



Six Counties Kidney Patients Association

Run by Patients for Patients Since 1969

VIVA-Online: August 2021

Our leading article this month is on transplant medicines, their history and how they are currently prescribed. The skin care and surveillance guide applies to all of us, particularly during the summer months when extra care needs to be taken when out-of-doors. Keep an eye on our website Home page for details on future webinars, Covid updates and our Christmas Special meeting, hopefully back at the Oxford Belfry in December. My thanks again to all who help with the newsletter each month and to our contributors for their excellent 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 photograph 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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Demystifying Transplant Medicines

Webinar by Andrea Devaney, Consultant Pharmacist

Andrea gave us a fascinating and informative talk on Transplant medication. She started by asking the question “Why is immunosuppression needed”? The answer is to prevent graft and organ rejection. She then went into the history of transplantation starting with the first successful kidney transplant performed on identical twins in 1954. She then explained that only monozygotic twins where the egg is split do not need medication. Otherwise the immune system will activate the antibodies and T-cells to attack anything foreign.

She then explained that the drugs used in Oxford all have a unique pathway to dampen down the immune response to prevent the transplant graft from being recognized as foreign. There are only a limited number of drugs to choose from. Ciclosporin came onto the market in 1983 and about 10 years later Tacrolimus in 1994. All the drugs work in different ways so combination therapy is used to allow lower drug doses to minimise side effects. Most UK centres now use tacrolimus based regimes over ciclosporin as it is considered more potent. This may then be combined with azathioprine or mycophenolate and /or prednisolone. These medicines are continued for the life of the transplant. Sirolimus is now rarely used as it is not well tolerated. As graft and patient survival is high, other drugs used in clinical trials have not proven to be better than standard therapy so have not been marketed. A victim of our own success. Basiliximab and alemtuzumab are often used at time of transplant surgery as induction agents and have greatly reduced early acute graft rejection rates. Belatacept was licensed for use in transplantation in 2011 but it is prohibitively expensive and in order to gain access an individual funding request must be completed to justify the exceptionality of the patient case and then approved by NHSE committee. As a consequence it is rarely used.

Andrea then explained how they decide on which immunosuppression is used. The patient is pivotal in the decision and the drug regime is individualized. The immunosuppression strategy in Oxford is to start with larger doses and reduce gradually to a lower maintenance dose to minimise long term side effects. All new transplant patients are started on Adoport-tacrolimus. With a complex history, or if the patient is on a particular drug that interacts with immunosuppression, adjustments will be made. For example if the patient develops cancer the pharmacists will work with the other specialists to take into account the interaction of immunosuppression with chemotherapy.

As tacrolimus and ciclosporin are critical dose drugs, Andrea stressed that they must be prescribed by brand and different brands are not interchangeable. Tacrolimus brands prescribed by the Oxford team are Prograf, Advagraf, Adoport and Envarsus. Similarly ciclosporin brands that are prescribed include Neoral, Sandimmun & Vanquoral.

If you receive an unfamiliar brand then please [contact your transplant team ASAP](#).

Andrea gave us a very useful summary and reminder of food, herbal teas and medicines to avoid. Grapefruit, pomelo and star fruit are well known no-nos. Food in large quantities such as seville bitter orange in marmalade and pomegranate and pomegranate juice may have drug interaction. If you want to consume large quantities you will need to be monitored by the transplant team. Herbal teas can interact and cause a reaction such as Earl Grey tea (my favourite), chamomile, green tea and turmeric.

I felt reassured that these need to be consumed in large quantities such as 10-12 cups a day. Similarly herbal medicine such as vitamin C in patients with renal failure can build up and can't be excreted. Similarly St. John's wort, echinacea, ginseng, dong quai and milk thistle can interact. The most important thing is to always check before taking any herbal products.

Andrea stressed that there are certain medicines to avoid for transplant patients and these include:

- ◆ Any LIVE vaccine for patients on tacrolimus, ciclosporin and sirolimus.
- ◆ NSAID's such as aspirin, ibuprofen and azithromycin.
- ◆ Antifungal drugs such as fluconazole, posaconazole and voriconazole as these require immunosuppressant dose changes due to interaction.
- ◆ Macrolide antibiotics e.g. erythromycin and clarithromycin. Check first with the renal pharmacy team if you need to take them
- ◆ Anti-epileptic medicines e.g. phenytoin and carbamazepine
- ◆ Azole antifungals
- ◆ Blood pressure—ACE inhibitors and ARBs (monitor GFR).

Homeopathy. There is no concern as such small doses are used but it is not regulated and there is no good quality evidence.

Before taking any medicine Andrea suggested it is good practice to contact the renal pharmacy team or transplant nurse specialist to check if it is okay with immunosuppression / degree of renal function. This practice then gives reassurance to patients and indirectly to staff. They are always available for medical advice and offer an excellent service to transplant patients.

Andrea reported that there have been no new exciting drugs in transplantation but there are some studies to improve graft function and minimize immunosuppression. The pandemic has paused or suspended all research programs at the moment.

Finally Andrea reported that immunosuppressed transplant patients can now get antibody tests in your clinic and you need to speak to whoever orders your bloods and ask them to add them. The problem is that it is not known what the results actually mean. Some responses are better than none but it is not clear what the numbers mean. It also only measures antibodies and not T-cells which are the central players in the immune response to viral infection. Research suggests that antibodies wane over a period of a few months so Andrea recommended that you grab your 3rd booster jab.

Anne Ollivant (Oxford branch)

Anne: a big thank you to Andrea for giving us such a valuable talk and for going over my notes, just as she was about to go on holiday, and making many vital changes before being published. This information is so important that it needs to be absolutely right.

Ed: don't forget the **Ask The Pharmacist** service offered by the Oxford team on our Home page

ASK THE PHARMACIST?

- do you have a non-urgent medicine related question?
- any other medicine related query for the pharmacy team?

 orh-tr.oxfordrenalpharmacy@nhs.net  01865 226105

Skin surveillance for transplant patients

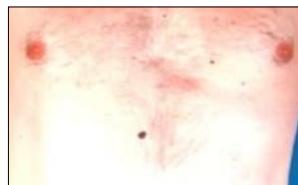
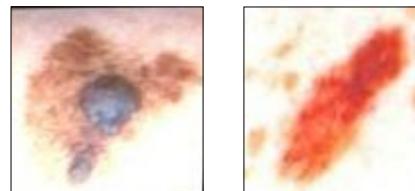
Oxford Transplant Team's webinar on Skin Care

Dr. Matin, Consultant Dermatologist and specialist in Immunosuppressed patients, gave us an invaluable slideshow / talk highlighting the different skin cancers, what we need to look out for and how to prevent skin cancer. It was reassuring to learn that not all skin cancers are equally dangerous but if you are unsure, early detection is crucial.

She said there are 3 main types of skin cancers that we need to be aware of: Basal cell carcinoma, Squamous cell carcinoma and Melanoma. Transplant recipients also often get other rare skin cancers like sebaceous gland tumours.



Dr. Matin reported that Melanoma is uncommon but is the most serious of skin cancers. 60% of melanomas come from moles. The good news is that if they are caught early, the survival rate is over 98%.

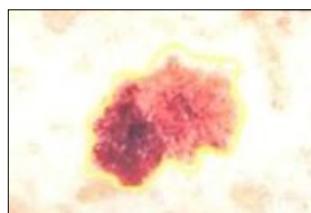


If you are over 35 and you have a mole like lesion that looks a little different from other moles, be aware. If it changes (e.g. a pink patch) and doesn't heal in a few weeks, bleeds or is painful, it needs attention. Dr. Matin called these the Ugly duckling signs.

Dr. Matin shared with us the **ABCDE** approach of suspicious moles or skin lesions with graphic photos to help identify these. In **Asymmetry** the two halves of the mole look different. The **Border** or edge is not clear or well defined. The **Colour** varies from one area to another. The **Diameter** is greater than 6mm (more than the end of a pencil). Lastly **Evolution** where the mole has increased in size or changed in colour.



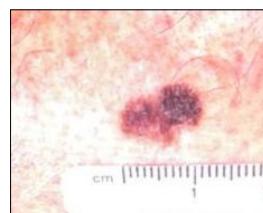
Asymmetry



Border



Colour



Diameter

Dr Matin stressed the importance of self-surveillance with a wall & hand mirror front and back that is certainly something we need to do regularly. Examining the entire body as well as the hidden parts not reached by the sun such as the undersides of your feet, between your toes and palms is vital. This is because immunosuppression itself can cause these lesions as well as reacting to UV light.

There are various websites you can use to check your skin but, as Dr Matin said, none of them is evidence based to support their recommendations: www.melanomauk.org.uk/skin-self-examination; www.skinvision.com; www.miiskin.com/app



1. examine your body (front and back) in the mirror and on the left and right-hand sides with your arms raised



2. bend your elbows and look carefully at your forearms, the back of your upper arms and palms



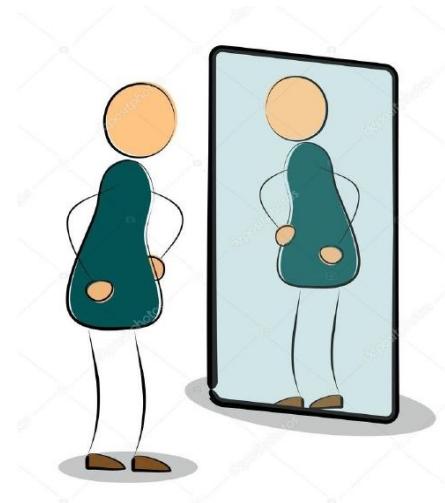
3. check the back of your legs and feet, as well as the spaces between your toes, soles of your feet and nail beds



4. examine the back of your neck and part your hair to check your scalp with a hand mirror



5. finally, use the hand mirror to check your back and buttocks



The photoprotection part of the talk was a very good revision of what we all need to do to stay safe in the sun. Staying in the shade and not going out when the sun is at its strongest is very important. We need to put on our high factor sun cream (SPF 30+) REGULARLY as well as wearing physical clothing to cover your skin. Dark long sleeved shirts (which don't let UV light onto skin), sunhats, & sunglasses are all vital for sun protection. We need to realize that UV light reaches us even on cloudy days. Also UV light comes through conservatories and windows in houses and cars. A study of truck drivers in America showed skin damage on the left side of the body due to the sun. If you drive or sit near a window you need to put on your sunscreen and wear long sleeved shirts.



Dr Matin told us that if you are concerned about your skin and under the care of the Dermatology Department, you can contact them or your transplant nurse. GPs are also good at diagnosing skin cancers and they can refer to Dermatology within 2 weeks if it looks suspicious. We are very lucky in Oxford to have a dedicated Dermatology Department for transplant patients. Many areas don't have this.

There were some interesting questions after the session including one about moisturisers. Dr Matin said that Transplant patients get dry skin and need to use a simple moisturizer all over after showering such as Cetaben and Diprobase. Also the area around the eyes is best protected by sunglasses as cream can get in your eyes and there is no good sun cream for eyes. For those with darker skins there is a lower risk of becoming tanned but there is still the risk of getting skin cancers. Dr Matin reiterated that immunosuppression causes a lot of skin problems in transplant patients such as all of the above and viral warts and it is challenging to get rid of them. Also certain drugs interact with UV light such as azathioprine. She said that if you develop multiple skin cancers, discussion with your Transplant team and Dermatologist may be necessary to reduce/alter immunosuppression.

With our typical “English Summer” that we know and love with torrential rain and flooding and low temperatures, we are extremely lucky not to be sweltering in a heat wave in the USA and Canada. Temperatures are 20 degrees above normal and people are dying. But remember that even when the sun is not out the UV rays come through and we need to protect ourselves. As Dr. Matin stressed we need to keep vigilant and check our bodies all over regularly. If you find a mole or lesion that doesn't heal, keep a watch on it (take a photo with date) and if concerned, contact your Dermatologist, transplant nurse or GP.



Anne Ollivant

(Secretary of the Oxford Branch).

Ed: our thanks to Dr. Matin for permission to reproduce her slides

NKF Kidney Patient Support Pack

NKF has produced a brand new Patient Support Pack as a guide for new kidney patients starting their dialysis journey. The pack is for patients who may be facing end-stage kidney failure to help with understanding kidney disease and dialysis and the treatment options available. The new 60-page booklet is packed full of vital information, including:

- about the kidneys
- fluid balance
- anaemia
- dialysis treatment choices
- useful contact numbers.



There are also sections to record personal information, appointments and renal records. The Patient Support Pack has always been very well received by patients, carers and renal nurses and is available free-of-charge. To request a pack call the NKF Helpline on 0800 169 09 36 and talk to an adviser or email helpline@kidney.org.uk with your postal address.

NKF Annual Patients' Event

NKF is pleased to announce that their annual patients' event will take place on Saturday 9th October. This year's event will be virtual and will start at 10:00am and end at 2:00pm. They have five confirmed speakers, ranging from renal professionals to patients, and a breakout room will be available for attendees to chat with each other. The event is free-of-charge and details of speakers and how to register will be available in next month's NKF In Touch.



From our readers

Staying safe in the digital world

In today's world many of us are online on a daily basis checking bank accounts, buying goods, social media – Facebook, Instagram, TicTok, Twitter, researching websites and 'googling'.

Many of these activities require us to set up an account with a User Id or Name and a password and, although password protection is a cornerstone of our digital world, on the whole little thought is given as to how secure they are. Everyone agrees that passwords should be strong and secure but multiple statistics and surveys have shown that hardly anybody follows this advice. The preference is for easy-to-remember ones. There is an annual list of the most-used ones – why not see if any of yours are included at: www.welivesecurity.com/2019/12/16/worst-passwords-2019-did-yours-make-list/

Five common mistakes have been identified when creating a password:

1. Password recycling

This starts with the creation of the password itself which, if short and simple, is easy to remember even when a minimum length with certain characters included is required.

There is then the temptation that once this password has been memorized, it is used to sign up for other services thus avoiding the need to remember yet more. According to a Google survey, 52% of people reuse the same password for multiple accounts, while a surprising 13% use the same password for *all* their accounts. So with password recycling, once a hacker breaks it then all your accounts will be easy targets.

2. Simple passwords

Apart from simple patterns and obvious words, a frequent mistake is to include details from our personal lives that can be easily guessed or found. These may be the names of children or pets or the date of a birthday. With so much personal information available through social media, a hacker can often crack a password after a few goes.

3. Storing passwords in plain text

Another mistake is to write down passwords either on paper or save them in spreadsheets or text documents on computers or smartphones. If saved on paper, they should be in the form of hints to help you remember and the list then kept in a place safe from prying eyes. If saving them on your devices as plain text, there is no defence against a hacker finding and using them.

4. Sharing passwords

Some 43% of people surveyed recently admitted to having shared their passwords with someone else. These included passwords to streaming services, email accounts, social media accounts, and even online shopping accounts. While sharing a password to a streaming service account is widespread, it is less dangerous than with the others.

Remember that once your password is shared, the security of your account is compromised as you have lost control. Can you trust that person not to share it with anyone else? Sharing your password to any social media platforms you use means that others can now log in under your identity and post controversial opinions and comments. With online shopping platforms, if your payment methods are saved, then that person could easily rack up a bill on your credit card.

5. Changing passwords periodically without giving it any thought

Some organizations make users change their passwords every two or three months “for security reasons”. However, changing your password regularly, without evidence of a password breach, doesn’t automatically make your account more secure or harder to hack. Researchers have shown that when forced to change a password frequently, there is a tendency to create one that follows a predictable pattern called “transformation”. Examples are:

- ◆ incrementing a number
- ◆ including the month when the password was changed
- ◆ changing a letter to similar-looking symbol e.g. changing an S to a \$
- ◆ adding or deleting a special character e.g. changing three exclamation marks at the end of a password to two
- ◆ switching the order of digits or special characters

This makes it easy for hackers as once they know one password, they can guess the next one with little effort. It is worth remembering that once cybercriminals gain access to your device, they can install a keylogger that allows them to keep track of your passwords whenever you change them. However, should you have a top-tier security solution installed on your device, then you have the additional security of the keylogger being detected and deactivated.

Strong Passwords

Ideally all passwords should be strong and secure. But what constitutes a strong password? A **passphrase!** Done correctly, passphrases are generally more secure and user-friendly than passwords. The longer the passphrase and the more words it includes the better. With each extra character the number of possible combinations rises exponentially and that makes brute-force password-cracking attacks far less likely to succeed. Unfortunately though, some services impose limitations on the length of passwords.

Typical passphrases could be something familiar and easily remembered from a favourite book or film, e.g. GraceRocky!40Eridani (if you are an Andy Weir fan) that include length, a combination of upper and lowercase letters, special characters and numbers.

Password Manager

Having created unique and strong passphrases for all accounts, it becomes impossible to remember each one. The solution is the password manager, an application specifically designed to store all login credentials in an encrypted vault. All that is required now is to create and memorise one strong, unique master passphrase or password.

The most popular password managers are the cloud-based ones that can be accessed through a browser from anywhere. Examples of those offering a basic set of options for free are 1Password, Dashlane and LastPass. Some security suites also include password management. Once an account has been created, all existing login details can then be added as required. The manager can be used to generate secure passwords if needed.

Finally, remember that your data is stored somewhere on a server. In the event of a breach or a successful hack, cybercriminals can download the information in bulk including your own. Should this happen, you are dependent on the operators of your chosen service having implemented strong encryption *and* on the strength of your master password; keep in mind that it guards the gate to most of your digital life.

So:



Where have all the butterflies gone?

Two years ago, a year in which I only saw 17 types of butterflies in my garden, I wrote an article for the Four Shires magazine, “Where have all the butterflies gone?”

Sadly, this year the numbers of butterflies in my garden are few and far between. I have only seen six types up to June, a Brimstone, a Comma, a Red Admiral, a Small White, a Speckled Wood and an Orange Tip. No doubt the frost recorded every day in April and the rain nearly every day in May has taken its toll.

In retrospect, 2019 would appear to have been a good year for butterflies, despite my concern. As a reminder, this is what I wrote in that year:

August is the silly season when it comes to news. Parliament is in recess and summer holidays are in full swing. It is an opportunity for news items that are worthy of media attention, but don't normally receive it, to pop to the surface and be noticed. This year it was the butterfly which made it to Radio Four's Today programme and all the national newspapers. Two reasons; the Painted Lady and the annual Big Butterfly Count, the world's largest butterfly count, organised by Butterfly Conservation.

The Painted Lady hit the headlines as the nation experienced a once-in-a decade phenomenon. They usually fly to Britain in the summer, but every 10 years, and the last one was in 2009, millions arrive in a mass migration from Europe to the UK. This July, as the Daily Telegraph's headline said, “‘Millions’ of Painted Lady butterflies set to arrive in the UK this summer”.

The second reason, the annual Big Butterfly Count, came to my attention as I think that the butterfly is in decline. When I lived in Adderbury the large buddleia shrub in the garden was covered in summer with a blanket of colour, butterflies, but not now.

Since coming to live in Sulgrave I have walked the local footpaths and bridleways and in summer photographed the views, the flowers, the bees and the butterflies. But this year, as with last year, there has been an absence of butterflies. I've seen few Red Admirals, only one Holly Blue, one Peacock butterfly, one Small Copper and the odd Meadow Brown in the garden. Strangely though, there are a considerable number of whites, large and small, plus, of course, the Painted Lady this year.

Hopefully they will be back next summer, but the Butterfly Conservation Society isn't very hopeful. They say, “there is evidence of the serious, long term and ongoing decline of UK butterflies”.

In the meantime, here is my photographic record, taken over the past few years, of what we may miss in the future.



The **Brimstone**. This butterfly, with its angular shape and pronounced veins in its wings, closely resembles a leaf



The **Chalk Hill Blue**. A small, widespread butterfly that occasionally visits gardens, but is more common to chalk grassland in southern England, such as the Chilterns.



The **Comma** is a fascinating butterfly. The scalloped edges and colouring of the wings hide hibernating adults amongst dead leaves. It is widespread in southern Britain.



The **Gatekeeper** is often seen around flowers growing in gateways, along hedgerows and field edges. It is widespread in southern Britain.



The **Holly Blue** is the first blue butterfly to appear in early spring. It is the most common blue and can be found in parks and gardens where it congregates around holly and ivy.



Large Skippers are most often found resting in a sunny position, usually on a large leaf, or feeding on flowers, especially purple ones.



The **Marbled White** is a distinctive and attractive black and white butterfly, unlikely to be mistaken for any other butterfly and can be seen in large numbers on southern downland.



The **Meadow Brown**. A very common butterfly that flies over vegetation, even in dull weather.



The **Painted Lady** is our long-distance migrant. Each year, it flies northwards from North Africa, the Middle East and central Asia to mainland Europe and the British Isles.



The **Peacock** has a spectacular pattern of eyespots, to confuse predators, but it also makes it easily recognisable.



The **Red Admiral**. This familiar and distinctive, large butterfly is common in gardens. They continue flying into late autumn and can often be seen on buddleias, flowering ivy and on rotting fruit.



The **Ringlet**. The small circles on the underwings give the butterfly its name. Bramble and privet flowers are their favourite source of nectar.



The **Small Copper** is only an occasional visitor to our gardens.



The **Small Heath** is an unnoticed butterfly that flies only in sunshine and rarely settles more than a few feet above the ground.



The **Small Tortoiseshell** is probably the most common butterfly seen in our gardens. It arrives in spring and can still be seen in large numbers in the autumn. Its appearance is striking and colourful.



The **Small White**. Commonly called a cabbage white in the past. It has brilliant white wings, and one or two wing spots. The undersides are a rich creamy white.



The **Speckled Wood**, as the name implies, flies in partially shaded woodland with dappled sunlight.

Copyright © Chris Behan 2019

Ed: our thanks to Chris for a very informative article with beautiful photos. We all need to encourage wild flowers and wild spaces for the butterflies to help them thrive and brighten up our gardens.

Covid-19 Research Project

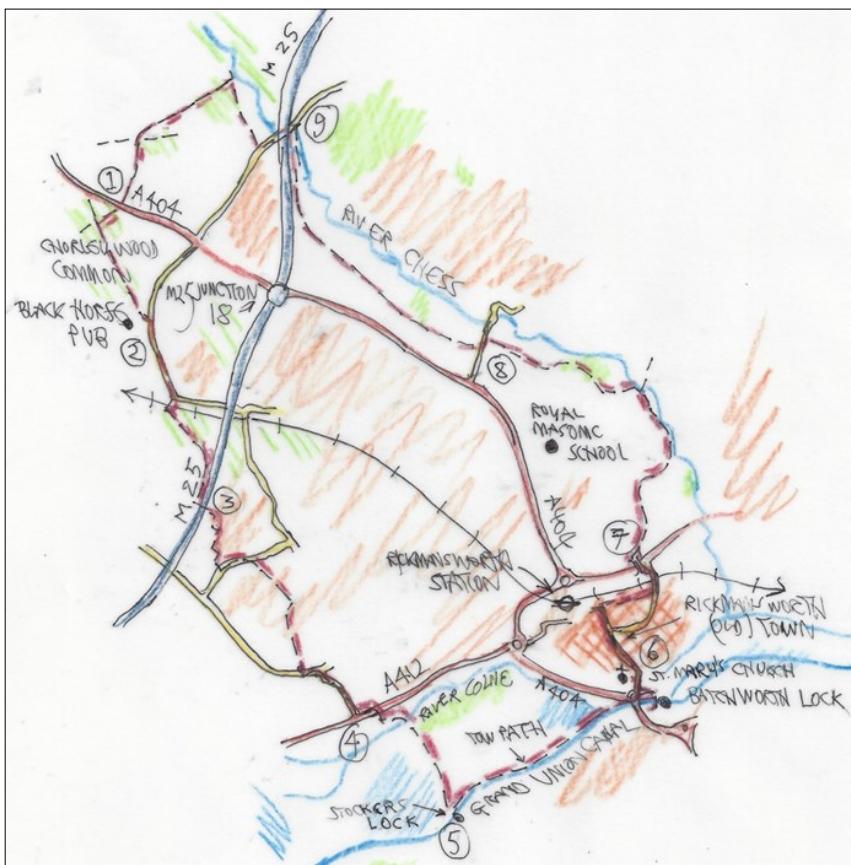
Researchers at the University of Derby and the University of Nottingham are conducting a study titled "Assessing and reducing the impact of Covid-19 on the wellbeing of people with chronic kidney disease (CKD) receiving in-centre haemodialysis during the outbreak". The project aims to explore the impact of Covid-19 on CKD patients as well as identify the types of extra support, advice, information and services that dialysis patients need during the Covid-19 outbreak.

They are looking for people over the age of 18, currently having in-centre haemodialysis to take part in a research study to improve support for people with chronic kidney disease (CKD) who need hospital dialysis in the UK during the Covid-19 outbreak. The study involves completing an online questionnaire survey about experiences of in-centre dialysis during the Covid-19 outbreak. There will then be the option to take part in a telephone interview where one of the researchers will gain a more in-depth insight into the responses given in the questionnaire and identify what support would be useful and how it should be delivered

For more information about the study and guidance on how to take part, visit https://derby.qualtrics.com/jfe/form/SV_6zYJmAlsg6RQoUl

Walks across six counties: Hertfordshire

Canals, Commons and Chalk Streams: Rickmansworth



This Hertfordshire 'Midsomer Murders' route is based on Rickmansworth, a town that has featured in several episodes including 'Blood on the Saddle', 'Masterclass', 'Murder of Innocence' and 'The Axeman Cometh'. For example Stocker's Lock on the Grand Union Canal appeared in 'The Axeman Cometh' and The Watersmeet theatre became 'Causton Concert Hall' in 'Masterclass'.

We walk through Old Rickmansworth town and pass St Mary's Church. The route follows part of the Grand Union Canal and heads north along the valley of the River Chess.

Starting from the car park for Chorleywood Common on the A404 (1), head along the ride cut through the trees, ignore a cross-track, turn left at the next crossroad of rides. Continue ahead to merge with a lane near the Black Horse pub (2). Follow the road, then right under a railway bridge and left into a woodland path, signed Mill End, then cross the M25 on a footbridge (3). Turn right on a path, then left through a barrier, turning right onto The Queen's Road, then left up Chiltern Drive.

Right into Coombe Hill Road, then straight on along a path to a cul-de-sac. Turn right by No 13, cross another green to a path between gardens.

Right at a road and at a T-junction go left along Church Lane to reach the main road, the A412 (4).



Turn left, pass a bus stop, then right at a footpath sign. Over a footbridge turn left along the path, then cross a bigger bridge over the River Colne.

The path heads south between large lakes, formerly gravel pits. At Stocker's Lock turn left onto the Grand Union Canal towpath (5).



Follow this as far as Batchworth Lock (seen in the photograph). Leave the canal up steps to the main road on its bridge, then right to a roundabout, then up ahead into Church Street and the old town centre (6). St Mary's church is mostly 19th century. Straight across the High Street into Northway, then right into Solomon's Hill between blocks of flats, then right onto a footpath alongside the railway. At the end go left and cross the railway and the A412 on a footbridge (7).

Go to the footpath waymarked 'Chess Valley Walk', to the left of a Roman Catholic church built in 1909, to reach the banks of the river. Keep on this path for some distance, the river near or a little away from the path, skirting a wood, then beyond paddocks cross a road (8), and continue along the Chess Valley Walk. Bear right at a path fork, eventually the path alongside the M25.

Reaching the road (9) go left to cross above the M25. Go right at a footpath sign on reaching some houses, still on the Chess Valley Walk. Where the tarmac track bears right, go left to a path within the edge of woods. Follow the path uphill and at a T-junction go left into a park and follow the road past the cemetery to the gates and back to the car park.

Distance 7.5 Miles (12 km) Recommended Map: OS Explorer Sheet 172

Going: River valleys to south and east, some contours and Chorleywood Common

Eating & drinking: Plenty of choice in Rickmansworth

- ◆ The Feathers in Church Street the most interesting historically with 15th and 16th-century fabric.
- ◆ The Black Horse perhaps for elevensies?

Ed: our thanks to Martin Andrew for the ninth 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

Salmon pasta & tarragon butter

Serves 4

- 350g salmon fillets
- 600 ml water
- 400g dried pasta
- 15g butter or margarine
- 2 tbs plain flour
- 2 tbs fresh tarragon, chopped
- 1 bay leaf

From NKF's Food with Thought recipes

Method

1. Poach the salmon fillets in the water with the bay leaf for 15 mins or until cooked
2. Remove fish, reserve 450 ml of the cooking water
3. Cook pasta in a large pan of boiling water
4. While the pasta is cooking, flake the fish discarding skin and any bones
5. Melt butter or margarine in a pan, add flour and stir for 1 min. Off the heat, gradually beat in the fish stock. Return to the heat and stir until the sauce thickens. Season then add the tarragon
6. Drain the pasta, add the salmon and sauce and mix gently. Serve with a salad

Vegetable frittata Serves 2

- 4 eggs
- 50g red pepper, thinly sliced
- 50g peas, fresh or frozen
- 1 cup baby spinach
- 50g red onion thinly sliced
- 1 tbs olive oil
- 20g grated cheese, optional
- 1 tbs fresh herbs, chopped
- Splash of milk

Note: to reduce potassium, use just the whites of two of the eggs

Method

1. Preheat oven to 180C (350F, Gas Mark 4)
2. Cook peas then drain
3. In an oven-proof frying pan, add oil, pepper and onion and sauté until soft, about 7 mins. Stir in spinach and sauté until wilted, about 2 mins. Add cooked peas
4. Beat eggs together with a splash of milk, herbs and black pepper, then pour into the pan and cook without stirring for 2-3 mins. Sprinkle on cheese if using.
5. Put pan in oven and cook until just set and the cheese is starting to brown, about 15 mins,
6. Serve with bread or new potatoes

Easy rice pudding for 1

- 250g pack plain microwave rice
- 250 ml milk
- 1 egg
- 2 tbs sugar
- 1/2 tsp vanilla extract
- 1 egg, beaten

Method

1. Put the rice in a heatproof bowl
2. Add milk, sugar and vanilla extract
3. Add the beaten egg and stir well
4. Microwave for 5—6 mins, stirring halfway through, until set
5. Serve with jam or tinned fruit as preferred

From the archives: Autumn 2010

China and the Chinese Transplant Games

An epic journey to the Far East

It's not often you have the chance to represent your country, but when you do it is something you should seriously consider. When I first heard about the invitation to the Great Britain transplant team for the Games it didn't occur to me that it would be possible. China is too far away and the costs would be too great. A couple of days on and I had forgotten about the prospect and carried on with my mediocre life. Then my forever hard-working consultant, Dr. Paul Harden, said that if I could raise some funds he would obtain others. It was an offer I couldn't refuse. Thanks to the support of the Six Counties Kidney Patients' Association I was going to play the fastest racquet sport in the world, in the country where it is most played. I thought it would be the experience of a lifetime. I wasn't wrong.

I didn't really know what to expect from China: the most I knew was that the people love to eat rice and are, generally speaking, quite short. And with that knowledge I packed my case and got ready for a long flight to the Far East.

I had been training hard for this competition, sometimes up to twelve hours a week. I love the sport and I was focused on winning and bringing a medal back to the UK. The Opening Ceremony was lively with plenty to see. Some of the Chinese competitors were very excited by the GB team and our first hour was spent taking photographs and receiving gifts from competitors. The Chinese were all very friendly and thanks to our host and translator, Wang Chen, we were able to converse.

I started well, beating my first opponent with a quick win. Two more wins and I finished the day in the semi-finals. On Sunday morning I had another quick win and I was in the finals. The final started nervily, with both of us making errors and giving away cheap points. When I settled in I started to perform and it was clear I was too much for the other finalist. The game finished quickly and I had won the match in two games. I was the new champion! I was overwhelmed and couldn't believe I had won the Gold Medal for Great Britain and Oxford. It was the experience of a lifetime, and it was thanks to your generosity that it was all possible. Thank you very much.

James Lonsdale



Conundrum corner

Shakespeare's Plays

Guess the names of the plays from the clues below

- | | |
|---|--|
| 1 Lizzie's raincoat | 9 Mistaken hilarity |
| 2 Time to calm down sorex araneus | 10 Completely successful finish |
| 3 Exactly the way you want | 11 Tipsy 'Troubles & strife' just off the M4 |
| 4 A non-permanent irritant | 12 REM at 2 am on Thursday 24-07-2021 |
| 5 Rented pig meat | 13 A row of percussion instruments |
| 6 Two rulers with a purpose | 14 It's a bronze medal for Wessex |
| 7 The deer's father in business | 15 An amorous current general election |
| 8 Last chance to put away the decorations | 16 Story of snow and ice |

From the Happy Puzzle company: www.happypuzzle.co.uk

Word Search

Find the 20 birds hidden either across, backwards, diagonally or down

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

Albatross
Blackbird
Chaffinch
Eagle
Flamingo
Grouse
Kestrel
Kite
Mallard
Nightingale
Penguin
Pigeon
Redstart
Robin
Snipe
Sparrow
Swallow
Swan
Thrush
Woodpecker

Sudoku

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

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.

Answers to July's Conundrum Find the Connection

- | | | |
|---|---|---|
| 1 | Which Scotsman is credited with discovering penicillin in 1928 and later went on to be awarded the Nobel prize in medicine? | Alexander Fleming
DI Kate Fleming: series 1 to 6 |
| 2 | Which of these three is the least traded commodity in world markets: coffee, gold or cotton? | Cotton
DI Matthew Cotton aka The Caddy: series 1 - 3 |
| 3 | What is a colourful fish that leads you down the garden path? | Red herring
The show was full of red herrings |
| 4 | One of the cinque ports. it was also the setting for the detective series Foyle's War | Hastings:
Superintendent Ted Hastings: series 1 - 6 |
| 5 | Which controversial comedian co-hosted BBC's Big Break quiz show with John Virgo and also hosted the Generation Game between 1995 and 2002? | Jim Davidson
DCI Joanne Davidson: series 6 |
| 6 | One half of a British firm of biscuit makers originally based in Reading, Berkshire | Huntley
SI Roz Huntley: series 4 |
| 7 | What is the connection between the above six answers? | Line of Duty |

Photo Gallery: theme 'August'

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



Norfolk Broads



Painshill lake, Cobham

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

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

Closing date is 20th August 2021.

Photo Gallery: theme 'August'



Cream teas with the Ellesborough Silver band



Great spotted woodpecker

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

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

Closing date is 20th August 2021.

And finally

What do you do on dialysis?

I finished the crossword while eating my toast,
I've read all the news and I've opened the post

There's nothing on telly, I've taken a look,
Oh how I wish I'd not finished my book.

My husband is busy and won't talk at all,
And all of my friends are too busy to call.

Three hours to go, oh what can I do?
I know, VIVA wants poems, so I'll write one or two.

I'm not very good, I can't find a rhyme;
Not that it matters—thank goodness, IT'S TIME!

A light-hearted poem from Muriel Crecraft in 1996. "She said it was never a problem keeping busy. In fact the stuff she needed for her entertainment apparently took up more room than the dialysis equipment—according to her husband".



Photo from 1969 of Jean Tarver

The Oxford Kidney Unit's first dialysis patient.
Jean dialysed for almost 35 years.