.

A greater understanding of the causes of diabetes has led to the development of drugs which reduce cardiovascular mortality, the leading cause of death in type 2 diabetes, and advances in genetics have allowed the diagnosis of inherited types of diabetes which can be managed with tablets rather than insulin injections.

Dundee has been central to the development of technology in the management of diabetes. The SCI-Diabetes database developed in Dundee in the 1990s is unrivalled in its scope and information. It allows clinicians to access a record of diabetes care and contains all the information one requires to allow good management.

More recently the advent of the MyDiabetes MyWay online service, which is hosted at Ninewells Hospital, has also allowed patients to access their data to allow better, more informed patient management.

Lifestyle factors such as poor diet, inactivity and social deprivation have led to an increase in the prevalence of type 2 diabetes and this is now occurring at a younger age. The health service will need to continue to adapt to prevent this rise as otherwise the costs of managing diabetes and its associated conditions will become unmanageable.

In the future, patients who are newly diagnosed with type 2 diabetes can expect an entirely different pathway of care which addresses the root causes of their illness and should yield benefits which are over and above those which we can expect simply by treating diabetes. Ideally, we need to reverse the trend of rising obesity.

Diabetes care has changed significantly over 70 years. This innovation needs to continue to allow patient-centred, timely care. The driver behind this has always been the patient who needs the support and education to achieve their desired goals and improve their health.

Consultant physician and clinical lead for diabetes and endocrinology Dr Chris Schofield
Diabetes
Treatment for children

The NHS in Scotland has been at the forefront of developing and adopting new technologies over the past 70 years and so too has the management of children with diabetes. As new technologies have become available, the service in Tayside has adapted to make best use of these innovations.

The Diabetes Out There (DOT) Tayside service is responsible for the care of children and young people with diabetes up to age 18 across Tayside and North East Fife. The team consists of doctors, nurses, dieticians and psychologists and cares for approximately 230 young people with diabetes.

On paper, the management of type 1 diabetes is fairly simple – insulin is given to keep blood glucose at normal levels and avoid long-term complications like kidney and foot disease. However, life can often get in the way and what sounds easy can often prove to be difficult in the real world.

The first commercially available biosynthetic insulin was produced in the early 1980s, with disposable pen devices becoming available soon after. For the next 20 years or so, this became the mainstay of treatment - insulin injections at regular intervals.

Insulin pumps were first developed as research prototypes during the 1960s, but didn’t become widely available until the turn of the century.

Pumps continuously deliver insulin at a rate that is more similar to the healthy pancreas meaning users have less injections and greater control over their blood glucose. Approximately 40% of the children and young people in the DOT Tayside service are using pumps.

Over the last 10 years, technology has allowed people with diabetes to gain greater insights into how their glucose levels vary through the day. Meters have been developed that reduce the need for fingerpick checks by continuously monitoring glucose and parents and young people can receive notifications and alarms via their mobile phone that pre-empt abnormal glucose levels. Patients are now also offered video consultations with the DOT team as an alternative to traditional face-to-face clinics.

The ultimate aim of technological advances is to improve glycaemic control and quality of life for patients and, at the centre of it all, is the young person with diabetes who will have their own opinion on what works best for them.

Just as the service has evolved over the past 70 years, so too have healthcare professionals’ attitudes on the need for shared decision-making and putting the patient at the centre of their care.

Paediatric Consultant Dr Nicholas Conway
Food for thought
Hospital nutrition through the years

While patient nutrition has always been a concern for the health sector, the formation of the National Health Service in 1948 gave rise to the awareness of the effects of nutrition on overall health.

In many hospitals in 1948, catering for patients was still the responsibility of the nursing staff; they would cook the food in ward kitchens before serving it to their patients themselves.

In some larger hospitals, there were dedicated catering staff working in centralised kitchens but nurses still had to find time to serve meals to their patients.

Some typical menu items included neck of mutton, mock turtle soup, kippers, meat paste, ox tongue, tapioca pudding, stewed plums and baked jam rolls.

Today in the NHS certain standards must be followed and catering staff use standard recipes to guarantee the nutritional content of the food provided. A computer based nutritional analysis package is used to determine the nutritional content of meals.

It is essential that patients are provided with food that meets their dietary requirements whether they are coeliac and require a gluten free diet or have had a swallowing problem which requires a texture modified diet.

Over the years we have seen stricter guidelines and policy on how these diets are catered for and as result a wide selection of menus has been developed to cater for patients. We listen to patient feedback about the sort of foods they would like to see on the menus as people’s eating habits and food choices change.

The importance of diet in restoration and healing has remained a constant over the last 70 years and the birth of the NHS allowed for the creation of the role of the dietitian, an expert in this field.

Today, dietitians continue to work in hospitals as well as in the wider community, advising on menu planning and development, as well as the procurement of food products. They are also involved in the training and development of all staff involved in patients’ nutrition and hydration.

General Hospital Diets - 1948 -1954
Total cost per patient: 3s.4d
Decimal conversion: 17p
2018 cost: £4.52
The doctor will see you now

When the NHS was born in 1948 General Practitioners subcontracted their services to the NHS and a family doctor became available to all, free at the point of delivery. At the time, most GPs continued to work from their own homes looking after entire families from cradle to grave. Options for GPs to treat patients were limited. There were fewer drugs to prescribe, fewer investigations to order and fewer hospital specialties to refer into. Patients were cared for by a (usually male) GP, perhaps with the assistance of his wife, and without the team of nurses and other professionals who support GPs today. While there were fewer treatment options, patients did have continuity of care with “their doctor”, and there was time for trusting relationships to develop.

There has been a huge expansion in medicine in the last 70 years: vaccinations that save lives by preventing diseases, screening programmes that detect diseases earlier, and increasingly effective treatments for more conditions than ever before. But, as more of the population lives for longer, the problems of multiple chronic diseases have required an increase in the extent and complexity of care.

We are in a world with more medical evidence than we can ever hope to read. That said, the importance of us being able to communicate the impact of this with people has never been so important. The availability and publicity surrounding medical innovation continues to expand and as GPs we are there to help people understand how this evidence might apply to them.

Amongst all this change, the focus must be on quality of life for the individual patient and their family, particularly when new treatment options may not be the right thing for every patient. Focusing on this whilst there is a an effort to move forward with artificial intelligence and genetic tailoring of treatment options is the future challenge of general practice.

For over 70 years GPs have proven to be the most cost effective way to deliver safe and sensible medical care for 90% of all NHS contacts. We need to consider our approach to healthcare, avoiding overdiagnosis and overtreatment, and patients need to be involved in their care and decision making in a meaningful way.

We must recognise what is good and have the courage to do away with that which no longer works; welcoming a new age of realistic medicine, with GPs and patients at the centre. We must develop a learning healthcare system where evidence is available in a timely and useable format to guide healthcare decisions. There is now more available data, more treatment options and more evidence, but the human interaction between a patient and their doctor remains the key to success.

Dr Alison Clement, GP Partner, Monifeith Medial Practice and Clinical Director Angus Health and Social Care Partnership, Dr Scott Jamieson, GP, Kirriemuir Medical Practice and RCGP Scotland Executive Officer (Quality Improvement), and Dr Amy Rogers, GP and Clinical Research Fellow at Dundee University
The jobs nurses do today are unrecognisable from their roles in 1948. The primary role of nurses when the NHS was established was to care for ill people but nursing has changed to reflect the healthcare priorities of the population, becoming a more varied, diverse and empowered profession along the way.

Modern nurses operate in a high-tech, complex environment that has evolved to meet age-old challenges and ones that have emerged since the founding of the NHS. Nurses now play a huge role in helping people to take responsibility for their own health and that of their families.

Whereas nurses were previously expected to carry out the instructions of doctors without question, they are now integrated into an interdisciplinary team who bring their own individual strengths to clinical decision making. A high proportion of nurses are involved in prescribing, illustrating how they are now given responsibility to provide care for patients without depending on the skills of others around them.

The various fields of nursing have become more specialised. There are more end points for registered nurses than ever before, with individuals involved in research, management, and a range of other roles of critical importance to healthcare. The result of all of this is that we have had to change the way we educate nurses. Nursing is now a degree-level qualification and evidence shows that graduate nurses reduce morbidity rates and improve patient outcomes. The increased focus on research within nursing means that the professionals who work most closely with patients can not only identify problems but are also empowered to form the evidence base that leads to a direct improvement in care.

Our role at the University is to provide the best quality of nurses possible for Scotland. Students spend 50% of their training on clinical placement, meaning that the nurses they learn from are as important as the academic staff in the University. The better the nurses that graduate from Dundee, the better teachers our future students will have on placement.

And, of course, the nurses themselves are very different now.

Stereotypes persist but our #mendocare campaign aims to break these down and get more males into a traditionally female-dominated workforce. Gender, race, religion or nationality should not be a barrier because all that matters is our nurses being compassionate, articulate and capable of working and making decisions in a high-pressure environment.

And in that sense nursing hasn’t changed so much after all.

Professor Lynn Kilbride, Dean of the School of Nursing and Health Sciences

Transforming Nursing
NHS Scotland
• 50,015 registered nurses employed in NHS Scotland, social care and primary care
• 43,820 whole time equivalent registered nurses in NHS Scotland
• 43% of NHS Scotland workforce made up of nurses
• 9,939 is the average number of nurses in training (inc years 1-3 students) each year since 2007

Based on 2016 stats

NHS Tayside
• Over 4200 registered nursing and midwifery staff in NHS Tayside
• Over 3720 whole time equivalent registered nursing and midwifery staff
• Around 43% of NHS Tayside workforce is made up of nursing and midwifery staff

Health Visiting
The four principles of health visiting first published in 1977 continue to underpin health visiting training and practice today – the search for health needs, stimulation and awareness of health needs, influencing policies affecting health and facilitating health enhancing activities.

NHS Tayside has undertaken considerable work over recent years to transform and grow the health visiting service to ensure a focus on prevention, early identification and intervention to improve outcomes for children, families and communities.

To date, more than 100 nurses and midwives have successfully trained to become health visitors, playing a crucial role in providing person-centred care to improve families’ experience of services, to improve health outcomes, promote, support and safeguard the wellbeing of children and contribute to reducing health inequalities.

Family Nurse Partnership
The Family Nurse Partnership (FNP) was introduced to NHS Tayside in 2011 to help support families across the region.

The FNP is a specialist programme providing young mums with additional support which involves a family nurse visiting first-time mothers under 19 years of age every one or two weeks during their pregnancy and throughout the first two years of their baby’s life.

The nurses offer guidance on child development, preventative health measures, parenting skills, breastfeeding, better diet information and advice for mothers on education and employment. Since the FNP started more than 1000 women have participated in the programme.

Nursing in the future
Over the years, nursing has taken on new responsibilities, including promoting health and wellbeing and tackling inequalities.

As we move forward towards 2030, all nursing will involve working with patients and communities throughout their lives, supporting them to make decisions to enable them to live longer, heather lives.

They will help patients through periods of acute ill health or to manage long-term conditions, help tackle social isolation and support people to engage with their communities in ways that are meaningful to them, and also help prepare them for a peaceful and dignified death.
The last 70 years have brought many improvements and changes in how we support and care for people with a learning disability or mental ill health. As a society we’ve moved a long way from the large county asylums of the past. Institutions such as Murray Royal, Sunnyside, Royal Dundee Liff and Strathmartine Hospitals provided hundreds of inpatient beds. Our focus now is on providing care in or as close to people’s homes as possible. However, people with mental health problems or learning disabilities continue to face stigma, social exclusion and reduced opportunities in their day-to-day lives and whilst negative attitudes and discrimination have reduced, we still have a long way to go to deliver the level of parity and opportunity needed for all. Undoubtedly there have been improvements with new legislation underpinned by principles of non discrimination, equality, respect for diversity, reciprocity and participation.

We also now have a new range of treatments based on individualised care and recovery delivered in improved places of care. Informal care and professional colleagues have also contributed massively to the changes we have seen over the last 70 years. Central to all of this is the people we care for, their families and carers and the privileged position we have as professionals to support, treat, enable, empower and care for people. None of this would be possible without our dedicated staff that work every day to care, challenge stigma, tackle social exclusion, build hope and opportunity, and enable people to live life to the fullest.

I’ve been fortunate to have worked in mental health nursing since 1987 and can remember many people – colleagues, patients and carers who have shaped my experience and approach as a mental health nurse. None more so than a charge nurse on the Intensive Psychiatric Care Unit at Maudsley Hospital in south London.

What set him apart was his calm, considered approach, his ability to engage with people in an inclusive, non judgemental way that built the confidence of the people around him. The next 70 years will see our profession develop further and in this new era our core values of compassion, curiosity, commitment and person-centred care will hold true.

Keith Russell, Associate Nurse Director for Mental Health and Learning Disabilities

#70mhnursingstories
#mhimprove
Ten years ago, on the occasion of the 60th anniversary of the NHS, Sir Alan Langlands, the then Principal of the University of Dundee, recognised the strong collaborative relationship with NHS Tayside citing ‘examples of co-operation which further University education and research and provide health benefits to the people of Tayside and beyond’. He advocated building ‘on our common approach to excellence in the tripartite mission of research, education and, above all, patient care’.

This ambition was significantly advanced in 2014 when the Academic Health Science Partnership in Tayside (AHSP) was established, the first in Scotland and jointly supported by NHS Tayside, the University of Dundee and Scottish Government.

Since then AHSP has driven an exciting and diverse range of innovation led projects, connecting people across NHS Tayside and the University, and externally with industry, healthcare and higher education providers and other stakeholders. The core objective is to share expertise and best practice and collaborate on developing ideas and projects in research and development, innovation, service improvement and education and training of health and social care professionals.

Aligned with this ambition, AHSP has played a significant role in the development of the Tay Cities Deal application entitled www.dundee.ac.uk/tay-cities-deal ‘Growing the Tayside Biomedical Cluster’ which is currently being considered by UK and Scottish Governments. This is an exciting proposal bringing together local and international excellence in biopharmaceuticals/biotechnology, medical technologies and skills development and training to create wealth, sustainable job opportunities and improved health outcomes for the people of the Tayside region and beyond. The proposal is a collaboration between NHS Tayside, the University, Dundee & Angus College, industry and private sector investors.

The University’s Dundee Institute for Healthcare Simulation based at Ninewells Hospital & Medical School is an exemplar of the AHSP concept of promoting collaboration between the two institutions along with our multi-national industry partners and Scottish Enterprise. The Institute has recently undergone major refurbishment to maximise training capacity and provide the highest quality experience for healthcare trainees.

Going forward, the AHSP Strategy 2018-21 focuses on four cluster areas: Biomedical, Quality Improvement, Informatics and Design and Innovation with research as a cross-cutting theme. The strategy is firmly premised on establishing funded projects aligned with the strategic priorities of NHS Tayside, the University and the associated health and social care sector.

AHSP is proud to represent and further advance the partnership between NHS Tayside and the University of Dundee and sends congratulations and warm wishes to all NHS Tayside staff on the 70th anniversary of the NHS.

Dilip Nathwani, Director of AHSP
If you had walked into a children’s ward in 1948 the environment in which they would have been cared for would have been very different to what is provided for our youngest patients seven decades later. The wards in the Tayside Children’s Hospital are worlds away from the sterile plain wards of yesteryear. Children and their families are looked after in wards that are much more child friendly.

Tayside Children’s Hospital is one of four children’s hospitals in Scotland combining medical services for children from prenatal to adolescence with research departments specialising in paediatrics and child development. It was formally opened in 2006 by television celebrity Fred MacAulay.

Our fantastic staff do not underestimate the importance of play and back in 1982 Ninewells became the first hospital in Scotland to provide play preparation, with play specialists and assistants helping explain to children about their illness and providing them with coping strategies and distraction for operations.

It is now widely accepted that play preparation can dramatically impact on a child’s recovery and long-term psychological effects and all hospitals now provide play preparation for their young patients.

As there is only a single children’s theatre at Ninewells, over 1,000 children currently receive surgery out with a dedicated children’s facility. To address this, a new Children’s Theatre Suite is planned which will allow significantly more children to receive their surgery in environments which are specially created for children.

The new facility will consist of two paediatric theatres with associated pre and post operative areas and an inpatient ward area, and will be delivered as part of a collaborative project between NHS Tayside and the ARCHIE Foundation: a charity that supports a range of projects aimed at improving and enhancing services for young people.

NHS Tayside has earmarked £4 million for the project with ARCHIE committed to delivering £2 million to ‘make the difference’ to the facility which will allow additional aspects to be incorporated into the design which would not otherwise have been achievable.

The charity has been constantly fundraising over the years with the Oor Wullie Bucket Trail fundraiser in 2015 being hugely successful and attracting lots of public interest.

This is an exciting new chapter for Tayside Children’s Hospital and definitely one to celebrate on the 70th anniversary of the NHS!
Since the establishment of the Assisted Conception Unit in the early 1980s, more than 4,000 babies have been born as a result of IVF/ICSI treatment at Ninewells Hospital.

The IVF Unit was set up by Dr John Mills and Dr Geoff James and was the first unit in Scotland to offer NHS-funded IVF treatment.

Scotland’s first IVF baby was born in the unit in September 1984, leading to a rush of enquiries but a lack of resources meant that treatment had to be restricted to Tayside patients only.

The unit is now staffed by 40 clinical, laboratory, nursing, administrative and counselling staff, and treats NHS patients from Tayside, Fife, Forth Valley and the Western Isles, as well as self-funded patients from throughout Scotland.

The unit also manages the andrology service for NHS Tayside.

In 1993, the unit carried out 225 cycles and the success rate was less than 20%. Now 25 years later, the success rate for patients under 35 at Ninewells Hospital is about 36%. NHS Tayside’s success rates have consistently been above the national average.

To further advance services, NHS Tayside has successfully recruited egg and sperm donors and also offers egg sharing, as well as providing treatment and storage facilities for patients with a blood-borne virus illness from Edinburgh and Glasgow.

Anne McConnell,
Business Manager, Assisted Conception Unit

Other ‘firsts’ for the Unit include:

1989: First baby born following treatment using donated embryos

1994: First baby born following treatment using frozen embryos

1995: First baby born following intracytoplasmic sperm injection (ICSI)