



Six Counties Kidney Patients Association

Run by Patients for Patients Since 1969

VIVA-Online: December 2020

Welcome to the third edition of VIVA-Online. We hope you enjoy reading the mix of medical and amusing articles, including the excellent advice & information in 'Ask the Renal Pharmacist'. If you signed up with Kidney Beam, let us know how you are getting on. With Christmas only 3 weeks away, try our festive recipes. Send in your favourite 'January' photos, see details in page 18.

My thanks to all who helped with the newsletter and to our contributors for their articles.

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We are always delighted to receive contributions on any topic of interest to our readers, be it medical, what you have been up to, a holiday or a favourite recipe. Please email items to webmaster@sixcountieskpa.org.uk with photos as .jpg or .png. Articles may be edited for length.

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RECOVERY: a randomised evaluation of COVID-19 therapy

by Marion Mafham and Richard Haynes



COVID-19 has been described as the greatest health challenge in this generation. While a search continues for a vaccine (with some very encouraging news emerging in early November), there is a need for safe and effective treatments for COVID-19.

Indeed, even once a vaccine is ready some people will still get ill and need treatment. The only way to find out whether a potential treatment works is to test it in a randomized controlled trial. This is a study in which a people potentially suitable for the treatment are randomly selected (like tossing a coin) to receive a treatment or put into a group that does not receive the treatment. Researchers can then compare what happens to those who receive the treatment with what happens to those who don't.

It is vital that trials are randomized: simply comparing people who take a treatment with those who don't isn't good enough because you don't know if the treatment is causing any difference, or whether it's just because people who take the treatment are different to those who don't (which is usually the case). It is also essential that trials are large: if trials are too small they can often fail to detect benefits of treatments by the play of chance (we all know that if you toss a coin four times, you don't always only get two heads). Only large and randomized trials can find these benefits (or confidently exclude them) reliably.

As described by Dr Winearls in October's issue of this newsletter, a team at the University of Oxford (including two Oxford Kidney Unit consultants Marion Mafham and Richard Haynes) have led the RECOVERY trial which is the world's largest trial of treatments for COVID-19. RECOVERY is focussing on people who are unwell enough to be admitted to hospital with COVID-19. The trial was given national priority status and was launched at record speed. Almost 1,000 patients were recruited in the first 15 days alone, and over 17,000 patients have now been enrolled from 176 NHS hospitals across the UK. When the RECOVERY trial was launched in March 2020, we did not know if there were any effective treatments for hospitalised patients. Since then, RECOVERY has delivered answers for three potential treatments.

Hydroxychloroquine (a treatment for malaria): Hydroxychloroquine has been widely used to treat COVID-19 patients despite a lack of evidence (with some famous enthusiasts). In early June, the information on hydroxychloroquine that we gathered from the RECOVERY trial was reviewed and we concluded that this drug did not reduce the number of deaths or the length of time patients with COVID-19 spent in hospital, or benefit patients in any other way. As a result, hydroxychloroquine was removed from the RECOVERY trial and guidelines for doctors have been updated.

Dexamethasone (a steroid treatment): The evidence from the trial on the effects of dexamethasone was also reviewed in early June. We concluded that this drug reduced deaths by one third in patients who were receiving treatment with a ventilator and by one fifth in patients receiving oxygen only. That means that for every eight patients on ventilators who receive the treatment, one death is prevented, and for every 25 patients on oxygen alone, one death is prevented. There was no benefit among those patients who did not require oxygen.

Within hours of these results being announced, doctors started using dexamethasone to treat patients in the UK. It is now being used worldwide, potentially saving thousands of lives. We also found the dexamethasone could reduce the risk of people needing acute dialysis.

Lopinavir-ritonavir (an antiviral treatment commonly used to treat HIV): We have also found that there is no beneficial (or harmful) effect of lopinavir-ritonavir in patients hospitalised with COVID-19. This treatment had previously been recommended in many countries, but it has now been removed from the trial and relevant guidelines are being updated.

RECOVERY is continuing to enrol patients to test different treatments. These are:

- Azithromycin - an antibiotic
- Tocilizumab - an anti-inflammatory treatment
- Convalescent plasma - part of the donated blood from those who have recovered from COVID-19 which contains antibodies against the SARS-CoV-2 virus that causes COVID-19
- REGN-COV2 - a new antibody treatment which is the first therapy that has been specifically designed as a potential treatment for COVID-19.
- Aspirin – a commonly-used blood thinning medication (because people with COVID-19 seem to be at higher risk than normal of blood clots)

We expect that other treatments will be tested in the RECOVERY trial in the future. There is a government panel of independent experts who look out for potential treatments that RECOVERY could test. We hope we can find reliable evidence that other treatments are effective so that the outlook for people admitted to hospital with COVID-19 improves. RECOVERY has also demonstrated that trials can be run in a very “streamlined” way and get really important answers while keeping the work needed from the researchers and the participants to a minimum; we hope that future trials (outside COVID-19 and perhaps in kidney disease) can learn from this and some good can come out of a very difficult 2020 for us all.

Marion Mafham and Richard Haynes

Oxford Kidney Unit and Nuffield Department of Population Health, Oxford University



Blood and Transplant Request for convalescent plasma

If you've had coronavirus, you may be able to help others by volunteering to donate plasma. If you are willing to register and donate either go to the Home page of our website for details or click <https://www.nhsbt.nhs.uk/how-you-can-help/convalescent-plasma-clinical-trial/> They are looking in particular for volunteers from any of the following groups:

1: men 2: age over 35 3: Asian community 4: treated in hospital.

Who can donate plasma - you will need to:

- ◆ have had coronavirus (either a positive test or symptoms)
- ◆ be over 17
- ◆ be able to travel to one of our donor centres (list available on their website)
- ◆ have enough blood to donate safely (see their website for details)

You'll be able to donate 28 days after you've recovered but you can register your interest while you still have symptoms.

Ask the Renal Pharmacist? Oxford Renal Pharmacy Team

by Andrea Devaney, Paul Clarke, Isaac Tseng & Lisa Snelling

Pharmacy services have developed significantly from the days when hospital pharmacists and dispensing technicians spent much of their time in the dispensary, rarely venturing out onto the wards. Modern day 'Clinical' pharmacy (pharmacy services 'by the bedside' or near to the patient) is now the norm providing added value to patients and healthcare staff alike.

The renal and transplant pharmacy service based in the Renal Unit at the Churchill hospital, Oxford delivers pharmaceutical care to patients across the six counties, and is recognised nationally as an excellent example of an established clinical pharmacy team. Our pharmacy team are experienced, integral members of the renal multi-professional team with the fundamental purpose of ensuring safe and effective use of medicines. Whilst based in Oxford we provide renal pharmacy services and medicine advice to staff and patients at the renal dialysis satellites at Banbury, Wycombe, Milton Keynes, Stoke Mandeville and Swindon.

The composition of the team has changed a great deal over the years, most notably increasing in size to meet the demand of a growing population across the six counties, higher rates of transplantation and a number of new renal and transplant medications which have come to market, some requiring careful monitoring to ensure they are used appropriately, safely, and effectively.

The pharmacy team has evolved and adapted to meet these challenges and with increasingly complex medications we ensure that inpatients and outpatients across all of our units receive optimal pharmaceutical care.

In pursuit of this the pharmacy team now has 11 pharmacists, 2 pharmacy technicians and a full time admin assistant all of whom work closely with doctors, nurses and other healthcare professionals to provide your care.

One of the biggest pharmacy developments since the early 2000s has been the introduction of non-medical prescribing which means that the pharmacists, amongst other professions including nurses can prescribe patient medications independently of the doctor. There are 8 prescribing pharmacists within the team and although independently able to issue prescriptions we do of course work very closely with doctors and nurses to ensure all prescriptions are appropriate. The ability to prescribe independently has significantly reduced pressure on the healthcare team and improved the efficiency and safety of medication supply.

Prescribing is only one aspect of the clinical pharmacy role and pharmacists within the team continue to spend a lot of time on more traditional pharmacy roles such as:

- ♦ reviewing prescriptions for safety and effectiveness
- ♦ advising on choice of medication
- ♦ adjusting medicine doses for levels of renal function
- ♦ counselling patients on medications to improve adherence
- ♦ providing information on medication interactions and potential side effects

The list goes on and even includes helping patients reduce the number of medications they take (de-prescribing) when polypharmacy affects patients adversely. Polypharmacy is the term used when patients have to manage multiple concurrent medications and it is a common problem faced by our renal and transplant patients.

Transplant service

Back in 2001 the Oxford transplant pharmacy service initiated a postal medicine service for home delivery of all medicines related to the transplant. This service is maintained now through Healthcare at Home who provide a courier based medicines home delivery service. In 2011 NHS England advised all immunosuppression prescribing should be within secondary care (hospital) rather than primary care to avoid inadvertent prescribing/dispensing of the incorrect brand of critical dose immunosuppression e.g. ciclosporin, tacrolimus and to further improve healthcare value. OUH was ahead of the curve by 10 years!

Those of you who use this service are probably aware that during October and into November we have been experiencing significant delays with some Healthcare at Home deliveries. This has been due to their introduction of a new IT system. Concerns have now been raised at a national level within the NHS due to the significant impact these delays are having on patients. If you do continue to experience issues then please contact renal pharmacy team (see below). This interruption in service has acted as another reminder as to the importance of ensuring that you have at least 4 weeks in reserve of your transplant related medicines when you have a clinic review. If not, please inform the pharmacist when you see them or speak to them after the clinic.

Renal service

One of the notable developments within the pharmacy team has been the pharmacy service provided to renal (non-transplant) patients. In recent years pharmacists have become more involved in the review of patients at the renal dialysis and renal day case units, and there is now a pharmacist dedicated to this area. This may involve counselling dialysis patients on their complex medication regimes or facilitating supply and monitoring of renal specialist medications. If you would like to speak to the pharmacist about your medicines then please ask one of the dialysis staff.

There are a number of specialist renal medications that are now supplied by the renal unit rather than the GP. These include:

- ◆ phosphate binders (e.g. sevelamer, lanthanum)
- ◆ cinacalcet (a medication for renal bone disease)
- ◆ immunosuppression for renal diseases like vasculitis and lupus (e.g. mycophenolate, tacrolimus)
- ◆ tolvaptan (a new medication for polycystic kidney disease)

These are just some of the renal medications that the renal pharmacy team help to provide and monitor.

Flu vaccines

This year, many transplant and renal patients have been offered the flu vaccine as part of routine out-patient clinics. This is thanks to successful negotiations with Commissioners led by our new Clinical Director and matron Allie Thornley, in a quest to make it easier for patients to access the vaccine.

As part of this initiative all the prescribing pharmacists are able to prescribe and administer the flu vaccine to patients attending out-patient clinics. All patients are advised to take up the flu vaccine this year, and to be vaccinated ahead of the forthcoming coronavirus (COVID-19) vaccine, and we strongly recommend that you do so. Just ask the renal pharmacist in clinic and the flu vaccine can be given then and there!

Electronic Prescribing

Perhaps the most significant change in the working lives of staff within the Renal Unit over the past five years has been the roll out of the electronic patient record. Electronic prescribing was introduced in 2014 and is a big part of the digital transformation in the NHS. Pharmacy teams across the Trust have worked hard to support the introduction and this work has paid off as electronic prescribing supports staff to safely prescribe with a greater degree of accuracy and efficiency.

The next phase of this digitalisation is now being rolled out across the Trust and we are excited in the Renal Unit to be able to start enrolling patients in a 'patient portal' called 'Health for Me' on our Cerner Millennium electronic patient record.

'Health for Me' allows registered patients to view results and reports, view and download clinical correspondence among other facilities - plus it has a messaging capability which will allow patients to receive and reply to messages about their care.

This will be particularly useful for renal and transplant patients and it is anticipated that the 'Health for Me' will become one of the most effective and convenient ways for the renal pharmacy team to communicate with patients.

For further details on this new service see below.



Contacting the renal pharmacy team

'Health for Me' patient portal on the OUH electronic patient record.

To register for this service please contact the pharmacy team on our phone or patient email address below. An electronic form will be sent to you which should be returned to:

RenalandTransplantAppointments@ouh.nhs.uk

As experts in medicines, please do not hesitate to contact us with any medicine related questions. All patients taking immunosuppression (especially ciclosporin, tacrolimus and sirolimus) are advised to contact us/nurse practitioners if prescribed a medicine by another health care professional just to ensure there are no drug-drug interactions. The following medicines should not be co-prescribed due to significant interaction – erythromycin, clarithromycin, fluconazole, ketoconazole.

	01865 226105
	orh-tr.oxfordrenalpharmacy@nhs.net

Ask the Renal Pharmacist?

Finally as the SCKPA newsletter is now monthly we would like to offer a regular "Ask the Renal Pharmacist" Q&A section and we would like your help with this. If you have a non-urgent medicine related question which you think would also be helpful to others then please email us (see above) and we will provide an answer to you and include this in the next newsletter, with your permission. If there are other medicine-related matters that you would like addressing then please email us and let us know and we can discuss this with the newsletter editor.

It is after all your newsletter and medicines are often a big part of patients' renal journeys

Andrea Devaney, Paul Clarke, Isaac Tseng & Lisa Snelling

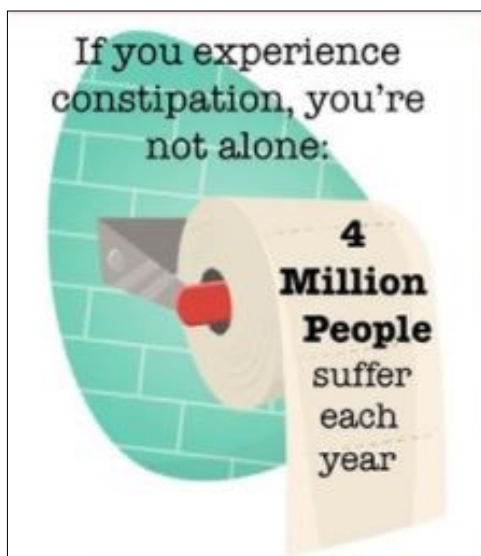
From our readers

Constipation!

I'm not sure we should be talking about 'below the belt' problems. Well, kidneys are below the belt are they not, nor are they borderline!

Being on haemodialysis I cannot say what people with transplants or on peritoneal suffer – but I have had constipation and anal problems on and off all my kidney life. I have attended 10s if not 100s of talks on all aspects of kidney failure through SCKPA to the Royal College of Physicians and not once has this subject been raised. The medics would say that everyone suffers so why should there be a specialism. Of course 20 to 30 years ago they said that about Mental Health & Social Issues but now we have Renal Psychologists and Renal Social Workers

The main issue is the phosphate binders. When I started dialysis they used 'Alu-caps', an aluminium based red and green capsule which we quaffed down by the bucketful. Several years later they were concerned about the aluminium levels in the water and some bright spark thought "what about Alu-caps?". They were quickly withdrawn and everyone waited to see if we would grow two heads or light up. We also took in those days oral iron tablets or perhaps I should say iron bar tablets as they were nearly gobstopper size and bright red. These two early culprits were replaced by calcium based binders. I was always surprised they used calcium. Firstly a chalky tablet was used. I dropped one accidentally in a glass of wine while out dining . It made a huge gobby mess in the glass but fortunately it did not spoil the wine. Next the wizards thought that instead of swallowing our binders we would love to chew them!



Of course, if you are going to eat chalk it will bind fluid as well as phosphate in the gut. Well, without going into too much details, I gave birth to some massive bricks. The times I had, cap in hand and looking very embarrassed, to approach my host or maître d' about their plumbing. In old comedy shows and films it showed usually the father or grandfather going into the loo with a paper. Well I could have read War and Peace in there. Don't talk about the poor Greeks. Their plumbing, not the best in the world, was just not ready for Bob Price and his bombs!

I commenced Renegal tablets some 10 years ago and it was bliss - to start with....

Of course, the medics have an arsenal of pushers and softeners to help you after trying all the off-the-shelf rubbish and old wives' tales such as drinking hot water or eating fennel & apples! Or, if they do not work, you have the dreaded suppositories or enemas, both of which are very, very, very fast acting.

My GP has prescribed Laxido and said I can take up to 6 pouches a day. I then noticed it contained potassium and had to run it by the Renal Pharmacist who cut it down to two sachets.

So come on Docs, make constipation a subject for all clinic appointments.

Bob Price

Catalan Christmas traditions

My mother and I have been lucky enough to spend the last two Christmases in Barcelona with our family. It is sometimes extremely difficult getting your head around some of the customs observed in other countries but the Catalan Christmas traditions are downright lavatorial.

The first poo based festive tradition is “Caga Tio” or poo log. This is a small wooden log with a smiley face and wearing a Barratina or red Catalan hat. From the 8th of December it is carefully covered up with a blanket at night and the children feed it with nuts, dried fruit, nougat and water. The big day arrives on Christmas Eve dinner when the children gather around the smiling tree trunk and hit it with a stick to encourage the log to poo out little presents and sweets from its rear end. They sing a song as they hit the log which encourages the poo log to excrete new gifts and not to poo out salted herrings as they are too salty!



Image from Wikipedia



Image from Atlas Obscura

The second defecation- based character is a nativity figure called El Caganer (the pooing man). It is a traditional Catalan shepherd in a crouching position with his trousers lowered to reveal his buttocks in the act of relieving himself. It is indispensable in a Catalan Nativity scene and is normally placed behind the stables. It is not a sign of disrespect but a sign of good luck as his poo fertilizes the earth and brings happiness and good fortune for the year ahead.

Turning away from the faecal theme to the food, the Catalan Christmas food is delicious and quite simple, almost peasant-like similar to the above two traditions.

When we went to my niece for Christmas day she always cooked the traditional Catalan Escudella. We started with an escudella de galets or pasta, a delicious broth, all made with winter vegetables, chickpeas and four or five types of meat and botifarra or sausage.



It is made in an enormous cauldron and strained.

To strengthen it a large spiced meatball or pelota is added.



The second course is all the strained meat, veg and chickpeas. This forms the basis of the cannelloni on Saint Stephen's day (Boxing day). We of course added crackers, mince pies, Christmas pudding and lashings of brandy butter to make it an Anglo-Catalan celebration



There was always a selection of Tourron or nougat on the table. This was invented by the Moors 500 years ago in Jijona, a small town in Alicante. Most of Spain was invaded by the Moors in the early middle ages until the fifteenth century. There are usually two types- a soft very smooth one similar to peanut butter and a hard one, similar to peanut brittle which is more common in the UK. The latter is particularly dangerous for your teeth and gives the dentist a very Happy New Year!

This year we will be thinking of our past Catalan Christmases with affection but we will be enjoying a traditional English one hopefully! We send best wishes and a Happy Christmas to all our readers and Six County members.

Anne Ollivant

Autumn Getaway

As I write this, we are just entering our second national lockdown. So, Beverly and I were very lucky to get away for a short break in October, but at the time it was very difficult to know if we were doing the right thing.

Having a transplant is a life-changing experience and, knowing my immune system is suppressed, the last thing we wanted to do was put ourselves and the transplanted kidney at risk. We therefore took a lot of time over our decision and thought long and hard about where we should go.

We were fortunate to find a hotel that took its Covid responsibilities seriously. It was set in Studland Bay and we enjoyed two days keeping socially distanced, walking through the extensive heathland and along the two mile sandy beach, hardly seeing another soul.

Let's hope the new lockdown will do a good job in bringing the infection rate back down, so we can all perhaps look forward to a revitalizing break in the New Year.



Martin Wood

Kidney Beam: My first experiences

My wife had been on at me during the first lockdown period to start taking some exercise because she was convinced that I was losing what little muscle strength I had left in my core. So, I asked Rachel the dietician who looks after our dialysis unit at Stoke Mandeville if she had any ideas. She sent me a booklet which had been produced by the Oxford Renal Unit. It was full of good things but, being printed and me being a bit of a computer geek, I found it a struggle to get on with. My daughter, who stayed with us during the first lock down, joined in the “encouragements” blandished upon me (that’s a polite word for nagging!).

If you read the article on exercising for us kidney patients in last month’s newsletter you may have been tempted, like me, to have a go. I was also motivated by the fact that free membership for kidney patients until the end of November had been kindly sponsored by Kidney Research UK. So I pointed my browser at <https://beamfeelgood.com/liveClasses/kidney-disease> and signed up.

Beam itself has been going for some time. The other conditions which preceded kidney disease are: Cystic Fibrosis; Postnatal and Menopause. A typical weekly schedule for kidney patients is shown below:

Week day	Mins	Class	Difficulty	Content
Monday	40	Get Started	Beginners	Cardio, Resistance Training, Warm Up, Cool Down, Strength & Conditioning
Tuesday	60	Kidney Beam social	All levels	Education and Chat
	40	Get Started	Beginners	Same as Monday
Wednesday	30	Quick Cardio	All levels	Cardio, Strength and Conditioning
	40	Keep Moving	Beginners	Follow on from “Get Started”
Thursday	40	Keep Moving	Beginners	As Wednesday
	30	Pilates	All levels	Physio led Pilates
	30	Get Your Muscles Moving	Beginning	Functional
Friday	60	Yoga	All levels	Yoga for people with kidney conditions

There are no classes at weekends. However, previously given classes are recorded and may be viewed on demand. I have joined and participate in Get Started on Tuesdays and Keep Moving on Thursdays. These fit in with my dialysis schedule.

So, what happens in the Getting Started class? Juliet Mayes is a physio and she demonstrates the exercises for people who are able to stand up and run on the spot. Herolin Lindup is my heroine (sorry Herolin!) because she demonstrates parallel exercises for those of us who prefer to stay seated. The Zoom meeting is usually open 10 minutes or so before the start time. We function as a group of friends who are pleased to exchange pleasantries. Then at the appointed time Juliet calls us to order. We do 10 minutes of warming up (yes you can warm up sitting down), followed by 20 minutes of various exercises and 10 minutes of cooling down. They suggest we track our progress by seeing how many stand-ups we can do in a minute. My progress is currently an official secret! Once the session is finished you should feel that you have taken exercise and be keener to do more things around the house and garden. It’s certainly beginning to work for me.

It has now been announced that Beam for Kidney Disease is free until **30th November 2021**, thanks to Kidney Research UK! So give it a try and let us know how you get on.

Mike Pitcher

A day in the life of a senior medical representative

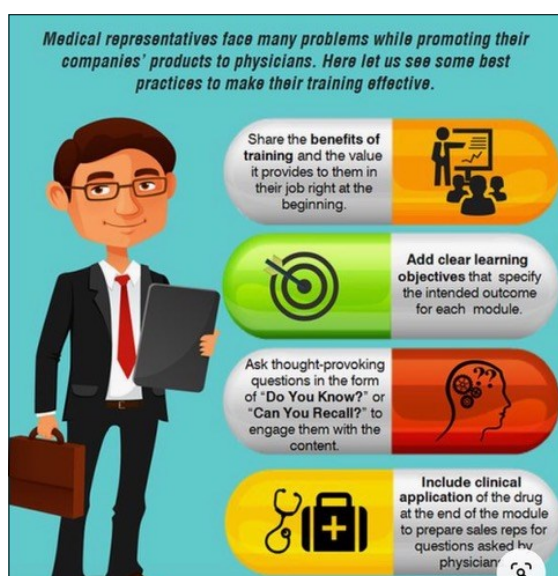
I am a Senior Medical Representative for the largest and most influential blue-chip, science-led, global healthcare company in the world.

My daily job is to have face to face appointments with healthcare professionals and to have a meaningful conversation about the drugs that they prescribe for their patients and the outcomes that they wish to observe when such medication is prescribed.

I am a London Teaching Hospital qualified nurse with experience in many fields of the medical world and this enables me to gain both access and trust from the doctors and nurses that I visit.

I get up at the crack of dawn to try to beat the rush hour as I cover a huge area of The Home Counties and I try to see GPs and Practice Nurses before their surgery opens to patients or to book appointments to return to see the staff at lunch time when the surgery is closed to patients.

I will also host breakfast meetings in hospitals to catch consultants and their trainee medics early and I have been known to provide a “McDonalds” breakfast selection for the attendees to chomp on while I deliver a lecture.



I will return with a sandwich lunch for the GP surgeries if I have an appointment or I will continue to trawl around my area for the day trying to see people and to book future appointments. On some days there will be a large clinical meeting in the teaching hospitals that reps can sponsor. This entails setting up a stand with lots of information leaflets so that visiting medics can discuss the drugs being promoted and making further appointments see them in their own clinical setting to discuss the drugs' details in more depth.

There are large speaker meetings to arrange with top specialist consultants invited to lecture. The largest meeting I ever hosted was held at Newbury Race Course with hundreds of medical personnel

attending from The Isle of Wight to the top of Northamptonshire and coaches booked to ferry attendees there and back home again.

The medical world is a notoriously hard nut to crack for a representative as some health care professionals love to see you while others would sooner saw their own limb off before they even passed the time of day with you. “Big Pharma” is the devil incarnate and it takes a very special person with both people skills, good luck and with sufficient knowledge to find a way to overcome this opposition.

The world of medical reps, on the other hand, is positive and huge fun with colleagues who have amassed a vast pool of knowledge. Reps are highly qualified science graduates or have medical training to varying degrees so we all have plenty to discuss when we meet. Reps are generous with sharing their appointments with others to enable access to the hard to see people.

I have, over the years, held large meetings: in national conference centres, in large city hotels and in lecture theatres. I have held smaller meetings in pubs, restaurants and even in some of my doctors' own homes. A couple of meetings that are truly memorable are:

- ♦ one held in the “Oxford Natural History Museum” amongst the dinosaur bones to promote a new drug for Osteoporosis
- ♦ another at “The Stables” jazz centre in Milton Keynes to promote the launch of a new Asthma drug with a lecture from a world-renowned mountaineer talking about the effect that high altitude has on the lungs.

Medical reps are competitive as they have to meet and surpass set targets. One unforgettable time was during the launch of a brand-new respiratory product which happened to be dispensed in a purple container. I decided to wear a long purple wig for the fortnight of the launch period to attract attention in surgeries and hospitals. As I was somewhat embarrassed about appearing in public in this attire, I forced myself to put it on before leaving the house and not to remove it until my working day had ended. I smashed all records for the number of medical personnel seen over the two weeks although going into shops and other venues, filling my car up with petrol, to say nothing of walking through hospital car parks was fraught with every “Tom, Dick & Harry” thinking it was perfectly acceptable to make silly remarks!



My day ends, sometimes at a reasonable hour enabling me to return home at a normal time and at others having to drive back home for two hours after completing an evening meeting at midnight a full two hour’s drive away from home.

Paperwork is never-ending, training new recruits is time-consuming and trying to get some semblance of home/work balance sometimes feels virtually impossible: but the rewards, when everything is going well, are stupendous.

I am proud of being a medical representative for a well respected and renowned company that permits me to peddle a range of tried and tested world beating drugs that can literally change people’s lives for the better.

The words: “ Jill’s here to flog her drugs” will stay with me for ever!

Ed: our thanks to Jill for an insight into the world of the medical rep.

Computer Builds up Kidney Service

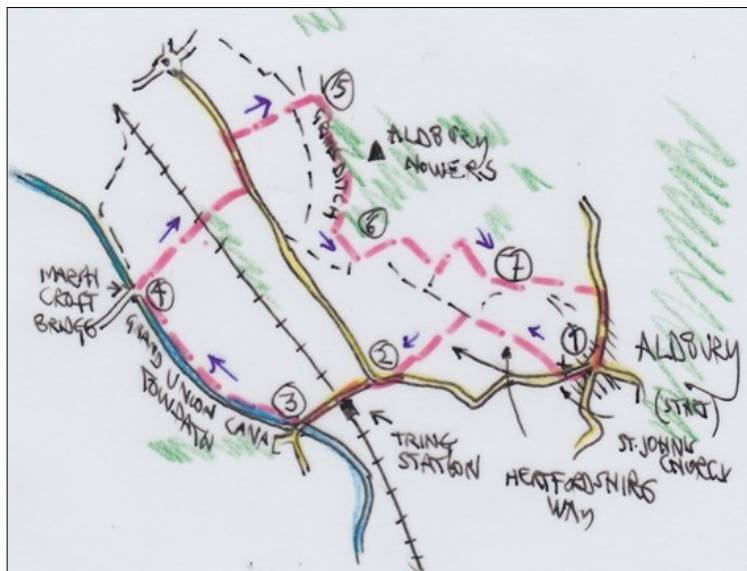
1969—an extract from an article in the Reading Evening Post details how kidney matching services for transplantation used to be managed before computers became a part of our lives.

“As a matter of lifesaving habit Dr Tim Oliver and Dr John Sachs never go out at night without two rolls of computer tape, a pile of punch cards and a long metal needle. They travel with one or other of them in briefcases, locked in their cars when they visit a theatre or restaurant ready to initiate a routine which regularly leads to the “mercy dash” headlines so beloved of some newspapers.

The rolls of tape are used for computer-matching of kidney donors with recipients awaiting a new chance of life. Dr Oliver and Dr Sachs carry 220 cards around with them. The list is updated by the hospital computer every week and a shortlist is delivered of perhaps the ten most pressing cases. If a match cannot be found in Britain, the kidney is then offered to the Euro-Transplant Organisation at Leiden University or Scandiatransplant in Denmark. Speed is of the essence as the kidney must be transplanted within eight or a maximum of ten hours.”

Walks across six counties: Aldbury & Pitstone

This issue's walk through Midsomer Country is in the third of the Six Counties, Hertfordshire. It is not taken from *Roaming Midsomer* as that covered only Oxfordshire and Buckinghamshire (Chris Behan and I were planning a second volume of walks in east Midsomer). Aldbury would have been included for it featured in the *Written in Blood* and *Murder of Innocence* episodes.



My walk starts in the delightful village of Aldbury with its green and duck pond before heading west to pass Tring station, opened in 1837, then along the towpath of the Grand Union Canal, opened in 1797 as the Grand Junction Canal. This walk of five miles does climb up into the Chilterns near Pitstone Hill.

Set off from the village pond in Aldbury (1) and visit St John Baptist Church (of particular note the Pendley Chapel). Beyond the church turn right onto the Hertfordshire Way. At a footpath junction turn left onto a

bridleway, still on the Way, with a golf course on the right. Continue ahead where the Way joins the Ridgeway Path and follow it to the road (2). Pass Tring Station and descend steps to the Grand Union Canal towpath (3). Follow this to the next canal bridge (4), leaving it to go right along a lane, past Marsh Croft Farm and across the railway line. At the road turn left, then right onto a footpath, signposted 'Pitstone & Pitstone Hill'. The path soon climbs steeply up the Chiltern escarpment to re-join the Ridgeway Path. Reaching it, turn right (5) and follow the Path until, descending, it veers left down steps.

Next, at a footpath T-junction where the Ridgeway Path turns right, go left. At a guidepost go straight on, initially in woods. Go through a kissing gate (6). The path, now on a golf course, curves downhill through trees, then goes left at a hedge. At a sign go right and keep on a metalled track, a hedge on the right. At the next hedge and through a kissing gate, the path continues between high hedges. Turn left (7) onto a bridleway. At its end turn right onto the lane (Stocks Road) back to Aldbury village



Distance: 5 miles, 8 km

Going: mostly easy apart from climbing onto the Chilterns near Pitstone

Recommended Map: OS Explorer Sheet 181

Ed: our thanks to Martin Andrew for the third walk in this series.

His book '*Roaming Midsomer*' by Chris Behan and Martin Andrew, published by The History press, covers Midsomer walks in Oxfordshire and Buckinghamshire.

Kidney friendly recipes for Christmas

Smoked salmon pâté with toast

- ◆ 20g smoked salmon, no bones
- ◆ 80g butter, softened
- ◆ 1 tsp cream
- ◆ 1 tsp lemon juice
- ◆ 4 slices of bread with crusts removed
- ◆ Lemon cut into quarters, dill or parsley to garnish

Method

1. Put the salmon in a food processor and pulse for about 20 secs
2. Add the butter gradually, followed by the cream. Continue to pulse until smooth
3. Turn into a bowl. Add lemon juice and season with freshly ground black pepper to taste.
4. Toast the bread, cut each into four triangles
5. Top with the pâté and garnish with dill or parsley and a wedge of lemon

Cranberry & Sausage Stuffing

- ◆ 1 onion, finely chopped
- ◆ 25g butter
- ◆ 2 slices wholemeal bread whizzed into breadcrumbs
- ◆ 200g of low fat sausage meat
- ◆ 1 apple, peeled & grated
- ◆ 200g chopped cranberries
- ◆ 4 sage leaves, thinly sliced
- ◆ ½ tsp mixed spice

Method

1. Set oven to 200C, 180C fan, gas 6.
2. Cook the onion in the butter until soft but not browned
3. Stir in the breadcrumbs so they absorb the excess butter. Then leave the mixture to cool.
4. Add sausage meat, apple, cranberries, sage and mixed spice, mix well and roll into balls
5. These will keep in the fridge for up to 24 hrs
6. Roast in a tin for 40 minutes, turning occasionally until browned all over.

Christmas Pudding

- ◆ 250g canned pineapple pieces
- ◆ 100g Demerara sugar
- ◆ 50g glacé cherries, chopped
- ◆ 175g self raising flour, sieved
- ◆ Grated rind of 1 lemon
- ◆ 100g unsalted butter
- ◆ 2 eggs, beaten
- ◆ 50g sultanas
- ◆ 2 - 3 tsps mixed spice

Method

1. Drain pineapple and cut into smaller pieces
2. Cream the butter and sugar until light and fluffy, then beat in the eggs
3. Fold in the cherries, pineapple, sultanas and lemon rind
4. Sieve the flour and mixed spice together and fold into the mixture
5. Turn into 1½ pint pudding basin and cover with buttered foil with a centre pleat to allow for expansion. Steam for 1½ hours until firm. Make sure the saucepan does not boil dry
6. Turn onto a plate. Serve with double cream or custard and a festive artificial sprig of holly



From Nottingham Children's Hospital's Renal Recipes for Christmas

From the archives: 2006

All That Jazz, Oh, What a Night!

Eighty people from the High Wycombe Branch (members, families, friends and anyone Gerry Sharp could nail to buy tickets!) gathered on a late November Saturday night at Winchmore Hill Memorial Hall to hold a party. And what a party it was. There was superb Jazz music provided free by 'Keep Clear' - a five- member band led by Kim Speller, the son of two of our branch members Joyce and Roger (Roger is on the HW twilight haemodialysis shift).

There were 24 quality raffle prizes including a £100 picture framing token and a £160 Amber Pendant. No wonder the raffle tickets sold so well. Over £200 was raised from the raffle alone. There were also many donations - including £50 for the village hall, which was then provided free, and other donations from people who couldn't come to the event.

Gerry and Margaret provided a superb supper, we all took our own booze and glasses and so you can imagine what a raucous time we had.

Many many thanks to all those who came, contributed raffle prizes, donated money, helped set up, helped clear up and generally made the whole evening such a success. We raised a total £777 for SCKPA!

Report by John Champion



Muriel Crecraft (editor in 2006) added: "It is wonderful when a new branch is started - usually by one enthusiastic member (and spouse in this case) - and attracts good active members. It is great from a social point of view and, of course, from a fundraising angle. The High Wycombe branch did a fantastic job at the Christmas lunch - long may they flourish."



The Keep Clear jazz band was back in action again at the High Wycombe Jazz and Brass Band Supper Night on Saturday 26th January 2008.

A chilli supper followed by Danish pastries and coffee was enjoyed by all. The Grand Raffle Draw raised £332 although nobody seemed to

want the 'mini hangover kit'! As the band played a third set of popular tunes, dancing in the aisles finally got under way. It was a great evening—good chilli, a great band, good company and £1,400 raised for SCKPA funds.

Abstracted from a report by Arthur Edwards

Conundrum corner

Country Flags

Identify the countries from their flags

Take the first letter of each country and reorder them to give a medical procedure.



Answers to November's Quiz

1	An angry monarch	King's Cross
2	Nelly with a fortress	Elephant and Castle
3	University big top	Oxford Circus
4	Tall entrance	Highgate
5	Do rabbits live here?	Warren Street
6	Not amused	Victoria
7	Store up effectively	Stockwell
8	A grand place for a tea party	Boston Manor
9	Beeping street	Tooting Broadway
10	The monarch's acorns grow here	Royal Oak
11	Stretched circle	Oval
12	Stop your car like a king	Park Royal
13	Perimeter clothing	Edgware
14	East Midlands city with four corners	Leicester Square
15	Does BA park its planes on this street?	Hanger Lane
16	When London is covered in snow	White City
17	Very large weight of building blocks	Brixton
18	Sheep farmer's shrubbery	Shepherd's Bush
19	Final resting place for Arsenal supporters	Gunnersbury
20	Line up to plant the flowers	Kew Gardens
21	A channel by the edge of the sea	Shoreditch
22	A doll with a tin	Barbican
23	How Elizabeth does things	Queensway
24	Blackboard writing implements grow here	Chalk Farm
25	Roger Bannister got there in under 4 mins	Mile End
26	The acorn tree's on fire!	Burnt Oak

Reproduced with permission from the Happy Puzzle company: www.happypuzzle.co.uk

Sudoku

		4	8	2				
8	3				6		2	
		6			3		1	7
		5				6		
1	7		6		4		9	5
		9				7		
5	6		3			1		
	4		1				7	3
				7	8	4		

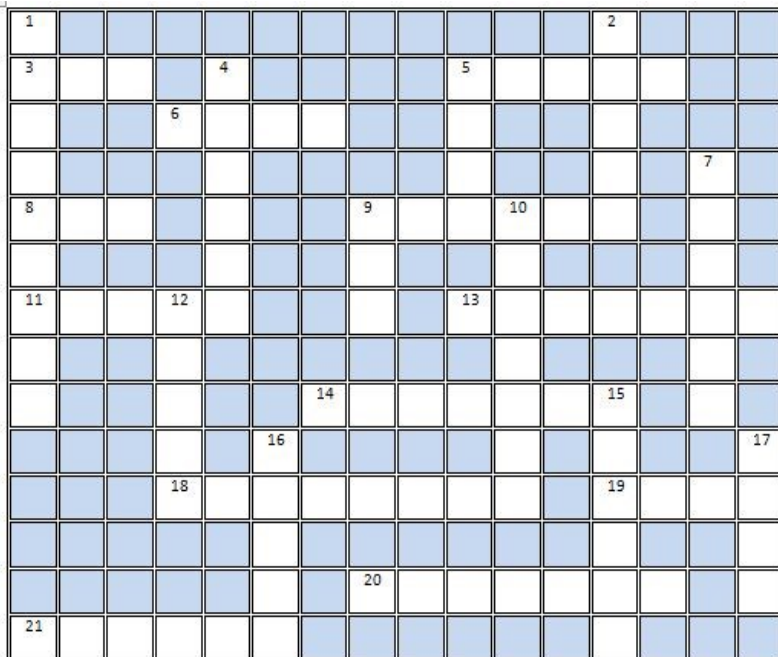
Sudoku involves a grid of 81 squares divided into nine blocks, each containing nine squares. Each of the nine blocks has to contain all the numbers 1-9 within its squares.

Each number can appear only once in a row, column or box. Also each vertical nine-square column or horizontal nine-square line across must contain the numbers 1-9, without repetition or omission.

Every puzzle has just one correct solution.

Crossword

A festive crossword based on a well known Christmas carol dating from 1780



ACROSS

- 3 Perhaps a Côtentine
- 5 The number of 3 across
- 6 Twelve
- 8 How many a-laying
- 9 Number of gift bearing days
- 11 Eight filling pails
- 13 What nine were a-doing
- 14 Four making a noise
- 18 What seven were a-doing
- 19 The true one
- 20 One of twelve
- 21 Eleven playing

Down

- 1 The festive season
- 2 A-laying
- 4 Who were dancing
- 5 Follows 17 down
- 7 Not English
- 9 How many 10 down
- 10 Energetic lords
- 12 Twenty two in total
- 15 Precious
- 16 Forty given
- 17 Not two, just one
- How many gifts given in total?

Answers in January's newsletter

Photo Gallery: theme 'December'

Our gallery of photographs, sent in by readers, with the monthly theme.



Thirsty robin by J.A. Heald



Christmas time decorations at Waddesdon Manor by Chris Behan

Email your favourite photo with a January theme to webmaster@sixcountieskpa.org.uk

Include a title and the sender's name (pseudonyms acceptable).

Closing date is 20th December 2020.

Photo Gallery: theme 'December'



Baubles in the snow by Beverly Wood



Midday, mid December in Tromso, Norway by M.Pitcher

Email your favourite photo with a January theme to webmaster@sixcountieskpa.org.uk
Include a title and the sender's name (pseudonyms acceptable).
Closing date is 20th December 2020.

And finally

The electronic KPA

The KPA's gone digital,
Just like your old TV,
So now messages by e-mail
Will come to you and me.

You've surely got a laptop,
Or at least a mobile phone,
Or one of those neat Blackberry things
To keep in touch with home.

So now we'll send you flyers
To clog up all your files,
And some daft poet's silly verse
To tempt you into smiles.

It's a faster way of mailing
And it costs so very little;
No need for stamps or envelopes,
So it even saves on spittle!

It's all done in an instant
And the work is not too much,
To send out mass communiqués
And keep you all in touch.

By Ian Mathie, Spring 2008

Ed: the first test email sent was "QWERTYUIOP" in the 1970s by Ray Tomlinson who is accredited with being the inventor of our current emailing system that uses the @ sign.

Spotted on social media



Another cartoon by Peter Quaife



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