



# WRSG Newsletter

WOLVERHAMPTON RHEUMATOLOGY SUPPORT GROUP

Charity No. 1041181

CARING IS SHARING

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Contents:

Announcements

Features

Subscriptions Reminder     £5

The WRSG yearly subscriptions were due in June. Committee agreed to keep the charge at £5 per person and £8 per couple. If you became a member of the WRSG in 2008 your subscriptions are not due until June 2009. Remittance advice slips were enclosed with the June newsletter. Thank you to members who have paid.

The WRSG database will be amended at the end of August with only members who have paid receiving the September newsletter.

Cheques should be made payable to the WRSG and sent direct to our Treasurer:

Mrs. Liz Walker  
234 Jeffcock Road,  
Pennfields,  
Wolverhampton  
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WRSG Annual General Meeting

The WRSG AGM is on the evening of Monday 1<sup>st</sup> September at the Holly Bush 494 Penn Road, Penn Wolverhampton at 7.00 for 7.30 p.m. We have invited guest speakers.

We will be providing a buffet, holding a raffle and there is no charge for the event. The AGM will close at approximately 9.45 p.m.

The purpose of the AGM is to elect/re-elect the committee and to receive the Annual Accounts and the Chair/Secretary's report. Invitations are enclosed with this newsletter. Will you let me have your reply slips by 25<sup>th</sup> August please to allow for catering

**THE SEPTEMBER NEWSLETTER WILL NOT ARRIVE WITH YOU IN TIME FOR ME TO SEND OUT ADMISSION SLIPS FOR THE AGM THEREFORE WILL YOU PLEASE ASSUME THAT IF YOU HAVE SENT IN YOUR REQUESTS FOR PLACES BEFORE THE 25<sup>th</sup> AUGUST THEY WILL BE BOOKED FOR YOU AND I LOOK FORWARD TO SEEING YOU THERE**

*Dorothy*

Information Session

We are having an information session on Tuesday 14<sup>th</sup> October at the Holly Bush, Penn Road Wolverhampton from 2.00 to 4.00 p.m

The talk will be by members of the Fire Brigade from 2.00 to 3.00 p.m followed by afternoon tea, coffee and cakes. There will be no charge for this event.

Booking forms will be included with the September newsletter.

**The following is the response from the Matrons' to my article in the June newsletter which I am publishing in full**

Dear Mrs Darby

It was very nice meeting you on 25<sup>th</sup> June 2008 at your home and I would like to thank you for your hospitality towards us. I hope you found our visit supportive and informative.

You began by informing us that the District Nurse contacted your GP to advise him that she thought you needed to attend the Emergency Assessment Unit to be seen by one of the specialists as your leg was deteriorating. You informed us you were very impressed with the service you received within the EAU; that you had investigations and an MRSA screening and that you were only in the department for about 2 hours. You were then admitted to a bed within the Emergency Short Stay Ward. Mr Coen came to see you on the ward and advised that you may need your leg amputating, which obviously shocked you considerably. However, he was going to ask Dr McBride to see you to see if something else could be done first. You informed us that Dr McBride was fantastic with you. He informed you that you had blood clots in your legs and that he wanted to do an angiogram to confirm this. We apologise for the fact that you had to wait seven days for this procedure to be organised and we agreed to bring this issue to the attention of the Head of Radiology.

During your stay on Emergency Short Stay you contracted norovirus twice. I explained this is the reason you would not have been moved from the ward. I explained this area is a short stay facility and patients should only remain there for a maximum of four days, after which time patients are usually transferred to one of the medical wards for further inpatient stay. I apologise this did not happen in your circumstances.

You advised us that your stay on the Emergency Short Stay Ward was good until you sustained a fall and hurt your ribs and arms and it was at this point that the care you received deteriorated.

Your main concern was the number of staff on duty which you felt was not adequate for the patients' needs in that area. You advised you had to constantly ask for assistance with your hygiene needs as you were frequently left to try and manage for yourself. I sincerely apologise for the experience you had and advised you that I would speak to the Senior Sister to discuss your experience with the ward staff to raise their awareness and to ensure they adequately assess all patient's requirements on a daily basis. I can now advise that this conversation has taken place with the Senior Sister. She is now implementing a different approach to patient handover whereby staff will walk round the bay at handover so that each individual patient's problems can be communicated more effectively between the team. This will be trialled for a month and a review of this process will be undertaken at the end. A decision will then be made as to whether this change to the handover process will be continued.

The Senior Sister on ESS has also had an opportunity to review the nursing documentation in your medical records. She has advised me that staff have documented that during your stay on ESS you were given an assisted shower, also that your feet were soaked in a bowl and that assistance with your hygiene was given. I am sorry you did not feel this to be the case during your stay. I also advised you that we do yearly skill mix reviews and I was aware, with the introduction of daily consultant ward rounds and the dependency of the patients on this ward, the staffing numbers would be reviewed and this is a piece of work I would complete.

Matron Rani Virk and I also discussed you attending the Care of the Older Persons course organised by the Trust to present your experience to staff. Matron Virk advised she would speak to the lead for this course and arrange for your input.

We hope our visit reassured you that we take your concerns seriously and that we value patient feedback.

We are aware you required a response to publish in the newsletter. However, we would like to point out that this response is sent to you as a personal response to the issues you raised.

If you wish to publish the personal information included in this letter it is your sole decision to do so.

Please do not hesitate to contact us again if you are dissatisfied with the response or have anything else you wish to discuss with us.

Kind regards,  
Yours sincerely  
Andrea Dodds, Matron, Emergency Services

I do remember having an assisted shower on the Saturday morning when I had been in for four days but I was in for seventeen days in total. I agree that my good foot was washed in a bowl so I had a clean foot. Seriously though I am pleased to read about the trial approach to patient handover and await the outcome with interest. Of course I am willing to attend the Care of the Older Persons course organised by the Trust to present my experience to staff if this would help.

#### Progress Update

Thank you to the members who are still ringing to ask how I am. I am still not going out unless I use a taxi or a friend. I cannot get a shoe on but three of the four ulcers on my leg/foot have healed and my toe is on the mend!

I feel that some of the responsibility for my predicament lies with Walsall Primary Care Trust for withholding my Lymphoedema treatment from October last year to the end of January this year.

Some fault must also lie with my GP for not coming out to me and I still feel very grateful to Ross the District Nursing Sister. Following my discharge from hospital I changed to a Wolverhampton GP. I haven't needed to see him because Dr. Newton and the District Nurses are taking care of me. However the receptionists at the Mayfields Medical Centre are being very efficient and I have received sound advice on two occasions from the Practise Nurse. I think it will turn out to be a good move  
*Dorothy*

The following is a "Right to Reply" from Mr. David Loughton, Chief Executive of the Royal Wolverhampton Hospital NHS Trust in response to the article written by Pat Jones in the July Newsletter

I was most disappointed to read Issue Number 77 of the WRSG Newsletter in which you make personal comments about the Director of Nursing and Midwifery and myself. During my 20 plus years as a CEO in the NHS I have worked with 8 Directors of Nursing and Midwifery and without doubt, the Director of Nursing here at New Cross is the best I have worked with. She cares about all patient groups and I think the performance of the Trust in nursing terms is exemplary.

We have moved from being the third worst on infection prevention to one of the best Trusts in the country and have won many national and international awards. I will not bore you with the details, but these could not have been achieved without increasing the nursing standards in the organisation which has been widely acknowledged by the Department of Health as the main reason for our dramatic improvement. If you look at patient mortality this has improved from 111 when the Director of Nursing and Midwifery commenced with the Trust, to 84 now, one of the largest improvements in the NHS. I find your comments offensive, particularly when viewed against these two dramatic improvements.

I also find it personally offensive; bearing in mind we are a national exemplar on having improved the quality of care in this organisation that you suggest the quality of care has slipped. I would also like to know when I am leaving New Cross with my team.

*David Loughton*

The views expressed in this newsletter are taken in good faith and are not necessarily endorsed by the editor or the WRSG. The use of a product name does not constitute an endorsement or a recommendation by the WRSG

**NHS 60 Service of Celebration**  
**Wednesday 2<sup>nd</sup> July 2008**  
**Westminster Abbey**

**Our lovely day out**

I was up early to get ready for this day trip to London. I had a bath and my breakfast and was ready for when the District Nurse arrived at 8.45 a.m.

Pat and Les Jones came to collect me and the wheelchair at 9.15 and we were away. Pat and I met John Brown from the PCT who had collected our train tickets and we caught the 10.05 to London Euston.

The Virgin train was clean with air conditioning and it was on time reaching London at 12.05.

John called for assistance and we were transported under ground at Euston in a buggy which took the driver, the three of us and the wheelchair out to the taxi rank.

A taxi arrived and the driver put a ramp down for the wheelchair so I didn't have to get out of it! When we arrived at Westminster Abbey again a ramp was put down for us to negotiate the steps into the Abbey without any fuss.

We were seated in the west end of the Abbey on the front row. We stood while all the dignitaries walked through including Prince Charles. We thought it quite amusing because when Gordon Brown walked past he looked at Pat and said "Hello". Was there something she hadn't told me? Did she know him? I don't think so!

A nice touch was that the choir boys stopped right by us to sing their first hymn before proceeding further into the Abbey. There were some interesting speeches including the original speech by The Right Honourable Aneurin Bevan MP. We sang several hymns and found it a very pleasant service.

A lady sat next to Pat and she was signing to the lady sitting opposite her throughout the service. How she managed to keep up was quite amazing.

I couldn't understand why she signed the words to the hymns because the lady could read but we were told that because she couldn't hear she couldn't keep up with the service. These are the sort of things you don't realise unless you have the problem yourself. We take so much for granted.

After the service we left the Abbey for the Queen Elizabeth 11 Conference Centre. There was a lovely buffet available and I chose scones with jam and cream and some fresh fruit. This was a large room with a big TV screen. Alan Johnson, Secretary of State for Health gave a very good speech and then Leslie Garrett sang for us. Alan Johnson said Leslie's husband is a GP and she takes a very great interest in the NHS.

We had our photographs taken with Leslie. I was going to get out of the wheelchair but she knelt down by me and was very friendly. I was interviewed by her press team who asked me how I came to be there. It all made the day more interesting and John was ready to swoon to be photographed with Leslie.

We left the venue and took another taxi back to Euston where once again we used the assistance buggy straight onto the train.

We arrived more or less on time as planned back in Wolverhampton and Les Jones was waiting to bring me home. Pat and Les saw me safely into the house and it wasn't long before I was in bed after a lovely day out.

*Dorothy*

It was a great honour to attend the 60<sup>th</sup> anniversary celebratory service of the NHS at Westminster Abbey. I attended as Dorothy's carer and was delighted to do so. What marvellous achievements the NHS has made in 60 years.

I particularly enjoyed the reflection given by a young man who had recovered from cancer of the tongue, another reflection was given by Elizabeth Farrelly OBE and I realized she had presented me with my orthopaedic nursing award in 1961, it would have been good to have spoken to her after all those years.

*Pat Jones*



*Pat Jones, Dorothy Darby and John Brown in the Queen Elizabeth II Conference Centre*



*Pat, Leslie Garrett and John*



*Dorothy and Leslie*

**Mayoral Reception for the NHS 60<sup>th</sup> Anniversary/Birthday – Monday 7 July**  
 June Osborne and I thoroughly enjoyed attending this event. The proceedings were opened by the Lady Mayor cutting the 60<sup>th</sup> birthday cake. Two long serving staff members gave interesting talks on the history of the NHS in their relevant departments. Jon Crockett and David Loughton gave their views on the future of the NHS. This was followed by a buffet and the opportunity to chat amongst ourselves.

**What an Achievement – from Joyce Knibbs**



On the 2<sup>nd</sup> July my husband Brian and I (guest) attended the blood service awards ceremony at the Botanical Gardens, Birmingham.

We had a three course meal then the presentations began. Brian's gift of a cut glass tray was for donating 75 pints of blood. A remarkable achievement and I feel very proud of him. Brian started donating blood when he was young and hopes to reach his 100<sup>th</sup> donation before he has to stop.

The lady and gentleman who presented the award had a very touching story to tell of how their twin boys, at the age of 4 were diagnosed with Leukaemia. Both boys are well on the way to a full recovery. Modern treatment and lots of donated blood (white cells) have worked wonders. The couple wanted to thank the donors at the awards personally. It is heart warming to know that the achievement of Brian and all blood donors continue to help such families.

### My Story (Dorothy)

When I had my road accident in 1958 I received three pints of blood. As soon as I had recovered I began to repay this and had given 30 pints before they no longer wanted my blood because of the Rheumatoid Arthritis. My blood group is A Negative and was used to treat new born babies. It was collected in three small bags.

### Bradley

A few days after he was born, doctors noticed that Bradley Osborne appeared jaundiced. Tests revealed that his bilirubin levels were dangerously high. An immediate transfusion was needed. It took over four hours and three pints to replace his blood completely. Thanks to blood donors, he is now fully recovered and is as healthy and energetic as any other two-year old.

### Cameron

8 year-old Cameron Small, from Grimsburgh, needs transfusions as part of his treatment for Evans Syndrome, a rare blood disorder. He was amongst a group of young patients from the North West who launched the campaign to sign up cricket fans as donors alongside top Lancashire players. Cameron's dad Andrew Small accompanied him to the event along with mum Diane Singleton. He said, "Cameron had a great day, but more importantly we helped raise awareness of just how important blood is. My son will continue to need blood so we are very grateful to anyone who takes the time to donate."

### Teresa

As a blood donor, Teresa knew how important it was to give blood. Following an operation, it was she who needed blood for an emergency blood transfusion. Today Teresa is back helping others through her job in a care home.

### Doug

Doug had a major operation to have his heart valves replaced. Ten years later he was back, to have a full heart transplant. During both operations Doug received many units of blood. He is now the National Chairman of the Zipper Club, an organisation specially set up to help heart patients.

### Emma

Emma has a beautiful baby daughter, Lauren. But on the day Lauren was born, Emma started haemorrhaging then her kidneys failed. Emma was suffering from a rare condition that affects 1 in one million pregnant women. She needed plasma, blood and platelet transfusions to get her back home.

### Diane

Diane Crawford has had Sickle Cell disease all of her life. She gave birth to a daughter, Chi, after receiving 19 units of blood during her pregnancy. "Blood donors gave me the chance to have a family," says Diane. "Now I want to play my part in encouraging more people from the African and Caribbean communities to help others like me by giving blood."

### History of the Blood Transfusion Service

1628: William Harvey, leading physician of his day, is the first to demonstrate that blood circulates round the body.

1657: Sir Christopher Wren takes time out from designing cathedrals to inject some fluids into the circulation of animals, using equipment developed by William Harvey.

1666: In the same year that London burns, Richard Lower performs the first successful transfusion, albeit on an animal.

1667: Samuel Pepys scribbles in his notes that experiments have been taking place at the Royal Society, transfusing blood from one dog to another.

1818: While poets like Keats, Shelley and Byron are all wandering around being romantic, Dr James Blundell is being altogether more practical and conducts transfusions in cases of haemorrhages after childbirth.

1900: Dr Karl Landsteiner, a leading doctor in Vienna, discovers that blood comes in 4 main groups - A, B, AB and O - and suddenly everybody realises why they've been going wrong for the last 272 years.

**1914-1918:** Two major advances take place out of need to relieve the pressure caused by trying to save lives during the Great War. The first is the discovery that blood could be prevented from clotting once it's removed from the body by mixing it with sodium citrate. And like most things, they also discover that blood can last a bit longer if it's put in a fridge.

**1921:** The British Red Cross members all decide to give blood at Kings College Hospital, London, and so the first voluntary blood service is born.

**1936:** The Americans open the world's first blood bank at Cook County Hospital, Chicago.

**1937:** And we in Britain open our first blood bank in Ipswich.

**1939:** After the outbreak of war, things really kick off with four large civilian centres being set up near London and at an Army centre near Bristol.

**1940:** While the war rages, obviously there is a greater need for blood so the emergency medical services and the Army set up eight regional transfusion centres. And thousands of civilians do their bit for the country by donating, saving the lives of many servicemen and civilians.

**1946:** The National Blood Service is launched (under the name Blood Transfusion Service).

**1948:** The National Health Service is set up in England and North Wales (yes, the National Blood Service came first). But right from the start, a strong partnership is established between the two.

**1975:** While everyone is busy wearing flares and having bad hair, the National Blood Service quietly gets on with replacing glass bottles with plastic blood bags, and therefore allowing a much wider use of blood components.

**1986:** HIV testing is introduced.

**1991:** And just as importantly, testing for hepatitis C is introduced.

**1996:** The National Blood Service celebrates 50 years of saving lives with a cup of tea and a biscuit.

**1997:** And the National Health Service celebrates their 50th. The links between the two bodies are as strong as they always were.

By request from June Osborne we finish this article about the blood transfusion service with a story you will all remember!

**"The Blood Donor"** is an episode from the final series of the BBC television comedy series Hancock (formerly Hancock's Half Hour). First transmitted by BBC TV in 1961, it has become one of the most famous situation comedy half-hour programmes ever broadcast in the UK.

#### **Story**

Anthony Aloysius St. John Hancock arrives at his local hospital to give blood. "It was either that or join the Young Conservatives", he tells the nurse, before getting into an argument with her about whether British blood is superior to other types. After managing to offend some of the other waiting donors he amuses himself by reading the waiting room's wall posters out loud, finally singing "Coughs and sneezes spread diseases" to the tune of the German National Anthem before being shown into see the doctor.

Hancock learns that the doctor's name is McTaggart, so he greets him with a string of cod Scotticisms: "It's a braw bricht moonlit nicht the nicht this morning. There's a bonnie wee lassie oot there, hoots mon, the noo." The doctor says suavely in a refined English accent, "Would you mind sitting down there please Mr Hancock?" and Hancock begins to apologise for his greeting: "Beg your pardon for lapsing into the vernacular, but the young lady did say you were a Scottish gentleman." The doctor replies drily, "Well, we're not all Rob Roys."

After the doctor has taken a blood sample Hancock blithely assumes that that is all that is needed and prepares to depart.

When the doctor tells him it was only a smear Hancock replies, "It may be only a smear to you but it's life and death to some poor wretch." When he learns that he must donate a pint of blood, he protests, "I don't mind giving a reasonable amount, but a pint! That's very nearly an armful!" The doctor finally persuades Hancock to donate the full pint by telling him he has a rare blood type, which appeals to his snobbery. Recuperating afterward Hancock has a chat about blood with a fellow patient, but since neither of them knows very much about blood the conversation is not very informative. As he prepares to leave Hancock is horrified to discover that the other patient has stolen his wine gums. ("If you can't trust a blood donor, who can you trust?")

Returning home, Hancock promptly cuts himself on a bread knife and is rushed back to the same hospital, where he receives a transfusion of his own blood — the only pint the hospital has of his rare blood type.

#### Birmingham Symphony Hall Carol Concert

Sunday 21<sup>st</sup> December 7.30 p.m  
The cost of the concert and coach is £24 per person. We will leave Falkland Street Coach Station at 6.00 p.m.  
Cheques payable to the WRSG must be received by 1<sup>st</sup> October.  
To book places please ring Sheila Fardoe

#### I received this as an e-mail Proof that Men Have Better Friends...

##### **Friendship among Women:**

A woman didn't come home one night. The next morning she told her husband that she had slept over at a friend's house. The man called his wife's 10 best friends. None of them knew anything about it.

##### **Friendship among Men:**

A man didn't come home one night. The next morning he told his wife that he had slept over at a friend's house. The woman called her husband's 10 best friends. Eight confirmed that he had slept over, and two said he was still there.

#### The following is from Pauline Callaghan Keep 'em coming!

#### The History of 'APRONS'

##### Aprons

I don't think our kids know what an apron is.

The principal use of Grandma's apron was to protect the dress underneath, but along with that, it served as a potholder for removing hot pans from the oven.

It was wonderful for drying children's tears, and on occasion was even used for cleaning out dirty ears .

From the chicken coop, the apron was used for carrying eggs, fussy chicks, and sometimes half-hatched eggs to be finished in the warming oven.

When company came, those aprons were ideal hiding places for shy kids.

And when the weather was cold, grandma wrapped it around her arms.

Those big old aprons wiped many a perspiring brow, bent over the hot wood stove.

Chips and kindling wood were brought into the kitchen in that apron.

From the garden, it carried all sorts of vegetables. After the peas had been shelled, it carried out the hulls.

In the fall, the apron was used to bring in apples that had fallen from the trees.

When unexpected company drove up the road, it was surprising how much furniture that old apron could dust in a matter of seconds.

When dinner was ready, Grandma walked out onto the porch, waved her apron, and the men knew it was time to come in from the fields to dinner

It will be a long time before someone invents something that will replace that "old-time apron" that served so many purposes

##### **REMEMBER:**

Grandma used to set her hot baked apple pies on the window sill to cool

Her granddaughters set theirs on the window sill to thaw.

They would go crazy now trying to figure out how many germs were on that apron.

I don't think I ever caught anything from an Apron.