



Magazine Autumn 2011

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Affiliated to the British Heart Foundation and
Arrhythmia Alliance - The Heart Rhythm Charity

POOLE HEART SUPPORT GROUP

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CHAIRMAN'S LETTER

I write this from my bed in Bournemouth Hospital, so there is plenty of time to contemplate matters of the heart. By which I mean cardiac matters of course, although perhaps the other meaning creeps in a lot of the time as my wife, Janet, arranges my support.

I'm waiting to have a dodgy lead on my Pacemaker corrected, so it's a machine fault rather than a "me" fault – we all think. I've switched mentally to "Hospital Time" now - maybe something will happen soon? The wheels grind on slowly – does this ring bells with any of you?

It does remind me of the benefits of being in the PHSO though. When I needed to call the ambulance, our exercise co-ordinator and his wife gave up their quiet evening at home to rush to our assistance, and so many friends and members have offered help and support for which I am truly grateful. Our PHSO secretary has just promised to come over with his soldering iron to help speed things along ... I'll decline his offer politely, I think.



Page 3

Medicine and Cardiology News from Poole Hospital NHS Foundation Trust

Dear friends,

I do not know where the time goes, it only seems a few weeks ago that I was writing to you in the spring and here we are almost in late summer! The news from Poole cardiology department is good, and we continue to meet our targets and waiting times. This can present a challenge as we see increasing numbers of patients and have to meet these with finite resources. Throughout the NHS as a whole cost savings have to be made and we are always looking at innovative new ways of delivering our services. One of our largest challenges has been with the reduction of in-patient beds to ensure that we keep the flow of patients through these to meet the ever increasing demand. To meet this we have been working hard to achieve a shorter length of stay for patients and together with the Royal Bournemouth Hospital have agreed a route for swifter transfers to them for angiography. We have a target of 7 days only from being referred to transfer which is excellent for in-patients.

The coronary care unit remains very busy with two of its beds now being used for medical high intervention patients. This allows for very sick patients to be transferred from the ward areas for high intervention nursing and medical treatment. We introduced this service because of the fact that the medical wards do have a large number of single rooms which can make patient observation difficult. This can in certain circumstances present problems when nursing very sick higher than normal dependency patients. We can move these patients to the beds on CCU if they meet the eligibility criteria for a short but critical period, before returning them to their original ward. This service has proven to be highly successful and is now embedded into the services of general medicine within the Trust.

I am also delighted to inform you that we are to make some new appointments at the senior nursing level in CCU and Medicine, which has allowed for the potential of promotion amongst the staff. The first is the creation of senior sister/charge nurse medical services position, and will serve to support me across medicine, deputising for me when I am not here, and working with me to ensure clinical standards and performance remain high. We also will be appointing a new Sister/Charge nurse to CCU to support the fact that we are doing more nurse led services and clinics in cardiology and to (p 33)



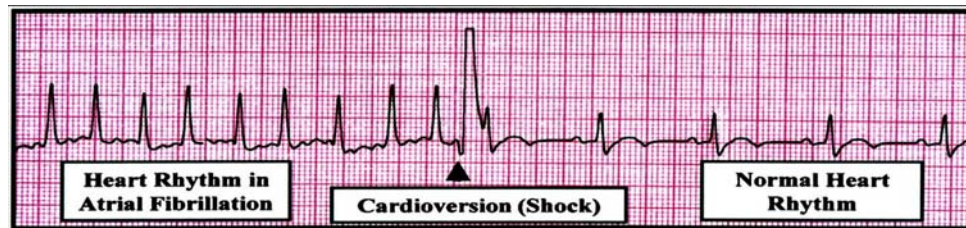
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EVEREST RESEARCH EXPEDITION

Well it is all over. It was not a holiday! I have recently returned from a 3 week research expedition to just above Mount Everest Base Camp. My personal role in this large research expedition was as the cardiac research lead. My aim was to try to improve our understanding of the effects of high altitude (HA) on the cardiovascular system. However, there were several other projects within this expedition centred around the aim of increasing our understanding of why some people get very sick and others don't when exposed to HA.

The expedition involved a 28 member team which included 20 research study volunteers recruited from the military with largely self funding. This was no easy undertaking and involved the transportation of over 200kg of medical equipment alone which included a portable -20°C freezer up the mountain trail which at times was as narrow as 4 ft wide. I undertook detailed assessments of heart function utilising echocardiography (heart ultrasound), measuring the hardness of the arteries (a sign of vessel ageing) and continuous monitoring of the heart rhythm at multiple altitudes along the way. The expedition included an arduous nine day ascent to final altitude of 5,645 m (18,519 ft) at the summit of Kala Patthar Mountain, adjacent to Mount Everest and at 1300 feet above Everest Base Camp alone. It was a very hard but rewarding experience and the experiments went very well. Research at HA can be extremely difficult in view of the extreme environmental challenges such as the effects of very low oxygen, the intense cold and simply getting access to a power supply and maintaining equipment viability. For example, at Everest Base Camp the night time temperatures were below -10°C. Add to this the fact that we all camping and slept in tents and were continuously breathless made insomnia a persistent problem. My water bottle would freeze unless I kept it in my sleeping bag at the higher altitudes. The final 1500ft climb to the summit of Kala Patthar, took me just under three hours and started in sunshine (see picture page 13) yet by two thirds the way up I was in a snow storm and by the summit the air temperature had fallen to approximately below -5°C. Immediately on return to Base camp, I had over 4 hours of research to do, when in fact all I wanted to do was lie down and go to sleep. Anyway, its all over and I have managed to submit my first clinical paper summarising one of my experiment findings and hopefully there will be many more to come. I hope to take this research forward next year and put Poole Hospital at the forefront of HA cardiac research.

I am extremely grateful to all of those who have helped me in this project.



DC Cardioversion Service

What is Cardioversion?

Cardioversion is the term given to any process that restores an abnormal heart rhythm to a normal one.

DC Cardioversion involves the delivery of a high-energy shock to the heart muscle. This high-energy impulse activates all of the cardiac muscle and conduction tissue simultaneously. Re-entrant circuits are interrupted, breaking the repeating cycle and stopping the arrhythmia. When the re-entrant circuit is broken and the arrhythmia stops, the sinus node begins to fire again and a normal heart rhythm is returned.

What is the process for DC Cardioversion?

It depends on the situation;

Stable patient Vs Unstable patient

Slow rhythm (AF) Vs Fast rhythm (AF, Flutter, SVT, VT)

Rate control Vs Rhythm control (Consultant preference, conflicting evidence)

The DC Cardioversion service at Poole focuses on stable outpatients with Atrial Flutter or Atrial Fibrillation.

Nurse Led DC Cardioversion

The Direct Current Cardioversion service has been nurse led for 1 year. In this time the referral process has been revised so that it prevents inappropriate referrals (i.e. not making a patient have a procedure that has a very limited chance of success). The theatre list has increased from 6 patients to 12 patients and the patient journey has been improved and shortened as it was previously complicated for both patients and staff.

Patients who are referred from their GP to a Cardiologist for Atrial Fibrillation are now seen in a Rapid Access Atrial Fibrillation Clinic run by Dr Bruce. If Dr Bruce decides that the patient needs a DC Cardioversion, the patient then goes straight from the AF clinic to a pre assessment appointment on the Medical Investigation Unit (MIU). During the pre assessment appointment the patient can ask questions about their procedure and they are asked about their general health to ensure they are fit for a short general (con p7)

(from p 6) anaesthetic.

On the same day as the pre assessment appointment, the nurse sends a referral to the anti coagulation team. The anti coagulation team then arrange to start the patient on warfarin or monitor patients already on warfarin more closely due to patients' needing to have their blood INR levels in a narrow therapeutic range prior to cardioversion.

After 4 weeks of INR levels in the correct range the patient can have a DC Cardioversion. The admissions officer sends a letter to the patient to inform them of their theatre date. On the day of theatre patients now go directly to the MIU. They have their ECG performed on MIU to save the confusion of having to go to Yellow clinic which previously happened. Patients are seen by a Cardiac Nurse Practitioner on MIU before theatre and then they are transferred to Day Case Theatre for their cardioversion. Although the Cardiac Nurse Practitioner performs the cardioversion there is still an anaesthetist to give the anaesthetic.

After the cardioversion the patient is transferred back to MIU and reviewed by the Cardiac Nurse Practitioner. They are then given a cup of tea, sandwich (new addition to the service!) and when observations are stable they can go home.

The new Nurse led service has worked extremely well from a hospital point of view, patients are pre assessed and started on warfarin quicker which has helped reduce waiting times for the procedure. As there are only 3 Cardiac Nurse Practitioners it has ensured that there is a structured process that is followed for all cardioversions, this was difficult to maintain when it was doctor led as the doctors changed every 6 months.

The theatre list has had to increase to 12 patients. Now the service is being run from MIU, we can stagger the arrival of patients to prevent 12 patients arriving at once and then them having to wait to be seen. By patients having their pre assessment on MIU it is hoped that it has reduced anxiety levels for patients on theatre day as they know the unit and have met the staff. Did I mention they also now get a sandwich!

We would be grateful of any feedback from patients who were admitted to MIU for their cardioversion. It is a new service and I am sure there are still areas we can improve on.

Anna Darling
Deputy Sister
Coronary Care Unit

The Pleasures of Walking

Do you like to stride for miles and miles across the open rugged countryside, soaked to the skin with the wind howling around you and your feet squelching in the ankle-deep mud? Then I suggest the Cairngorms for you.

For more gentle folk, I recommend a peaceful amble with the Poole Heart Support Group Luncheon Club.

Originally established to promote healthy walking exercise for those with heart problems in the early 1990s, it has evolved over the years to promote healthy exercise of the jaw and intestinal tract over a plate of pie & chips at various luncheon venues.

Only stalwarts like my wife and I have resisted this downward path (I speak metaphorically) and pursued instead the more serious aspects of healthy exercise.

Yet there have been moments when I have expressed doubts on the wisdom of this.

Like an air Pilots job it is often 99% boredom and 1% of sheer terror.

I recall occasions such as David's winter expedition over the River lands of Wareham. In conditions reminiscent of a bad day on the Somme, we endeavoured to stay above ground on a sea of mud. Only the thought of the pie & chips that lay ahead gave our little band the incentive to carry on.

On another occasion my umbrella was mangled beyond repair by the howling hurricane at East Chaldon as, indeed, was nearly myself.

Walks through the New Forest threaten to put your eye out on low lying branches.

Stiles are particularly hazardous. Many a love life has been impaired by a wobbly step or high rail. Luckily our Leader is always at hand to help us over, especially the ladies. He once threatened to take me to court but I bear no malice.

I would not wish, however, to deter you, dear reader, from joining our little group. We are a cheerful lot, always ready to discuss the merits of various eating establishments and where one can get the best ratio of chips v. £s. Serious subjects such as 'The Meaning of Life' and 'Why are we Here?' are sometimes raised but seldom answered. Our members come from all walks of life (pun intended) and include a famous author whose knowledge of Sherlock Holmes is legendary.

The obligatory walk that unfortunately precedes the gastronomic pleasures of luncheon are usually 3 or 4 miles but slip Cyril a fiver and he'll show you a short cut. Why not give him a ring (his number's in the Magazine) and join us on our jaunts into the Unknown?

Hips, Knees and Bumps-a-Daisy

It must have been so easy for the schoolteachers of our youth, marking off the registers in the mornings. Absences then were caused by colds, flu, measles, chicken pox etc., but those of us taking the registers at PHSG exercise sessions wonder what is coming next.



We ought to have a colour coded sticker system.

A small round coloured marker for all the various problems that crop up all too regularly. Replacement hips and knees, removal of bunions, toe straightening, Dupuytren's contracture, prostate, diabetes, additional stents, by-passes, pacemakers, internal defibrilatorsthe list is endless and I feel we would soon run out of colours.

Nevertheless there ought to be one particular sticker. A black and blue one for all those who are into self-harming! Cyril (now nicknamed Icarus) who tried to fly through his garage roof. John C, who threw himself off a ladder, another John C who attempted a pirouette in a far off northern park and Terry H who fell off some steps. Maureen B suffered facial injuries and a broken bone and not to be outdone Di P threw herself down in the Minster grounds breaking both wrists. The super fit Patrick L did a double sommersault with pike and tuck as he propelled himself across the gymnasium floor at Ashdown. Some people will do anything to get out of exercise but good old Phil T burst in one day with two black eyes together with plasters over cuts and bruises to his nose, holding up a sign saying "Just don't ask" The very good news is that all those mentioned are back with us or will be very soon.

And, if you think you've heard everything, what about poor Betty from Ferndown who felt distinctly unwell with symptoms that included pins and needles down one side. She couldn't let her friend down and proceeded to London to see and hear the friend performing at Covent Garden. Fortunately Betty had suffered only a minor stroke. Happily she is well on the way to recovery and looking forward to being back with us in the near future.

Also our chairman Keith with a loose wire in his pacemaker who is now fixed and ready to go.

We are a resilient lot.

Exercise Venues

Canford.....Mondays, Tuesdays, Thursdays and Fridays.

Wareham....Mondays and Thursdays

Lytchett Minster....Tuesday and Friday evenings

Swanage.....Tuesdays

Images, Lower Parkstone....Wednesdays and Fridays

Hearts on Seats, BroadstoneThursdays

Ashdown, Canford I Heath ...Mondays, Tuesdays and Fridays

Ferndown....Mondays and Wednesdays

And Now for the Alphabet . . .

A's for arthritis; B's the bad back, C's the chest pains, perhaps car-di-ac?

D is for dental decay and decline, E is for eyesight, can't read that top line!

F is for fissures and fluid retention, G is for gas which I'd rather not mention.

H high blood pressure - I'd rather it low; I for incisions with scars you can show.

J is for joints, out of socket, won't mend, K is for knees that crack when they bend.

L is for libido, what happened to sex? M is for memory, I forget what comes next.

N is neuralgia, in nerves way down low; O is for osteo, bones that don't grow!

P for prescriptions, I have quite a few, just give me a pill and I'll be good as new!

Q is for queasy, is it fatal or flu? R is for reflux, one meal turns to two.

S is for sleepless nights, counting my fears, T is for Tinnitus; bells in my ears!

U is for urinary; troubles with flow; V for vertigo, that's 'dizzy,' you know.

W for worry, now what's going 'round? X is for X ray, and what might be found.

Y for another year I'm left here behind, Z is for zest I still have - in my mind!

I've survived all the symptoms, my body's deployed, and I'm keeping twenty-six doctors fully employed!

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Notes from your membership secretary

A number of people queried the lack of a 'calendar' option on the renewal form this year.

In fact the calendar had cost significantly more to produce than the amount being collected in sales.

Since we had relatively few members requesting calendars the decision was taken by the committee to stop offering them.

It was felt that if the price was increased to make the calendars pay, there would be even less people taking them.

I would be interested to know how many members used the 'back page' of the calendar to record details of their medical condition and medication, if there is enough interest, I will try to get an equivalent form placed onto the website so that members (with internet access) can print off a form for their use.

An e-mail or phone message (leave a comment on our answer phone if no-one is in) to let me know if this would be useful, will suffice. I know this would leave those without internet access unable to get a form directly, but perhaps they could ask a friend or neighbour to print one for them if a form is placed on the web site.

My details are in the front of the magazine.
Derek Pope

Do you have computer problems?

We can resolve your problems for you. Are you unsure what you are doing, do you need assistance, a helping hand or training? We can assist with home PC security, internet connection problems, advice and installation of Broadband, PC networks and supply and/or installation of secure wireless networks in your house. We undertake virus, spyware and ad-ware removal and can supply or install security programs to make your PC safe. Is your old PC slow, is it worth upgrading? We provide impartial advice and can perform upgrades or help with any new PC purchase and accessory quotes. We supply new PCs, install, configure your system and can transfer your existing data. Why not give us a call! Contact Efficiency Solutions —
Jeff on 01202 855949 Mobile 07736 275190.

A Short Break up North (Or How to Gain 10lbs Without Effort)

A walk in the park was our initial intention, but the outcome was quite different. It was a day of light drizzle. The walk, a pleasant one along the old tramway into Preston, Lancashire. Returning we entered the park, passing through the traffic bollards into the park to rejoin the tramway; a well defined pedestrian and cycling route.

It was at this point that things took a dramatic change without as much as a "scoot" from Lesley my feet went from under, depositing me onto the natural local stone cycle route marker. (This is not the place to record my actual words upon impact or shortly after as the situation materialised in my brain.)

I was recovered from a prone position by my wife and daughter. I remained upright by clinging to an ornate lamppost as "a drowning man would to a log", mimicking a typical park inhabitant before the police ask him to proceed on his way. An ambulance was duly requested, but on arrival it was unable to enter the park as no security code for the offending barrier was carried! The offending bollard was lowered (courtesy of the park staff) and the paramedics approached me as I helplessly stayed put, leaning on a lamppost.

"Bloody Hell, it's George Formby!" said the paramedic to my daughter who was directing operations. My son in law informs me that this is northern humour. My journey to the Royal Preston Hospital began. At A&E a second crew member enquired if I was the chap from the park as en route to collect me they had been diverted to an electrocution leaving me waiting (and justly so!). I could survive my predicament, the other patient may not have. After examinations, x-rays etc, the good and bad news was given;

"Your leg is fine, it's your pelvis that you've fractured - in two places!"

I've never been one to do things by halves. After more x-rays and consultations over the next three days, it was decision time. *"Do you want us to treat you here, or when, at your request, we arrange a transfer to Poole?"*

With the proposed timescale, treatment commenced with a weight of 10lbs suspended from my left leg. It's quite a nice piece of engineering though. I will have grown quite attached to it by the time you can find me at Poole!

It will be a long time before you'll find me taking a walk in the park again or "Scooting" at Canford, but in the back row

I will be and it will be amusing to see you all out of step again!

J.E.

P.S. I have been informed that worse things happen at sea. It's just as well we had to cancel the cruise!



Dr. Boos, on top of the world

Wednesday 15th June Graduate Centre Poole Hospital

Speaker: Mr David Daniels

Subject: Mongolia

A small group of faithful members attended this talk, possibly because it was not a normal third Thursday. They were treated to an interesting account of David's visit to Mongolia as part of an expeditionary team led by Professor Blashford –Snell back in 2006.

David practised as a dentist in Ringwood for many years before he retired. He is still a healthy and active 70 plus and often, accompanied by his wife, has taken part in other ventures to places particularly in Mongolia, Bolivia and the Amazon. Sometimes expeditionary, sometimes charitable he has become a valued member of a number of teams and has offered hands-on dentistry to many people in need in some unlikely places, in quite difficult situations.

Against a background of slides David described the teams search for both fauna and flora in the very varied terrain on the expeditions 3 week period in an area in the eastern part of Mongolia. He described difficulties with transport and help with maintenance from the locals, extremes of weather from hot sunshine to rain and snow at –20 degrees. The vast open plains and the very forbidding mountains, and the generosity of the nomadic Mongolians despite their relative poverty, and their specialised mobile homes, their Yurts!. A good impression of all of this was given is the excellent pictures supporting the talk. Included amongst the slides were some of David practising his own specialist skills in the outback areas. At the end he was proud to show pictures of another visit he and his wife had made to check out the installation of a second-hand surgery that he had donated to one of the towns in the area. It was infinitely better than the original equipment!

Questions followed the talk and refreshments were taken but the raffle was deferred to another hopefully better attended evening. Thank you to those who were there.

Gary Lee - Talk Convenor



We are affiliated to the Arrhythmia Alliance and they contacted us recently to tell us that they were updating their website. They have put in a page on the site listing all their affiliated groups and offered each a page for our own information. Check it out on <http://www.theheartrhythmcharity.org.uk/>



Please send us some more letters

Dear Sir,

I was going to write a note in reply to the Chairman's letter that the attendance to the monthly lecturers was dropping off. I believe the reason for this is the inaccessibility of the location particularly as over the years some long standing members are getting older and more fragile. Poole Hospital is continually expanding and so becoming more and more inaccessible. My wife is very disabled and uses a rollator. When she has to attend a clinic I have to drive her to the hospital, unload her and the rollator in the drive and then try to find somewhere to park, blue badge & all! We keep in touch by mobile phone so that I can pick her up on the drive and load her equipment. Incidentally it is just as bad at Bournemouth hospital. Having said all that we sometimes manage to see the consultant etc at Wimborne Hospital as here the access is very good. Are our local hospitals getting too big to accommodate the needs of the patients? Is everything in one place the right answer?

K E G Peters

Dear Sir,

I would suggest the pharmacist might approach the pharmaceutical society with the problem older folk with dodgy or arthritic hands have in popping out pills from the blister packs when they were much easier to dispense from the old fashioned pill pots especially those without the "Safety lids". The trouble is that these days we are bombarded with people who have "Good ideas" but these modern intellectuals don't seem to have the ability to think things through. I agree the new style packs may have dates, numbers, days or other information that few bother with especially those who cannot read them or perhaps understand them.

Here is such an amusing tale of a "Good idea". Not long after the war I worked for Unilever who had a big trade in Africa. A genius had an idea to brighten up the cans of food and in particular the canned peas so the directors changed the labels and the sales went down the drain. The answer was simple, most buyers could not read the labels and bought the goods by recognising the old labels for the contents therein. Back came the old labels and up went the sales.

Pill bottles may be outdated but they have always done their job and of course they are environmentally friendly being reusable, returnable and recyclable that could even make them cheaper. K E G Peters

FOR SALE AND WANTED

FOR SALE

PHSG Shirts. They are grey marl, with our logo (as on the front cover of this magazine) on the left hand side breast pocket area.

Sizes: Small, Medium, Large, and Extra Large

Styles: T-Shirt £7, Polo Shirt £11, and Sweatshirt £13.

This is the first price increase in over 10 years and still the same quality

Available from me; George O'Leary TEL: 01202 743978

WANTED

A very big thank you to all who have flooded me out with your old greetings cards. One half of my garage is almost full of them. Please do not send me any more for at least the summer, if that ever comes! I am sure you can find another way to recycle them but please keep the used postage stamps and postcards coming. Thank you again.

George O'Leary TEL: 01202 743978 or george@poolehsg.org.uk

(from p 17) setting up a Nursing school for the Army. Florence was a keen statistician and was given access to these records over the years. She developed a form of pie-chart as a visual aid to her reports and was able to influence those in authority with her views on improving medical practices in the Army. During these latter years Florence was continually affected by recurrence of the fever from Crimean days and in fact in the final 10 years of her life she was bed ridden. She did not become known as the "Lady with the Lamp" until after she had been awarded the Royal Red Cross in 1883. She died in 1910.

David related something like the above with many anecdotal tales thrown in. The 12 good people and true, had experienced a very interesting talk, had their questions answered, enjoyed the refreshments, and gone home happy, (I hope!)

Gary Lee *social events*



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Meet our new PHSG Social Secretary

Mr. George Llewellyn

Report for the May 19th Talk —‘Florence Nightingale’— given by
Mr David Hawkes.

Back in May twelve stalwarts of the PHSG sat around a square table arrangement in the Postgrad Centre and listened to David Hawkes relate the results of his own investigations into the life and works of Florence Nightingale. David had spent the majority of his working life in the Foreign Office serving in countries of the Middle East and North Africa. Since retirement he has prepared talks on a number of topics close to his heart, one of which being Florence Nightingale. His 2 binder portfolio of information relating to the noble lady was impressive and his talk was fascinating as it was not the conventional story but included details that exploded some of the myth that surround's the 'Lady with the Lamp'.

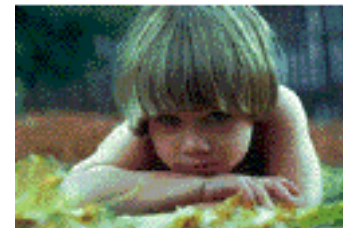
Florence was born, in Florence Italy in 1820, into a rich family which had contacts in high places. These contacts proved invaluable to Florence later in her life. By her late teens Florence was both very well educated and travelled also. In her late teens, and probably as a result of a broken romance, Florence experienced a divine calling which directed her to nursing. Nursing at the time had a poor reputation whose staff were mainly poor itinerant women. Florence took up the cause for the poor both nurses and people for better medical treatment and was apparently instrumental in getting revisions to the 'Poor Law' of the day, (around 1845). She experienced a mental breakdown after being courted for a number of years, and then became a friend of Sidney Herbert MP.

Endowed with independent means by her father, Florence took up nurse training in Germany and was very impressed by the quality of nursing in that country, which strengthened her 'divine calling'.

Then came the Crimean War in 1854. She was encouraged by Sidney Herbert to form a group of nurses who then set out to help the war effort, first in a British military hospital in Scutari (Turkey) and then in Crimea. Myth has it that she saved many wounded soldiers during that war by her own efforts but in fact Florence did hands-on nursing in the Crimean hospital for less than a month before she was laid low by 'crimean fever' and months of recuperation. But Florence used this time to good effect by reporting all the bad practises that she had observed, things like poor cleanliness, hot-bedding of dying wounded soldiers in unchanged bedding, the poor logistics of the supply of medical supplies from stores to hospitals. These reports got to the War Office via S.Herbert who appears to have acted on them and caused the Army to improve their medical practises accordingly.

In the years following Florence became involved with much of the Army medical practices, including keeping proper records and (continued P16)

Do you remember these





PHSG Cycling Club 2011 Rides

ALL STARTS AT 10AM

- Sunday 25th Sept Hill View Road, Ferndown – Moors Valley
- Sunday 23rd Oct Wimborne Square – Hurn Loop
- Sunday 20th Nov Broadstone Leisure Centre – Mystery Tour

Rides are 15 to 20 miles long and are open to all members of PHSG so long as your doctor approves. For help, advice, weather check and bike maintenance call Keith Matthews on 01202 855001. Regularly updated details on www.poolehsg.co.uk and www.bournemouthctc.org.

We had a good turnout for the run to the Purbecks in July. This is always a popular trip as we meet at Wareham Quay and cycle to Corfe Castle before returning back over Studland Heath. Those who can picture this route will realise that includes one very nice hill, and the picture shows us enjoying the view from the top. We are looking at the view, not just catching our breath. We take it easy - "stay in the zone" as we say.



Caption for photo: PHSG cycle group at Church Knowle

An elderly gentleman of 83 arrived in Paris by plane. At the French Customs desk, the man took a few minutes to locate his passport in his carry-on bag. "You have been to France before, monsieur?" the customs officer asked, sarcastically.

The elderly gentleman admitted he had been to France previously. "Then you should know enough to have your passport Ready."

The Canadian said, "The last time I was here, I didn't have to show it." "Impossible. Canadians always have to show their passports on arrival in France!"

The Canadian senior gave the Frenchman a long hard Look. Then he quietly explained. "Well, when I came ashore at on D-Day in 1944 to help liberate this country, I couldn't find any Frenchmen to show it to."

A businessman from London was driving through Dorset when he became unsure of the directions he should take.

Stopping to speak to a wayside local leaning over a fence he said, "Is this the road that leads to London?"

The local chap replied " Dunno!"

Then the question was put, "Can you tell me why I can't get a good signal on my mobile phone?"

To which the reply was also "Dunno!"

In desperation he asked "Is there some one else here who can give me directions?"

"Dunno!"

With this the businessman started to lose his patience and said,

"For someone who lives here you don't know much about the place, do you?"

To which the reply was

"Maybe zo, but I b'ain't lost!"

A group of Canadians were travelling by tour bus through Holland. As they stopped at a cheese farm, a young guide led them through the process of cheese making, explaining that goat's milk was used. She showed the group a lively hillside where many goats were grazing. "These" she explained "are the older goats put out to pasture when they no longer produce." She then asked, "What do you do in Canada with your old goats?"

A spry old gentleman answered, "They send us on bus tours!"

Report for the July 21st talk —'A History of the Lulworth Ranges'— given by Mr Steve Hayhurst.

As an introduction to his talk Steve showed a picture of four soldiers. One of these soldiers, one Jack Geddes, had become a friend over the passing years. Steve had been touched by a story told by Jack of the early morning back in 1944 when he was on duty guarding important facilities in the Lulworth area. Jack became aware of an increasing roar coming over the inland ridge. Suddenly the cause of the noise became apparent when many aircraft appeared from over the ridge flying low and in close formation. A huge armada of aeroplanes carrying paratroops on their way to France as part of the D-Day landings. A truly inspiring and never to be forgotten sight. This story had inspired Steve too.

Steve went on to introduce himself, a member of PHSG, whose main career had been in the Police Force since 1969, having moved to the Dorset force in 1979, and remained in the force until 2001 when he retired and became a Lulworth Ranger. This move helped him to pursue his two main interests, Wild life conservation and the history of the British Army.

Against a background of slides he introduced the Ranges starting with the Jurassic coast, 6 miles of which bound the southern edge of the Ranges. Pictures which demonstrated the variation of geology included in this boundary, limestone, chalk and shale, covering 250 million years of development.

The focal village of the area is Tyneham, so Steve started with it's mention in the doomsday book, the Church dating from the 13th century, the Rectory, the Manor house, the School, and filled in with some truly remarkable pictures of the village and surrounding areas and the inhabitants.

And so to some facts about the Ranges. In 1917 the Tank School opened at Bovington after tanks had been introduced, and the Gunnery School at Lulworth. Steve reflected on the influence of tank warefare and the lack of appreciation shown by the top brass, the cause and also the outcome of the 1st World War. Some pictures from between the Wars of places, homes and a telephone box in the area followed and then on to the WW II phase.

Residents were not evacuated from the area, Tyneham and several other villages until 1943. The Bond family sold the area to the MOD for £30K later in the decade. Steve showed a very interesting map of the from these times which included rail tracks for moving targets and other details including tracks and huge shell craters as a results of gunnery practice. But the Range area became even more important in the early 1940's for the development of a radar system. Steve produced some photographic evidence of RAF Brandy Bay where the mainly WAAF operators were based. And some brick buildings still survive of the top secret positional radar system set up for D-Day, which his old pal Jack Geddes had been guarding in Steve's opening story. (Continued p 23)

(from P 22) Steve went on to expose some of the myths surrounding the dilapidated state of Tyneham village. Very little damage was caused by practise shelling, although shells have been known to ricochet up to 10 miles from the Range! Photos of various buildings post war showed damage due to fire, material robbing, dismantling by the Army to make safe, and even damage due a filming accident. Steve also talked of the "Army out of Dorset" protests, the Nugent committee and the legalities which led to retention of the area by the Army.

The result of the Army maintaining the Range and Tyneham area has been that the whole area is now an area of very special habitat which encompasses much rare fauna and flora, with the village providing a frozen picture of life in those good old days. The village does see over 1000 cars at weekends and the Range walks are attractive to many of the visitors, thanks mainly due to the careful supervision provided by the Army and the Rangers.

After refreshments Steve gave an intriguing account of how WW I was started with assassination of an Austrian Duke.

Steve had demonstrated why he had been a detective and produced facts and detail of great interest to a large audience of 46 members. A fitting turn out for such a good talk.

Gary Lee – social events (acting)

LULWORTH ARMY RANGES

I would like to thank all those members who supported my recent talk on the History of the Lulworth Army Ranges. I had not given this talk for over 5 years and even then it was a much smaller version to a more "captive" audience on the army camp. It had been suggested to me that the likely attendance figure would be around a dozen so when around 4 times that turned up, freely and with a hope that they would be informed and entertained, it was, initially, a little daunting.

During the "questions" period, both in the group and on a "one to one", some interesting points were raised, an anecdote about the closure of the public viewing point, the fact that a well known electronics firm used the "Gee " radar technology to research and develop global positioning and the fact that the phone box at Tyneham is largely the original with some repairs to the accident damage during the making of a film, this was one of the 3 options that were known about the box. If I ever do this talk again, I intend to include these facts.

I enjoyed the evening and am grateful to Gary Lee for giving me the opportunity.

Steve Hayhurst

Holiday travel tips and travel insurance

This article is taken from the BHF web-site. BHF do not recommend the insurance companies in the list, which has been compiled from feedback received from heart patients. For the complete list of travel insurance companies, see the BHF web-site.

Able2Travel 08707506711	Single Trip (max 45 days) Age limit 79 years. Annual Multi Trip (max 31 days any one trip) Age limit 69 years.
AllClear Travel Insurance 08712 088 579	Single Trip No Age limit. Severe conditions covered. Annual policies Age limit 70 years.
Bradford & Bingley 0800 169 4078	Age limit 80 years. Medical screening.
Brunsdon Insurance 01452 623623	Age limit 80 years. No patients on waiting list.
Bupa Travel Cover 0800 0010 22	Age limit 79 years. Medical screening. Will only accept within 3 months of travel date.
Direct Travel 0190 381 2345	Single policies up to 75 years. Annual policies up to 65 years.
Flexicover Direct 0870 990 9292	Age limit 80 years. Medical screening.
Freedom Insurance Services 0870 774 3760	For people with pre-existing conditions. Age limit 85 years. Mostly Medical screening. Will only accept within 6 months of travel date.
Getmy.com Travel 0845 0262441	Single policies Age limit 85 years. Annual policies Age limit 79 years.
Global Travel Insurance 01903 203933	Covers pre-existing conditions. Single Trip Age limit 90 years. Multi Trip Age limit 75 years.
Holiday Services 01623 407321	No upper age limit for Single Trip, will be based on individual circumstances and health. Annual policies Age limit 69 years. Pre-existing conditions considered.
Insuremore Travel Insurance 0870 054 0162	Age limit 65 years. Excess varies. Patients must be stable for 12 months and not on waiting list. Medical screening.

Laser Stitches – The future?

Minimally invasive surgery is rapidly becoming the technique for performing increasingly complex keyhole operations. At the MEDTEC trade fair in Stuttgart in March in Stuttgart, the Fraunhofer Institute for Production Technology presented instruments for a new suture technique for keyhole operations

An instrument recently developed by the Fraunhofer IPT, involving a defined thread tension, can be used to sew up operational wounds within the human body and ultimately accelerate the post-operative healing process. A laser welds the thread together with a plastic sleeve to form a tear-proof join. This makes it possible to quickly suture the tissue in a confined space with a consistent, reproducible thread tension.

Soon this semi-automated process will be tested in cooperation with industrial partners as part of a joint project entitled »Die Naht – SafeSuture« in order to prepare the product for sale.

KJM



DEREK HITCHINGS – BUILDER

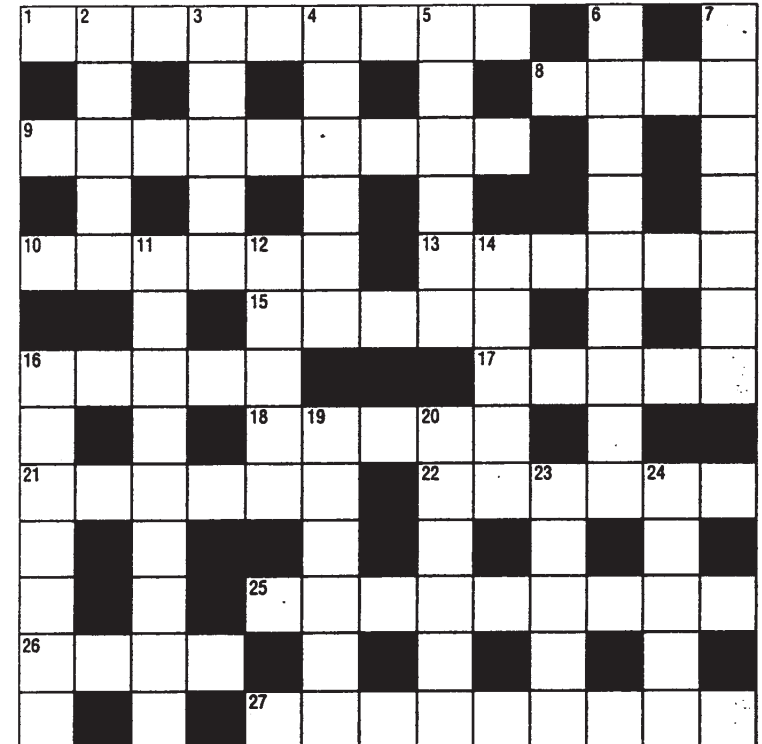
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Crossword

Answers
page 30



ACROSS

- 1 Rascal (9)
- 8 Crooked (4)
- 9 Very valuable (9)
- 10 Military display (6)
- 13 Conquer, beat (6)
- 15 Mark - - -, American author (5)
- 16 Skill (5)
- 17 Yearn for (5)
- 18 Painting stand (5)
- 21 Place inside (6)
- 22 Believe (6)
- 25 Home (9)
- 26 Cooking fat (4)
- 27 Daring experience (9)

DOWN

- 2 About (5)
- 3 Valid (5)
- 4 Daffodil colour (6)
- 5 Town of St Francis (6)
- 6 Home of Blackburn Rovers FC (5, 4)
- 7 Cleanliness (7)
- 11 Convey from one place to another (9)
- 12 Aquatic mammal (5)
- 14 Male relative (5)
- 16 Maim (7)
- 19 Accompany (6)
- 20 Judge's robe fur (6)
- 23 Top of a wave (5)
- 24 Happen (5)

MEDICAL CLINICAL CARE GROUP
Practice Development Unit for Cardiology and Medicine
Quality Service Group Meeting

PHSG has a voice on this group representing its members. This exciting group, under the very capable chairmanship of Geoffrey Walker, OBE, Matron Cardiology and Medicine, really gets things done! Positive changes are made to hospital procedures, as a result of patient feedback given to PHSG patient representatives. All PHSG members can feed back information to Poole Hospital in complete confidence about their treatment.

So if you want to say anything good or bad about your experience in Poole Cardiac Unit, or its related departments including the ambulance service, please forward your comments to me I can be contacted by e-mail (preferred), letter, or telephone. All information will be treated in the strictest confidence. Looking forward to hearing from you.

In order to keep members up-to-date with some of the problem areas, the following are a few of the current points raised by members and which I have raised at the Quality Service Group Meetings.

Comment Reported “ Noisy” Waste Bins”

Raised at meeting 15th March. Comments some do have plastic lids or dampers, but it is being looked into and will report back.

3rd Aug. New plastic waste bins with dampers are replacing old metal ones.

Comment Reported “Concern re- Cleaning”

“It’s the cleaning staff which give us both more concern in A&E, There was dried blood around the rim of the bedside equipment table”.

Raised at meeting 15th March. Very concerned and will be looked into.

3rd Aug. New procedure now in place, now independently checked after cleaning.

Comment Reported “Electronic Service”

“Why can’t Poole and Bournemouth hospitals get the results of all blood test on their computers-it should be automatic no matter where the blood test is done.”

Raised at meeting 15th March. Comments. Will report back at next meeting.

3rd Aug. This service is up and running but as with all systems, you get the occasional glitch.

Poole Cardiac Unit. (Concern that unit is running down!).

Being as Poole Cardiac Unit is stopping all intervention procedures.

Raised at meeting 3rd August.

Geoffrey Walker said “We are expanding our non invasive procedures, and are carrying out: - CT Angiography. MIBI Scans. Trans-oesophageal echocardiography and Stress Echocardiography, as well as (continued p28)

(from p 27) the well known ECG, Echocardiography, Exercise testing and pacemakers. We are as busy as ever and services are expanding”.

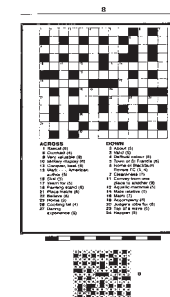
Please understand the above notes on the different comment reported are very much abbreviated and on most actions at the meeting the points are discussed at some length.

If you would like to add your experiences to any points raised please make contact with me so I can add them on as it would help to emphasize that situation.

Looking forward to hearing from you.

Jim Waine Vice President Poole Heart Support group

Jim.waine@tiscali.co.uk



**Dorset Cardiac and
Stroke Network**

“Know Your Pulse” – a life saving message!

As part of its goal of improving prevention and public awareness - The Dorset Cardiac and Stroke Network has produced a “Know Your Pulse” awareness campaign.

Approximately half of the people who have a stroke have an irregular pulse, which they may not be aware of. Checking your pulse regularly to find out what is the normal rate for you will help you identify any irregularities in the future.

A short informative 2 minute film has been produced to let people know about the importance of knowing their own pulse, showing people how to check their own pulse and how to recognise irregularities.

This film has been shown across 86% of GP practices within Dorset – where the “Life Channel” TV screens are available.

Through working with Arrhythmia Alliance, the film is now available nationally. For further information about this Dorset project please contact Sara Leonard, Lead Manager, Dorset Cardiac & Stroke Network via 01202 541689 or Sara.Leonard@bp-pct.nhs.uk

DIET AND CHOLESTEROL

If you have been through the Cardiac Rehab programme, you probably have heard the term “cholesterol” and have some awareness that high levels aren’t a good thing. Your doctor may have prescribed cholesterol-lowering medication called statins, but there are things that you can do with your diet that can help with lowering cholesterol.

Whilst high levels of cholesterol are proven to be linked with an increased risk of cardio-vascular disease, it is actually an essential part of our bodies and forms part of cell membranes. Without it we just wouldn’t be able to live so our bodies are well adapted to making cholesterol from the certain foods we eat. Initially it was thought that foods containing a significant amount of cholesterol such as eggs, offal and shellfish were responsible for high blood cholesterol, however it is now known that this is not the case and many of the foods high in cholesterol are actually low in other more harmful types of fat.

Saturated fats, found mainly in meats and dairy foods, are the main culprit for high cholesterol levels. They have been shown to be readily converted into blood cholesterol by the liver and also reduce the rate that we can remove excess cholesterol from our bodies. We can reduce the amount of saturated fat we eat by trimming off visible fat and skin from meat, replace animal fats with vegetable sources, and choosing healthier methods of cooking such as grilling.

Soluble fibre is a type of dietary fibre which dissolves in water in the gut to form a gel. This soaks up cholesterol like a sponge and carries it out of the body before it can cause problems. Oats and oat bran, fruit and vegetables, nuts, beans, and pulses including peas, soya, lentils and chickpeas all contain soluble fibre. Making sure you get your 5-a-day, adding pulses to meat dishes and starting the day with porridge are all ways to boost your soluble fibre intake.

Plant stanols or sterols reduce the absorption of cholesterol in the gut so less makes it into our blood. Adding 2g of these to your diet each day can reduce LDL cholesterol (that’s ‘bad’ cholesterol) by 10% in 2-3 weeks, although taking higher doses than this has no further reduction on LDL levels. Stanols and sterols can be found in fortified spreads, milks and yogurts from brands including Benecol®, Flora pro.activ, or supermarket own label equivalent products. Follow guidelines on the packet to get the correct dose needed. It is worth mentioning that these products are expensive and still contain calories, so it may be better value to follow a healthier diet where possible.

The good news is diets lower in saturated fat with plenty of soluble fibre, and stanols or sterols can reduce LDL cholesterol by up to 25%.

Helen Barrett, Registered Dietitian, Poole Hospital

NHS Dorset Cardiac Network Meetings Patients/Carers Representatives Support and Information Forum

The patient and carer representatives support and information forum is hosted by Dorset Cardiac Network to provide information to patient and carer representatives, to seek their views of areas of proposed development and to provide an opportunity for them to network and support each other.

I have attended “Cardiac Network Meetings” in many forms over the past 18 years and the present format has been running for over 5 years. We meet now every six months and they are run in a very professional manner and with tremendous enthusiasm by Frances Aviss. She tempts us (to encourage our attendance) on most occasions with homemade Dorset Apple cake or flapjacks, both are delicious.

At our last meeting in July there were representatives from the following network sub-groups and/or support groups:

- Dorset Cardiac Network Interventions Sub-Group
- Dorset Cardiac Network Arrhythmia Sub-Group
- Dorset Cardiac Network Heart Failure Sub-Group
- Dorset Cardiac Network Cardiac Rehabilitation Sub-Group
- Bournemouth Heart Club
- Dorset Cardiomyopathy Society
- Poole Heart Support Group

I represent the PHSG and was joined on this occasion by David Anderson our Secretary. The meeting had many subjects to cover such as updates on Arrhythmia, Heart Failure, Cardiac Rehabilitation and Cardiac Intervention.

The above subjects were followed by a presentation covering the next steps for the future. This included a Discovery interview i.e. listening to a patient who has put on tape comments on his or hers travels through a medical procedure in hospital. Participants in the forum were then given an opportunity to comment on the procedures and problems that may have occurred and make suggestions as to how that procedure could be made smoother or less traumatic. I felt this was an excellent way for us, “The Users” of the NHS, to put over our ideas on how to simplify or improve the service we receive. These comments will be shared with the Dorset Stroke Network’s Arrhythmia Sub-Group’s Service Improvement Managers. Finally a presentation was given by Frances Aviss, Patient and Public Involvement Lead, Dorset Cardiac and Stroke Network. Rebecca McLean Registrar in Public Health, and Nichola Arthoon, Service Improvement Manager for Cardiac and Stroke services, on the subject of “Introducing the concept of NHS Health Checks”. The views of the participants were sought on four potential options regarding possible “next steps” to be offered to local people who are identified as having a high cardiovascular risk. All the questions asked and the comments made by participants were recorded and will no doubt be considered when the future policy is discussed by management.

Also attended an all day meeting on Palliative Care.

Dying Matters in Dorset - Developing a compassionate Community in Dorset concerns us all in the end.

Jim Waine Vice President Poole Heart Support Group



(from P4) help co-ordinate these as well as manage CCU. This is a great opportunity for staff, as it not only provides the chance of promotion but supports the position that we value clinical leadership to ensure standards of nursing care remain at the forefront of our thinking. Once the posts have been filled I will let you know the names of the successful candidates and a bit about them in my next article. So for now take care and keep well and I look forward to speaking to you again soon.

Geoffrey Walker OBE JP RGN
 Matron Cardiology and Medicine.
 Poole Hospital NHS Foundation Trust.

Bob, a 70-year-old, extremely wealthy widower, shows up at the Country Club with a breathtakingly beautiful and very sexy 25 year- old blonde who knocks everyone's socks off with her youthful sex appeal and charm. She hangs onto Bob's arm and listens intently to his every word.

His buddies at the club are all aghast. At the very first chance, they corner him and ask, "Bob, how did you get the trophy girlfriend?" Bob replies, "Girlfriend? She's my wife!" They're amazed, but continue to ask. "So, how did you persuade her to marry you?" "I lied about my age", Bob replies. "What, did you tell her you were only 50?" Bob smiles and says, "No, I told her I was 90."



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WALKING GROUP'S ANNUAL PICNIC

The format for the doesn't change very much. It's popular with the members and has stood the test of time. We start with a three mile walk through the woods and open heathland of the beautiful New Forest, stop off for a coffee and comfort break at the Red Shoot Inn after which we repair to our cars to gather our food and form a picnic circle in a nearby clearing.

Normally the only variable is the weather but this year another group of people beat us to our customary spot and we had to make a slight adjustment. For the past three years the weather has progressed from dull and overcast, to overcast and drizzly, to drizzly and absolute downpour last year when we had to abandon the picnic altogether. This year the forecast was good and twenty one adults and two children (Norman and Dianne's grandchildren Millie and Archie) set off through the woods on what turned out to be a nature walk thanks to the children. Their sharp eyes noticed large black ants, shiny beetles a group of tiny baby frogs fungi and ponies, although as they were at the back of the group, they missed the deer that skipped away as we approached, competition.

Once our healthy outdoor appetites had been appeased it was time to set up the games for those who wanted to take part. Phil Scott had brought along his ingenious game that entailed knocking a dice off a block using a golf club and six balls. Millie and Archie came into their own, retrieving stray balls ensuring a steady supply was available. Janette was elected as official score keeper so was it just coincidence that Cyril won convincingly ??? However no one lodged an official complaint and Phil duly presented the prizes to Cyril in first place, Heather second and Dave (Dominey) third. As people started drifting away everyone agreed that it had been a truly fantastic day with perfect weather.


It just remains for me to thank Cyril for organising the event and games, Phil for supplying the competition and prizes and Millie and Archie for helping with the games and sharing the day with what must have seemed like a group of **very** old people.

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BHF urgently need a Treasurer- can you help please?

We also need occasional supporters for fundraising.

Please contact:
Pam Bailey BHF Rep.
4 Knighton Heath Close
Bearwood BH11 9PP.
Telephone
01202 574944

We would be pleased to hear from any members who would be prepared to play a more active role in the Poole branch of BHF. We meet once a month at Poole Hospital to plan forthcoming events.

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(Cyril says they ramble
and then end up at the pub!).

We distribute magazines
and sign in each new member.
We are on the go all the time
from January to December

Jan Mesher
PHSG Office Co-ordinator.