



Six Counties Kidney Patients Association

Run by Patients for Patients Since 1969

VIVA-Online: January 2021

SCKPA sends its best wishes for a healthy and happy New Year. We all look forward to returning to some sort of 'normality' and resuming branch and general meetings where we don't just wave at computer screens. Please take note of the important information in Dr Mason's article. We all need to heed it to ensure 2021 is the year we beat the pandemic. Stay safe and stay healthy.

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

Contents

Update on coronavirus and vaccination:	2
Dialysis & transplant patients and those with impaired kidney function By Dr Phil Mason, Consultant Nephrologist, Oxford Kidney Unit & Transplant Centre	
Reflections on my time as an SCKPA therapist	5
By Sharon Russell following her recent retirement	
From our readers	6
Dehydration; My solar panel experiences	
Day in the life of a Deputy Sister in a London Hospital	8
Managing a busy fracture clinic and coping with a bomb threat and lockdown	
KidneyWise: share your views about online dietary information!	10
Oxford Young Adult Clinic	11
Getting to know Team Oxford and their team manager Daley Cross	
Walks across six counties:	13
A walk through Berkshire: Littlewick Green, cricket and Robin Hood	
Kidney friendly recipes	14
From the archives: 2011	15
Conundrum corner	16
Photo gallery	18
A selection of photos from our readers with the theme "January"	
And finally	20
Did I read that sign right?; Dr Des & Sheila Oliver	

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 / .png. Articles may be edited for length.

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Update on coronavirus and vaccination:

Dialysis & transplant patients and those with impaired kidney function

by Dr Phil Mason, Consultant Nephrologist, Oxford Kidney Unit & Transplant Centre

It has certainly been a terrible year for everyone, especially patients with kidney disease (and healthcare workers).

Background and second/third wave

Dr Chris Winearls wrote an article for Viva in September describing the challenges we and our patients faced during the first wave. The second wave initially seemed something that we would be able to deal with. Oxford wasn't initially overwhelmed with Covid patients and routine treatments and surgery (especially for cancer) continued, as did transplantation. Some patients were hospitalised and needed oxygen, some needed ITU and there were deaths. However, our doctors had the benefit of experience of how to manage patients better and the Oxford-led RECOVERY trial demonstrated significant benefit from dexamethasone, which substantially reduces mortality, and remdesivir (an anti-viral drug) has been shown in a US study to reduce recovery time (but not mortality). Overall, the death rates in the general population and in renal patients have been significantly lower than in the first wave.

Current situation

The current wave (continuation of the second or third) is growing rapidly, hence the appropriate action the government has taken, with the introduction of a Tier 4 and tightening of the restrictions over the Christmas holiday period and into January.

At the time of writing (20th December), in total 85 hospital haemodialysis patients have contracted Covid (we are testing all patients every week with the most sensitive PCR test) and most staff are tested twice a week (with the less sensitive 'lateral flow test' although this does pick up those likely to have a higher viral load and more likely to be infectious). There have been 4 re-infections in hospital haemodialysis patients and 6 home therapy patients (4 PD and 2 home haemodialysis) have contracted Covid. Twenty-eight transplant patients have been symptomatic of Covid, but we are testing all patients for the presence of the antibody (indicating past infection) and we have picked up a significant number who are positive. Interestingly, many of these cannot recall a time that they were unwell and may have had it, so essentially were asymptomatic like many in the general population.

More than 50% of our reported cases have been in mid-November to mid-December, so many more than in the first wave. We are currently dialysing 24 haemodialysis patients in our temporary Covid dialysis unit at the Churchill; most are outpatients and return to their usual unit in Oxford or our satellites after 10 days from the positive swab.

Death rates in Oxford dialysis and transplant patients have actually been significantly lower than the national average. Although dialysis and transplant patients appear to be more at risk of needing hospitalisation and dying, the risks are still largely determined by the factors identified in the general population. As you know age, especially over 75 yr is the major risk factor, with ethnicity, gender (slightly worse for men), obesity, diabetes, hypertension, heart failure and chronic lung disease. When corrected for these, the effect of dialysis/transplantation is less significant.

Vaccination

Vaccination will be offered to all patients as per the government schedule (advised by the Joint Committee on Vaccination and Immunisation, JCVI):

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and **clinically extremely vulnerable individuals** (this includes all dialysis and transplant patients and those with severe kidney impairment but not on dialysis (eGFR less than 15 ml/min)
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

Obviously older patients may fall into groups 1-3 and get vaccinated earlier.

We strongly suggest that you accept the vaccine when offered to you.

The Pfizer vaccine

The Pfizer vaccine has been licensed and >350,000 people have already been vaccinated with the first dose. As you will have read, the vaccine is difficult to distribute and must be stored at -70°C, then thawed and stored at 4°C for no more than 5 days. For administration, it has to be mixed with a solution to dissolve it and gently mixed (too vigorous and it is ruined) and then injected. But it must be protected from light and given within 10 minutes of reconstitution. This restricts where and how it can be distributed. We are hoping to facilitate vaccination of dialysis patients with older patients being prioritised (we have 101 over 80-year-old hospital dialysis patients). It cannot be sent to our satellite units, so we are trying to plan for patients to be brought to Oxford for one session and receive the vaccine.

The Oxford vaccine

Hopefully the Oxford vaccine will be licensed before the end of December, which will make distribution and administration much easier as it does not need to be kept very cold (just fridge temperature) and isn't so fragile (and there will be a larger supply). *see footnote*

Some people are asking that they receive the Pfizer vaccine because it is perceived to be "more effective" than the Oxford vaccine. However, firstly there won't be a choice and after the next delivery of the Pfizer vaccine there won't be another until March, I believe. Secondly, although the headline figure is 90% prevention for the Pfizer and 70% of the Oxford vaccine, it is important to understand what is behind these headline figures. In the published Oxford trial 30 patients in the Covid-vaccinated cohort contracted Covid, but only 1 (3%) was actually symptomatic, none who contracted Covid after 10 days following the first dose (the expected time of some immunity) needed hospitalisation and none died. In the control group (who received a meningitis vaccine), 101 patients contracted Covid, 61 (60%) were symptomatic, 10 were hospitalised and 1 died. This suggests that it is very effective, so nobody should be worried about receiving this.

Arrangements for vaccinating transplant patients are yet to be finalised and this may be via GP or vaccination centres, but you will be contacted so please don't phone the unit, we are unable to expedite your vaccination.

There are various online calculators, which will give an estimated time when an individual may get access to a vaccination but it isn't clear how accurate they are....

eg <https://www.omnicalculator.com/health/vaccine-queue-uk>

Vitamin D

Many of you will have received advice to take vitamin D supplements. This is based on some evidence that patients who were vitamin D deficient appeared to fair worse and have a higher risk of mortality after contracting Covid. However, there is no proof that other factors predisposing to vitamin D deficiency may have been those that also predisposed to a worse outcome (ie causality is NOT proven). To prove this a trial, randomising patients to take vitamin D or a placebo would be required. However, people in this country are advised to take supplements from October to March, months with less sun exposure (vitamin D is made in the skin in sunshine). We know vitamin D is essential for muscle and bone health but is also essential to the immune system.

I reinforce the recommendation to take vitamin D supplements (10-20 micrograms = 400-800 units)...I have taken supplements every day for several years!

Finally....

Although most people have asymptomatic Covid infection, even kidney patients, Covid can and does kill, sometimes people with no obvious co-morbidities so TAKE IT VERY SERIOUSLY. This VIVA edition is due to go out in early January, by which time you will all have made personal decisions about the Christmas and New Year celebrations and I really hope you followed government policy and will continue to do so. I know this means personal sacrifices (my wife and I will be spending Christmas without our children that were in 3 households so had been planning the day with them, but no more).

Sadly, despite the promise of vaccines, the pandemic is far from over. Our hospital team is very worried about the pressure on beds, especially in intensive care, and for the lives of our patients. As you will have heard the new strain spreads even more rapidly than the original and so it is even MORE important that we all are as careful as possible and follow government advice, which will have changed from the time of writing.

Wishing you all a happy, healthy and hopefully calmer 2021 and stay safe, as we now say to each other!

Dr Phil Mason

Consultant Nephrologist
Oxford Kidney Unit and Transplant Centre.

Footnote: the Oxford-AstraZeneca vaccine was given approval for use in the UK on 30th December 2020. Some 100 million doses will be administered during the next few months.

Reflections on my time as an SCKPA therapist

With a sad heart I have decided to retire from my post as Beauty & Holistic Therapist. I have been working for this wonderful charity for 15 years. It all started in 2005, when a friend asked if I would be interested to go to the Churchill Hospital to work on patients whilst they were having their dialysis treatment. Not knowing anything about dialysis or kidney problems, I thought it would be a nice opportunity to be able to meet people to relieve some of their time spent on the dialysis machine.

I met Gemma Benoliel for an interview and she explained what the patients went through with their treatment whilst on dialysis and how tired they could feel, with some suffering with cramping of the muscles. I outlined some of the therapies that would be able to help:

- ◆ **Massage** - this helps with lactic acid which can accumulate in the muscles and also by massaging whilst some of the patients were having an attack helped release the muscle spasm
- ◆ **Reflexology** - this is working mainly on the feet, or on the hands if the feet are compromised, on pressure points to clear energy pathways to help the body to maintain homeostasis
- ◆ **Reiki** - a hands on healing energy that is performed fully clothed. It is a warm relaxing energy that helps calm the mind and body
- ◆ **Mini manicures and pedicures** - filing and painting the nails for the ladies.



Gemma was very pleased with what I could offer and so it was arranged, for a six week trial period. One morning or afternoon a month for the duration, covering both of the days that the patients attended.

I arrived in the morning in June 2005, feeling a little nervous, as I was not sure how the patients would respond and if they wanted any of the treatments. I asked one of the nurses to accompany me round the ward to introduce me. We went into the first ward which was full of men. I explained what I

did and asked if any of them would like a treatment, they all shook their heads saying no, I was gutted! What do I do now I thought. Then one of the men said, "oh alright then, I will have a massage". I was so relieved! I started working on one of his arms and then progressed to his legs, he started to relax. One of the men in the opposite bed asked could he change his mind and be next. After that word went round and the morning was a success. And so it was from that day on. The nurses were surprised that there were more men than ladies requesting my services.

After the six weeks I was asked to carry on the good work, not thinking I would be doing it for 15 years. Eventually I was asked to work at High Wycombe hospital, Milton Keynes was next, then Stoke Mandeville when it opened and then Banbury. A lot of the patients had requested for me to go to Banbury, as they had met me at the Churchill Hospital and still wanted their treats!.

I have thoroughly enjoyed working at all the hospitals and have met some wonderful people, including patients' families. And of course all the wonderful staff who try to make the patients as comfy as possible. I am truly going to miss them all, but unfortunately I am now having trouble with my hands, too much Reflexology and massage, and so I say good bye and wish you all a big thank you for allowing me the opportunity to work with these wonderful kind and caring people.

With kind wishes to all and my thanks for the lovely card and retirement gift from SCKPA.

Sharon Russell

From our readers

Dehydration

One of the side effects for kidney patients on dialysis is dehydration. But this is not what my article is about!

Last spring, I saw an advertisement for three chilli pepper plants at what seemed a very good price. A week or so later they arrived in the post, beautifully packed, but rather short on growing instructions. So, I used my intelligence and re-potted them in new compost and 6" (15cm) pots. I had some spare space on a large watering tray in my greenhouse. I watered them when I did my tomatoes and subjected them to the same fertilisation regime. Before long small white flowers appeared and, shortly after, they began to disappear as the fruits started to form. Colours progressed from green (mild), through orange (medium) to red (definitely hot). They can be picked at whichever stage you wish or at the degree of hotness your partner can tolerate.



It soon became clear that I had far too many chilli fruits for our immediate requirements. So, what was I to do with them? As usual, I searched the Internet and found a number of people talking about "dehydration". It turned out that this is a way of preserving fruit and vegetables without pickling or freezing.

If you go onto Amazon you will find any number of dehydrators from £20 to over £200. I selected a relatively cheap one with five trays for just over £20. When I unpacked it, I realised that the holes in each tray were too large for my smaller chillies. So, we invested in some tray liners.

The manufacturers of the machine had suggested using baking paper which, like the liners, had to be cut to size. All in all, our harvest filled more than five trays. Each fruit had to be topped and tailed and then cut into small pieces so that the hot air could reach the flesh. NB Wear kitchen gloves when cutting the fruit; otherwise, your fingers become lethal to your eyes!



Stack the trays with cut-up chillies. Set the temperature to 65C, turn on the dehydrator and leave overnight. This should completely remove all water from the chunks. Now use your coffee bean grinder to reduce the chunks to a flaky consistency. Store in a Kilner or Weck Jar.

My next job was to deal with our huge apple crop. As well as stewing, freezing and giving lots away, we also sliced, dehydrated and stored the resulting apple crisps in suitable sized plastic boxes. On reflection they were okay and all got eaten but the chilli flakes were the success story.

More gardening tips next month.

Mike Pitcher

My Solar Panel Experience

I have always been interested in trying to improve home heating efficiency and even looked at Heat Pumps almost 40 years ago, but these were excluded on the then sheer installation cost. However, I have had wall insulation injected into the cavity wall of each house I have lived in as well as the installation of extra loft insulation where necessary or advised. Most of my homes have had double glazing so I could do little more to improve on these.

My eldest son, an engineer with similar environmental interests, had photovoltaic (PV) solar panels installed for electricity generation together with a solar thermal panel for water heating. The PV panels generate electricity for use in the home at the time and for export to the National Grid. The thermal panel is used to heat the water in the domestic water cylinder in his airing cupboard. Separately, he also installed rain water harvesting to use for flushing the toilets. My son also points out that battery storage can now be added to new and existing installations if you can afford and justify the extra cost.

Just over 10 years ago I found a local registered installer to survey my house for the suitability of having PV panels installed. The appropriate house roof is essentially SE facing with a roof incline of c30 degrees and without overshadowing by trees or other buildings – all ideal. The quote came in at £13,950 for the full installation. A similar installation today would cost about £5,000, but would not qualify for any Feed in Tariff (FiT), although you would get paid for exporting surplus power to the National Grid (currently about 5p per unit). PV panels require light to generate electricity, so a sunny day is ideal but a cloudy day will still allow generation but at a lower level. Nothing generated at night !

I send in quarterly PV generation figures and about 3 weeks later I receive an automatic payment into my bank for the amount of electricity generated and exported to the grid. We also use most of our major domestic appliances (washing machine & dishwasher) during daylight hours as the PV generation provides us almost 'free' power on a bright day. Our domestic central heating system can also heat our domestic hot water cylinder but I disable this function and use the immersion heater on a timer switch between 7.30am and 11am during British Summer Time (BST) to maximise our energy savings.

I get paid quarterly for how much electricity I generate **and** export to the National Grid. My FiT is guaranteed for 25 years, is tax-free and index linked to RPI inflation. I reckon that my initial installation cost has now been repaid after 10 years, so I will enjoy another 15 years of inflation proofed and tax-free income over the remaining 15 years.

Arthur Edwards

Feed in Tariff (FiT)



Tariff rates are set by the Department for Business, Energy and Industrial Strategy (BEIS) and published online for the current year. They can be seen at:
<https://www.ofgem.gov.uk/environmental-programmes/fit/fit-tariff-rates>

A day in the life of a Deputy Sister in a London hospital

My name is Harriet and I work at St. Thomas's hospital in London. I have been a nurse for nearly 20 years and have worked in a variety of settings and roles in central, east and north London and in Accident and Emergency wards as well as specialising in thrombosis and trauma. My current role is in the Fracture Clinic where I am a Deputy Sister as well as a Senior Orthopaedic Practitioner. I work with a multidisciplinary team ranging from surgeons to students, and my team and I cover the whole of the Trust's plastering service. It is an extremely busy clinic and we see a lot of patients from paediatrics to the elderly with a vast variety of trauma and fractures. It is a hard job, but it is also rewarding, and I have a good team. However, the challenges of the last year have made it even harder and it has been very tiring and scary.

Since the Covid-19 pandemic my colleagues and I have come to work throughout despite the uncertainty and risk to our own health as we care about our community and patients. We have been deployed to the wards as my colleagues have needed help and have been incredibly busy caring for extremely ill patients with vital signs that we have often not seen before. We have seen so many changes and now our new normal makes it hard to do our jobs, namely giving close and personal care to the sick and offering comfort during most uncertain times. We know we have to wear PPE but it makes it hard to be the nurse you know you are, as you and your patient cannot see or feel your emotions. But now for one particular day in my life as a nurse, when anything could have happened.



from Daily Mail 13-10-2020

In the middle of October, I had gone to work as normal. There was nothing different about this day except I had a new student nurse on placement. I had orientated him to the clinic that was now in full swing and patients were booking in for their appointments. However, what I noticed when I went to reception to collect some patient notes was that some of the Sisters and Charge Nurses were talking to the Site Nurse Practitioner and they looked serious. As the nurse in charge of a clinic, I was instructed to not let patients leave the clinic and that the whole site was on lockdown due to a security threat. I was not given any details but went to inform the surgeons and other staff not to send patients for their x-rays and that the site was on lockdown. You can only imagine what could be going on and were we going to be safe.

The Trust I work for had been put on lockdown several times since I have been there and memories that make your stomach churn and feel sick come flooding back. We have been through three lockdowns, namely two terror attacks at London Bridge, where we lost a fellow nurse, and one outside St Thomas's where a car was driven into

people on the pavement of Westminster Bridge.

My fear and worry were further amplified when I looked out of the Plaster room window to see not only about 20 police cars but also the Territorial Squad and Dog Squad. The whole area surrounding the hospital was cordoned off. We watched out of the window with a lump in our throats and a sick feeling in the pit of our stomachs.

However, our patients are a priority so I had a duty not only to keep my patients updated but also keep them safe. I went into the waiting room to speak to every one individually stating that “unfortunately there is a security incident, and no one can leave the building. We do not know any details but will keep you updated.” Most patients were appreciative that we were trying to keep them safe and informed. However, there are always patients who get annoyed that they are not going to be seen as quickly or get their x- ray at that moment. This always makes you feel disappointed and, to tell you the truth, annoyed. Sometimes it feels like people forget you are human, not just a member of staff. I was scared too. However, as a nurse you are taught to smile and further explain it was for “their safety” and they would still be seen.



from The Sun “Gun cops swoop”

We continued to try and get patients seen whilst still wondering what was going on. Still worrying, I looked out of the window at the sea of blue lights and police uniforms. I try to keep cheerful and strong for my patients as well as keeping my team calm which are the responsibilities of the nurse in charge. We still did not know what was going on and felt frustrated at the lack of information. This went on for a further half an hour until one of the Consultants told me that someone was on the roof of the main building threatening to blow up the hospital! At that point I am not only shocked, but my mind began to race. Are there bombs in the grounds? Does he have a bomb or gun? Are there bombs in the building I am in? I sent a message to my husband who was working from home due to Covid, letting him know about the situation. He understandably was very worried but also, as he always does, gave me some words of reassurance. He turned on the news but there was no coverage.



from The Sun “Security Alert”

Time ticked on. The Site Nurse Practitioners had informed the Charge Nurses and Sisters that someone was indeed on the roof threatening to blow up the hospital, however, we did not know details or whether they were alone or if it was being treated as a terror threat. We continued to check our patients were safe and if they needed anything. It was becoming more apparent that the patients’ concerns were growing, and we needed to reassure them that we were here for them, we were in control of the situation and that they did not need to worry. This is extremely hard when you

are scared and worried yourself. Wearing a mask does not hide your eyes, which show your fear.

After 2 hours of going through the motions and trying to keep clinic going, all the chaos and fear began to dissipate as the police had gained control of the situation and the person was now in custody. The streets began to fill with people and cars again as the cordons were taken down and the police disappeared. Patients could leave the building and the hospital returned to normal as the lockdown was lifted.

My colleagues and I sighed a big sigh of relief and continued to work. I started questioning who the person might be if it was not being treated as a terror attack. Were they a patient, someone who could not cope during Covid or a member of staff? Would we find out?

Also, despite the feeling of fear and worry, I began to feel sorry for the person if they were in great mental distress. I later found out that they had not been charged, which made these feelings even stronger. If they had mental health issues, they may be in deep distress. However, I also felt how can they not have been charged considering how many police had been called out and the disruption to the hospital and community they had caused? The news just stated that the police had been called to the hospital and the person had not been charged.

I guess we will never find out as if they were a patient their confidentiality would have to be maintained. Although my colleagues and I could only speculate, we felt relieved that it was all over. I was not only relieved, but I also knew I would learn from the situation as well as hope it does not happen again. However, where my hospital is situated being opposite the Houses of Parliament, it is high risk and anything could happen. I knew one thing though; I could not wait to get home and get a well needed hug from my husband.

Ed: our thanks to Harriet for her account of an extremely harrowing day at St Thomas's hospital in London.

Share your views about online dietary information!



Do **YOU** have enough information about **DIET**?
Are you **CONFUSED** about what to eat with kidney disease?
KidneyWise wants to hear from **YOU!**

KidneyWise is a new venture from Nevine and Lina, two renal dietitians with over 35 years' NHS experience working with people with kidney disease in the UK.

"We want to revolutionise the way people with a kidney condition learn about diet. We understand that following a renal diet can be confusing and you may feel lost at times leading you to search for advice on the internet. Therefore we are interested in finding out your thoughts about online dietary information.

We want to hear your views on how and what you want to learn.

We want to hear from as many of you as possible!

We particularly want to reach out to people from BME backgrounds"

Please either: click to complete a [questionnaire](#) or
email hello@kidneywise.co.uk to arrange a short telephone call

Oxford Young Adult Clinic: getting to know Team Oxford



Team Oxford is a group of transplant patients who have received care of a life enhancing transplant at the Oxford Transplant Centre. Annually the team competes at the British Transplant Games looking to bring home silverware and make their donors proud. The British Transplant Games is the flagship project of the charity Transplant Sport and has been in existence for over 30 years. The games are a 4-day annual event which sees teams from transplant centres across the UK come together to compete in a wide range of sports. The Games help deliver Transplant Sport's aim to demonstrate the benefits of transplantation whilst increasing public awareness of the need for more people to join the NHS Organ Donation Register and discuss their wishes with their families. They have been staged annually since 1978 in cities across the UK. It is not about sporting excellence, it's about having a go and participating with peers in the same situation. So, if you have had a transplant at Oxford, we want to hear from you and want to see you in action next year in Leeds 2021. Drop team Manager Daley an email to daley.cross@ouh.nhs.uk to get involved.

Team Oxford is managed by Oxford Young Adult Clinic (OYAC) youth worker Daley Cross. Daley has been the team manager now for 4 consecutive games, with the team going from strength to strength each year. In this time, he has taken them across the UK as the games have been staged in Glasgow, Newport, Liverpool, and Birmingham. A large proportion of the team is made up of young adult transplant recipients as Daley brings them through from the Young Adult Clinic.

Below he shares his experience of the games and what it is like to be a team manager.

Inspired is the one word which summarises the games for me. The first games I attended was Newcastle in 2015, this was as a volunteer as I was not due to start working within OUH until that November. I had done a little bit of reading online but the games surpassed what I thought they would be. I came away thinking how lucky I was to be given the opportunity to work within transplantation and couldn't wait to start my job as a youth worker that November. When November came around I was raring to go and began planning for my first games due to take place the following summer in Liverpool.



Initially I recruited many of the OYAC members as the games are great way to facilitate peer interaction and use as motivation. I then began putting feelers out to the ward and posters up to recruit other transplant patients. Hours and hours worth of work goes into the planning of the games but it is so worth it when you see a patient standing on the podium collecting their medal. The sheer joy and emotion they show, knowing the battles and scars they have faced to get there, is really lifting.

The opening ceremony is always special for me. Walking the streets, parading into the arena with the team all wearing our Team Oxford tops, I always feel very proud. Since 2015 we have pretty much doubled the size of the team. Birmingham 2018 was our best attended games and most medals returned, with 40 competitors returning an impressive 37 medals. This was perhaps the most successful, as 15 of Team Oxford were selected from this games for Team GB&NI to attend the World Games in 2019. I had the privilege of letting each of them know individually which was a real honour.

I love the games. Being a sports enthusiast it's my favourite event of the year and a time I really look forward to. I'm not so sure I enjoy chasing the team members to register and collecting payments but it's all worth it in the end. The levels of competition in the games differ but the cause always remains the same. You get to see true friendships being made by transplant recipients from different units and one another providing the much needed support. No one should go through living with a chronic condition alone, and events like this really do help.

As with the rest of the transplant community, I was saddened that this year's games were unfortunately postponed due to the ongoing pandemic. However I am more determined to make next year's in Leeds even more special.

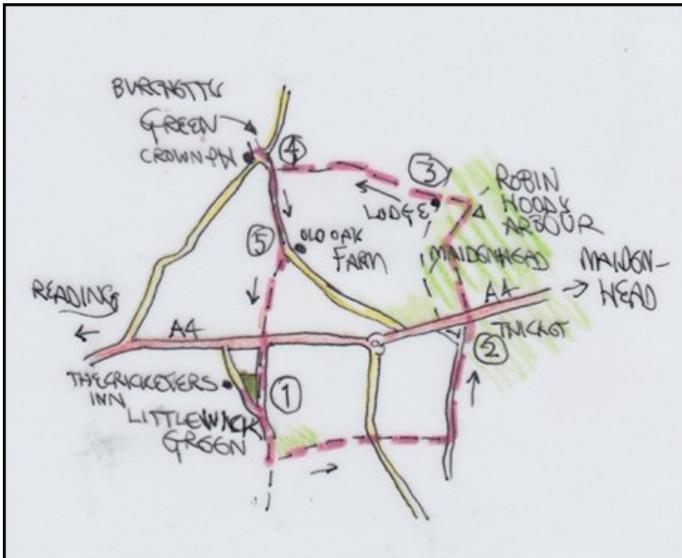


Daley Cross
OYAC Youth Worker & Team Oxford Manager

Ed: looking through the SCKPA archives, a photo was found of three medal winners. Unfortunately there is no indication of who these three are, what the event was, when or where held. If anyone can supply this information, please email webmaster@sixcountieskpa.org.uk



Walks across six counties: Berkshire, Littlewick Green



This issue's walk through Midsomer Country is in the fourth of the Six Counties, Berkshire. Again it is not from *Roaming Midsomer*. Littlewick Green would have been in the planned second volume as it featured in several episodes, including a cricket match on the Green with its distinctive Village Hall cum balconied pavilion in *Dead Man's 11*. Others include *The Great and the Good*, *A Talent for Life and Death* and *the Divas*.

My walk starts on the picturesque village green and heads for Maidenhead Thicket, haunt of highwaymen in the 18th century, including apparently Dick Turpin. It visits

Robin Hood's Arbour, nothing to do with Robin of course, but an Iron Age ditched enclosure. Burchetts Green offers *The Crown* pub and of course *The Cricketers* looking out over Littlewick Green.

Starting at Littlewick Green (1) walk south. Continue into School Lane, following it to the woodland edge. Emerging from the trees turn left onto a track, cross a road and continue in farmland, turning left at the next road. Follow this to the A4, the old Bath Road so popular with highwaymen (2).



Across the A4 enter Maidenhead Thicket on a waymarked path, soon merging with one from the left. Reaching a (muddy) bridleway, veer right and follow the main route to a footpath crossroads. This is the site of Robin Hood's Arbour. Go left along the hard path to the Lodge to Stubbings House (3). Through a kissing-gate to its right follow the footpath, eventually it becomes a track. Past Stubbings Farm turn left on the road at Burchetts Green (The Crown pub might offer a diversion). Follow the road south, then veer half-right just past the entrance to Old Oak Farm (4). Follow this path south to the A4. Go straight over into Jubilee Road and back to Littlewick Green.

Distance 3.5 Miles (5.7 Kms)

Going: Mostly Easy but probably muddy on Maidenhead Thicket paths

Recommended Maps: OS Explorer Sheet 160 & 172

Ed: our thanks to Martin Andrew for the fourth 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

Lemon baked fish for 4

- ◆ 4 x 100g white boneless fish fillets, e.g. cod, haddock, snapper, coley
- ◆ Grated rind and juice of 1 lemon
- ◆ 1 tbsp unsalted butter or margarine
- ◆ 1 pinch of dried rosemary or dill
- ◆ Freshly ground black pepper

from Everyday Eating, Guy's & St Thomas' NHS

Method

1. Preheat oven to 180 C, Gas Mark 4
2. Place fish in a single layer in a shallow baking dish
3. Mix together the butter, lemon juice and rind, rosemary, and pepper and dot over fish fillets
4. Cover with foil and bake for 25 minutes or until fish flakes easily when tested with a fork
5. Serve with boiled or mashed potatoes or rice and a boiled vegetable of your choice

Gingersnap cookies - makes 24

- ◆ 250g plain flour
- ◆ 3 tsp baking powder
- ◆ 1 tsp ground cloves
- ◆ 1 tsp ground ginger
- ◆ 1 tsp ground cinnamon
- ◆ 114g unsalted butter, softened
- ◆ 200g granulated sugar
- ◆ 1 egg
- ◆ 2 tbsp muscovado sugar

Method

1. Sift flour, baking powder, cloves, ginger and cinnamon together
2. Cream butter with a mixer until light & fluffy, gradually add sugar. Then blend in the egg and muscovado sugar
3. Slowly add the flour until a dough forms, cover and refrigerate for 1 hour or overnight
4. Preheat oven to 180 C, Gas Mark 4
5. Form the dough into balls (use teaspoon-sized amounts), place on a greased baking sheet, 5cm apart and flatten each slightly
6. Bake for 8–10 mins, cool on a wire rack

Mandarin trifle for 4

- ◆ 1 small plain sponge Swiss roll
- ◆ 75g custard powder
- ◆ 400g tinned mandarin segments in juice, drained
- ◆ 2-3 tbsp sherry (optional)
- ◆ 150 ml double cream
- ◆ 4 squares of chocolate, grated



Method

1. Put custard powder in a bowl, add 300 ml boiling water and whisk with a fork until smooth and creamy. Leave to stand
2. Cut the Swiss roll into slices and place in a large dish or 4 individual dishes, covering the base. If using sherry, sprinkle over the sponge slices
3. Spread all but 6 of the mandarin slices evenly over the sponges
4. Carefully spoon the custard over the fruit
5. Whip the cream, spread over the custard then decorate with grated chocolate and the remaining mandarin segments

From NKF's Food with Thought recipe collection

From the archives: 2011

Indian Beats

Kannaiyan Rabindraneth (Rabi), who was a registrar at the Renal Unit before moving to Wolverhampton, organised an evening of Southern Indian music and dance to raise funds for the SCKPA and the Oxford Kidney Unit Trust Fund. The event was held in Tingewick Hall at the J R Hospital, and was organised under the auspices of the Oxford Tamil Society, and Indian Union-Oxford.



It was extremely warm for 1st October which made it easy to imagine we were in Southern India as about a hundred of us watched and listened to a delightful spectacle.

A brilliant violinist, Jyotsna Srikanth, and her troupe entertained us with exciting rhythms and sounds. It was different from the classical music we usually hear, but had strange echoes of Scottish music and western music, and was hugely enjoyable.

The Kalasagara UK dance troupe presented Bharatanatyam dancing. Their colourful costumes and wonderfully disciplined movements were a delight, more akin to ballet than the jerking about which passes for dancing these days. It was an enchanting display.

The evening finished with a supper of very tasty Indian food, and a raffle was generously supported by the audience. MP Andrew Smith was unable to attend but donated a bottle of House of Commons whisky which was auctioned for our funds.

Dr Phil Mason and John Champion represented the two charities with Dt Chris Winearls

making a brief appearance (he was on call). A few of our members also attended, though I think there would have been more if we had had more time to publicise the event. It was certainly an enjoyable evening that many more people would have enjoyed. We are very grateful to Rabi and all his sponsors and associates, as well as the artists, for making it possible and for raising over £2,000 for us.



Muriel Crecraft—editor, Autumn 2011

Conundrum corner

Cities

Decipher the clues to find the names of 26 cities. Answers next month

1	Recent fortress	14	The last place for a burial
2	Finished the fourth letter	15	Appropriate place for a tea party
3	What a vandal does to cars	16	Between six and eight trees
4	A quick ringer	17	Distribute cards
5	The darkest water	18	Part of a boat
6	Dog controllers	19	Secure tightly
7	Which car?	20	A female servant's rock
8	Type of haircut	21	After the meal, the plate is still full
9	Store an after dinner drink	22	Where the cook picks crops
10	The very bottom of the compass	23	The lady leaves
11	Outdated meat	24	Open this to get to a top school
12	Obviously a place to get clean	25	Where ships might dock to eat
13	A local competition	26	Writing implements and small insects

Word Search

Find the 26 phonetic alphabet letters hidden either across, backwards, diagonally or down

R	U	T	U	M	G	I	I	P	W	R	E
O	T	A	N	G	O	O	A	H	J	O	K
N	A	C	I	W	P	C	L	U	Y	R	I
O	T	A	F	D	H	A	L	F	A	U	M
V	L	O	O	A	N	I	P	C	N	L	Q
E	E	A	R	R	E	I	S	A	K	U	U
M	D	L	M	T	I	O	G	K	E	Z	O
B	I	O	H	L	X	N	C	B	E	B	K
E	A	R	E	C	H	O	E	R	Y	Y	R
R	O	T	C	I	V	C	F	A	M	I	L
R	O	M	E	O	B	O	R	V	I	O	I
H	R	L	V	A	R	X	E	O	L	I	K

Alfa	November
Bravo	Oscar
Charlie	Papa
Delta	Quebec
Echo	Romeo
Foxtrot	Sierra
Golf	Tango
Hotel	Uniform
India	Victor
Juliet	Whiskey
Kilo	Xray
Lima	Yankee
Mike	Zulu

Puzzles from the Happy Puzzle company www.happypuzzle.co.uk

Photo Gallery: theme 'January'

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



In the bleak midwinter by Chris Behan



On the wing by John Heald

Email your favourite photo with a February theme to webmaster@sixcountieskpa.org.uk
Include a title and the sender's name (pseudonyms acceptable).
Closing date is 20th January 2021.

Photo Gallery: theme 'January'



A walk in the snow by Martin Wood



Sleigh Bells in a Winter Wonderland by Janet Pronger

Email your favourite photo with a February theme to webmaster@sixcountieskpa.org.uk
Include a title and the sender's name (pseudonyms acceptable).
Closing date is 20th January 2021.

And finally

From 2011 'Did I read that sign right?'

In a department store

Toilet out of order
Please use floor below

In a launderette

Automatic washing machine
Please remove all your clothes when
the light goes out

In an office

After tea break staff should empty
the teapot and stand upside down on
the draining board

In a health shop

Closed due to illness

In a safari park

Elephants please stay in your car

On a farm

The farmer allows walkers to cross the field
for free but the bull charges

In a repair shop

We can repair anything
(please knock on the door—the bell doesn't
work)

In a department store

Dogs must be carried on the escalator

Ed: what do you do if you don't have a dog?

Dr Desmond & Sheila Oliver

Following Sheila Oliver's death in August 2020,
Professor Chris Pugh wrote a tribute to her life.
Please read it in the Diary section of the website.

Going through old VIVAs this photo was found of
Sheila with Des, the founder of the Oxford Kidney
Unit, following their marriage in 1972.

