



# WRSG Newsletter

WOLVERHAMPTON RHEUMATOLOGY SUPPORT GROUP

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CARING IS SHARING

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## Concert - Reminder

Joyce Knibbs is organising another concert.

The sixty strong Ashmore Park Choir will entertain us at Fallings Park Methodist Church, Wimbourne Road, Fallings Park on Saturday 12<sup>th</sup> May at 7.30 p.m.

Light refreshments will be provided in the interval.

The proceeds will be for the WRSG. Admission will be by ticket at £4 per person and we will hold a raffle on the ticket numbers. The music will be very varied.

## A date for your diary - Information Session

Dr. Newton has kindly agreed to give a talk at our next Information Session.

We will decide on a topic nearer the time but the date for the event is

Friday 20<sup>th</sup> April from 2.00 to 4.00 p.m.

The event will be at the Holly Bush Inn, 494 Penn road, Penn Wolverhampton.

We will provide light refreshments and hold a raffle.

Why not arrive early and treat yourselves to lunch!

Booking forms will be enclosed with the March newsletter.

## WRSG Website

Last summer I allowed the payment on our WRSG Website to lapse on purpose. This was because the site was three years old and I couldn't update it.

Over the New Year weekend I asked Ashley if he would be our WRSG Webmaster.

Ashley agreed and has produced a very good site but the main advantage will be that I can e-mail Ashley the changes as they take place and he can update the site immediately.

The website is [www.wrsg.org.uk](http://www.wrsg.org.uk)

Click on the enter button and then the various points of interest. i.e: Home, Events etc.

## Fundraising

We have put in an application to the Carver Wolverhampton Marathon 2007 requesting to be included in the supported charities We have to provide 20 marshals on the day, Sunday, 2<sup>nd</sup> September. CAN ANYONE HELP PLEASE?

**Well the Christmas / New year season is over and I have made three New Year resolutions.**

The first is not to say anything nasty about anyone. That should be easy because all I have to think is “If you cannot say anything good about anyone, say nothing”

The second is not so easy. It is to do what I want to do rather than what I think I should do! That is self explanatory.

The third is to get help!

When I was at our Christmas coffee morning I was a little dismayed at how many of our members said I looked “tired”

As my diary in the last edition showed I had been doing too much and it catches up on people with Rheumatoid Arthritis.

I had finished all my jobs by the Saturday before Christmas and on Christmas Eve I woke in considerable pain all over. I was shivering and I thought maybe I was in for a cold although I actually never get colds. I took extra medication, had a bath, got dressed and went downstairs. I sat with the central heating on, the gas fire on and my coat on. At 10.30 the door bell rang and it was Chris, my nephew with a bunch of flowers. It was lovely to see Chris but I felt a bit embarrassed to be sitting there in my coat. I said we would turn the fire off but Chris said “No, I didn’t look very well” and he gradually stripped off!!

Chris stayed until 2.00p.m by which time I felt better. He lifted my chicken from the oven for me and opened some jars of pickle so that I could have my lunch. I thought about it and realized that I didn’t feel better because of the extra medication or because I had got warm I felt better because I sat and rested whilst talking with Chris.

I carried on as normal over the holiday doing the newsletters and setting up our WRSG website with Ashley but then I did the same silly thing all over again and I did too much in one go.

On Tuesday, 2<sup>nd</sup> January and Wednesday, 3<sup>rd</sup> January I had an enjoyable time wandering around Hootys, Iceland and Sainsbury’s looking for post Christmas bargains BUT;

Greg’s birthday is on the 5<sup>th</sup> January and when he lived at home I always “put Christmas away” on the 4<sup>th</sup> January to make room for his cards and his party. I have carried on doing that over the years so on Thursday, 4<sup>th</sup> January I set to and took down all my cards. I took everything from the tree and then I dismantled the tree. I fetched all the boxes from the shed. I packed everything away and took all the boxes upstairs making about five journeys. I had a rest for an hour and then I went off to fetch Jessica and Jack from school. I gave them their tea and then took them home.

On Friday 5<sup>th</sup> January I woke in a lot of pain all over, shivering. I took extra medication had my bath, got dressed and went downstairs. I had the central heating on, the gas fire on and my coat on and I thought when will I ever learn that with Rheumatoid Arthritis you do not do everything in one go. You have to pace yourself. I will have had Rheumatoid Arthritis for twenty years at the end of 2007 so I really should know better by now shouldn’t I?

On the 6<sup>th</sup> January I received a letter from Margaret Wall. Margaret often writes to me after she has read the newsletter. Margaret said jokingly, when I said “Who could ask for anything more” when Caroline had given me my Christmas lunch had she given me my Christmas pud with brandy sauce. Well Caroline actually gave me a choice Margaret and I chose trifle followed by mince pies. Caroline also rang at 9.30p.m to ask if I wanted any supper. I said no thank you as I don’t eat supper but the offer was very kind.

Going back to my third New Year resolution I now have help with my housework once a fortnight and I have someone coming to cut back my shrubs when the weather is suitable.

If you can afford to get help it is a very sensible thing to do particularly if like me you are able to find people who come recommended then you cannot go wrong.

*Dorothy*

### Not of a "Throw Away" generation

As I told you in the January newsletter I stayed home for Christmas.

On Boxing Day Ashley and Alison came down from Wales. During the afternoon we went shopping. When I was in one of the stores I said I needed some batteries for my torch. I picked the pack up and then I said I probably needed a bulb. Ashley looked at me and said were the batteries and the bulb for the twenty year old orange plastic torch on the kitchen shelf. I said yes and he got a torch at £13,99p off the shelf saying put the batteries back. He duly paid for the torch for me and when we got home he put my torch in the bin! It wasn't that I was short of money and didn't want to buy a new torch it was that I didn't want to throw the old one away but I know it would have been false economy.

I don't like change. My friend came from Scunthorpe and she said I was in a time warp because my dining room was just the same as when she brought her children when they were little thirty years ago. Well she is right because I love my medium oak dining suite with its refectory table, two carver chairs and four dining chairs so why should I change it? It has had snooker tables and Scalextric and train sets and computers on it but I have always put a protective cover on it and it is still perfect.

I bought my three piece suite in 1992 and when Danny, my last little cairn terrier died a few years ago I had the carpets and the suite cleaned professionally. Apart from the sticky finger marks from Jessica and Jack which I wipe it is still fine. I would probably have that re-covered anyway rather than change it because it is easy for me to get up from!

My kitchen bowl, washing up rack and my kitchen kettle needed changing because they were getting shabby not because they were broken. "If it isn't broke don't fix it! Now that is pathetic so I did go and buy a new bowl and draining rack. I threw away the rack but I put the bowl in the shed because it might just come in for my gardening. I haven't replaced the kettle yet that would be too drastic!

My sons must think I am a funny mixture because I have the very latest computer equipment and very modern LCD TVs etc but they have replaced items which have packed up which is a different matter to throwing things out for the sake of it.

I think this thriftiness goes back to our early married life. I didn't work for ten years when the boys were young. I was a full time wife and mother. Don had a good job as a Joinery Manager but we still didn't have much money for luxuries.

I think I am too old now at 66 to change. I don't hoard things I just don't change them for change sake!

*Dorothy*

### Changes for change sake!

The Government does make changes for the sake of it.

As I have said previously my husband, Don died suddenly of a heart attack at the end of February 1991. He was 53 years old and I was 50.

My life would never be the same again.

From the mid 1970s I had helped my mom look after my dad through his illness with Parkinson's disease. After my Dad died in 1982 I continued to support my mom until her death in 1994. Greg and Ann were married by then and Ashley was still at university in Leeds.

In 1994 I became a volunteer for Arthritis Care and later that year I joined the WRSG committee. The BCLSN was formed in September 1997 with the opening of a clinic at Compton Hospice and one at New Cross Hospital for Lymphoedema patients and I was asked to help form a support network at the time.

Arthritis Care nominated me to become a member of Wolverhampton Community Health Council and I was accepted. We had to be reappointed every four years to the CHC having to go through an election process every time. The Government abolished the CHCs at the end of the 1990s. I then joined the Shadow Patients Forum at New Cross hospital for the next three years and we had some considerable achievements in improving patient care.

The Shadow Patients Forum was then abolished in September 2003 to make way for the official Patients Forums in December of that year.

I had to be interviewed once again and was appointed to the PCT Patients Forum. I was Chair of that group for two years standing down to become just a member of the forum in March 2006 because I wanted less responsibility.

At the beginning of 2006 we were informed that the Patients Forums were to be abolished in August 2007. Here we go again I thought. This period has now been extended to December 2007 when the Patients forums will be replaced by LINKs. That stands for Local Involvement Networks and no-one seems to have a clue at the moment of how that will work. The delay in the change is because the legislation will have to go through Parliament.

I was considering not continuing into the LINKs but I think I should hang on in there until we see what it all means because if I don't I will not know what is going on in the wider NHS and then the WRSG and the BCLSN will lose out.

I really think these changes are changes for the sake of change and I don't know what the Government has achieved with them. The changes must have cost a fortune!

Watch this space!!

Locally I feel that one of the major changes which will improve services for Wolverhampton patients' is the opening of the Walk-in-Centre at the Phoenix Centre at Parkfields which I mentioned in the January newsletter. If this eases the work load of A & E at New Cross it has to be a good thing.

The GEM Centre (The Children Services Base) in Wednesfield Way is also an excellent facility.

Other planned changes to improve services are as follows and hopefully can be achieved.

### 2007-08 NHS priorities announced

NHS Chief Executive David Nicholson has set out the priorities for the NHS over the next year, with a greater role for local NHS staff to decide and deliver on local health and healthcare improvement targets.

The main priorities set out in the framework are: Making further progress towards the 18 week maximum wait from GP referral to treatment and setting new milestones to achieve this.

Continuing to reduce hospital acquired infections, including a new drive on Clostridium difficile with targets to be agreed and delivered locally

Achieving financial health and delivering a net surplus of £250m across the NHS by the end of 2007/08

The key milestones on the 18 week target are being set for primary care trusts (PCTs) and all providers. By March 2008, 85 per cent of patients admitted for hospital treatment and 90 per cent of patients that do not require admission should be treated within 18 weeks.

These milestones come ahead of the target for all patients being treated within 18 weeks by the end of 2008. Under contracts between PCTs and NHS providers, PCTs would make smaller payments if providers underachieve on the 18 week milestones. The framework makes clear that faster progress is needed to reduce MRSA infections and steps up the fight against hospital acquired infections by ruling that local targets should be agreed between PCTs and providers to reduce levels of Clostridium difficile.

Ministers and David Nicholson are confident that the NHS is turning the corner and will return to overall balance by the end of the current financial year and now the Chief Executive has announced that this must be turned into a surplus twelve months on.

PCTs will also be required to agree local priorities with local authorities to tackle health inequalities and address the issues that require most urgent attention.

Health Secretary Patricia Hewitt said:

"Progress since the NHS Plan was published six years ago has been significant.

We have significantly increased the workforce. We have built new hospitals and through the hard work of staff reduced waiting times and deaths from the big killer diseases but there is much more to be done. We need to improve patients' experience and reduce waits further and make progress against the 18 week target. Health care services also need to be much more responsive and convenient to the patients who use them. This framework provides the levers for reform to improve patient care further."

Alongside the new local target on *Clostridium difficile*, Ms Hewitt also announced that £300,000 would be available to all acute trusts this year to further help tackle healthcare associated infections.

The money is available for simple ward level improvements to tackle infection such as toilet refurbishment or the conversion of older wards to provide more single rooms. Trusts must submit applications for funding by 12 January. I am sure New Cross Hospital will have submitted an application!

---oo0oo---

I think I know one way in which the 18 week target can be achieved. This is by discharging existing patients. Call me cynical but I had my hips replaced in 1992 and my knees replaced in 1995 and 1997. I was seen once a year and the joints were X-rayed (Maybe this was not necessary) When my surgeon retired I was discharged.

I have had Dry Macular Degeneration since at least 1982. In October 2006 I attended the Eye Infirmary. I had dye injected in my arm and photographs taken. I was then discharged. Obviously the Macular Degeneration has not gone away so there must be nothing which can or needs to be done about it.

I am Chair/Secretary of the Black Country Lymphoedema Support Network which means I am still involved but I was discharged as a patient from the Lymphoedema clinic to manage my own condition a while ago.

I do not have an ongoing Rheumatology or Orthotics appointment but I think if I asked for help I would get it.

The only hospital appointment I have in 2007 is at a nurse led clinic for my ears in ENT.

I have become very frustrated with the NHS foot health service so I have now "gone private" which I probably should have done a long time ago!

I have only seen a GP once in the last three years and that was for minor surgery.

I just get repeat prescriptions.

On reading what I have just written I have a feel good factor because I must be "Fit as a Fiddle" to have been discharged from all these services and this will allow new patients to be seen helping to meet the 18 week target!!!

*Dorothy*

### Shortage of NHS staff predicted

There will be a shortage of GPs and nurses in four years' time, but the NHS will have to shed hospital doctors, leaked government documents show. The prediction of a shortfall of 14,000 nurses was included in the Department of Health paper, it was reported. But the government said it was a "prudent and sensible" analysis.

The documents which are part of the draft version of the NHS pay and workforce strategy for 2008 to 2011 in England were reported in the Health Service Journal. It predicted there will be volatility in the immediate future with as much as a reduction of 2.7% - nearly 37,000 jobs - in the workforce this year alone.

But it said by 2011 the health service will experience a shortage of 1,200 GPs, 14,000 nurses and 1,100 junior and staff-grade doctors by 2011. There will also be 3,200 extra consultants that the NHS cannot afford to pay, as well as 16,000 other health professionals such as physios, health scientists and technicians.

The draft strategy discussed by the Department of Health officials in December sets out a series of controversial measures to remedy the situation

It said nurse pay could be dictated by local market rates, and that unemployment could be used to "create downward pressure on wages".

### Temporary staff

The document also suggested a new grade of sub-consultant be created to save money,

although this would be "bitterly opposed" by unions. It also suggested the increased use of temporary staff and short-term contracts. The shortage of nurses has been put down to cuts made to training budgets as a result of the NHS's financial problems. Meanwhile, excess consultant numbers can be explained by the movement of care away from hospitals and into the community. The effect on morale will be dire said Andrew Lansley, Shadow Health Secretary Dr Jonathan Fielden, chairman of the British Medical Association's (BMA) consultants' committee, said cutting consultant posts was "absurd". "To describe this as a responsible piece of planning, I think is incorrect, because to be responsible they should be involving those who are directly involved in the service - i.e. consultants in particular - in planning the numbers they require."

#### Prediction difficulties

Janet Davies, director at the Royal College of Nursing, said: "It demonstrates a yo-yo attitude to workforce planning and a complete absence of joined up thinking from the government. "Quite simply, if the reality of this document matches the leaks, then this is a bad news day for patients and for nurses." The truth is that workforce planning within the healthcare system is a bit like landing a jumbo jet on a pin said Niall Dickson, King's Fund. And Liberal Democrat health spokesman Norman Lamb added: "It is absurd that newly qualified doctors and nurses are faced with less new jobs due to deficits at the same time as the government is predicting a shortage of nurses and GPs." But a Department of Health spokesman said it was about "stabilising" staff numbers. He added: "It is therefore only prudent and sensible to analyse what the workforce make-up should be to meet those challenges." "To portray a responsible piece of planning as another 'crisis for the NHS story' is alarmist mischief-making on a grand scale." "They are not saying this will happen, they are saying this will happen if we do nothing and they are trying to predict what sort of staff they will need against pretty rapid technology changes [and] relationships between professions are changing."

#### Remember When

A computer was something on TV  
From a science fiction show  
A window was something you hated to clean....  
And RAM was the cousin of a goat.....

MEG was the name of my girlfriend  
And GIG was your middle finger upright  
now they all mean different things  
And that really MEGA bytes

an application was for employment  
A program was a TV show  
A cursor used profanity  
A keyboard was a piano

Memory was something that you lost with age  
A CD was a bank account  
And if you had a 3 1/2" floppy  
You hoped nobody found out

Compress was something you did to the garbage  
Not something you did to a file  
And if you unzipped anything in public  
You would be in jail for a while

Log on was adding wood to the fire  
Hard drive was a long trip on the road  
A mouse pad was where a mouse lived  
And a backup happened to your commode

Cut you did with a pocket knife  
Paste you did with glue  
A web was a spider's home  
And a virus was the flu

I guess I'll stick to my pad and paper  
And the memory in my head  
I hear nobody's been killed in a computer crash  
But when it happens they wish they were dead



### Inquisitive

A three year old walked over to a pregnant lady while waiting with his mother in the doctor's office.

He inquisitively asked the lady,  
"Why is your stomach so big?"  
She replied, "Im having a baby."

With big eyes, he asked,  
"Is the baby in your stomach?"  
She said, "He sure is."

Then the little boy, with a puzzled look,  
asked, "Is it a good baby?"  
She said, "Oh, yes. It's a real good baby."

With an even more surprised and shocked look, he asked...  
"Then why did you eat him?"

### Photography

If any of you have access to the Internet and would like to have a look at some really nice photographs go and have a look at Ashley's website. Photography is Ashley's hobby.

Alison and Ashley go hill walking and camping (in a tent) whenever the weather permits. Although they live very near to the Snowdonia National Park in North Wales they head off to the Lake District for their walks. If you visit the website on the Internet you will see some lovely views, attractive shots of animals, portraits and also some unusual photographs.

[www.ashley-darby-photography.co.uk](http://www.ashley-darby-photography.co.uk)

### Future events

**We had a WRSG committee meeting on the 23<sup>rd</sup> January**  
**Sheila has agreed to organise the narrow-boat and carvery meal outings and a trip to Droitwich Spa Brine Baths and Sauna. Joyce will get information about a trip to the London Eye and a late autumn holiday in Malta.**

**Watch this space!**

### Snoozzzzzzzze Food!

Having trouble sleeping? What you eat and drink can affect your sleep so here are some nutritional dos and don'ts to help you get to the Land of Nod.

**DO** have a warm, milky drink at bedtime. The natural sugars in milk count as calming carbohydrates and there's also a psychological link between milk and sleeping.

**DON'T** eat too heavily or too late, as this can interfere with restful sleep. Eat no later than 8 pm and aim to feel satisfied rather than satiated. Avoid fatty or spicy food.

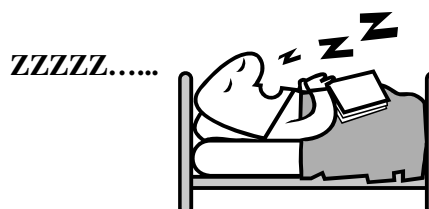
**DO** eat an evening meal that is high in carbohydrate (e.g. rice, pasta, potatoes or bread). Studies have shown that eating such foods makes people calmer and sleepier.

**DON'T** overdo the booze in the evening. Whilst a small amount of wine or a glass of spirits may help combat stress, higher intakes will react with the body and may cause wakefulness later in the night and interfere with sleep patterns.

**DO** bump up your magnesium levels by eating nuts and seeds. Magnesium has a role in the relaxation of muscles which may help if "restless legs syndrome" keeps you awake. Try a handful of brazil nuts or sunflower seeds as an afternoon snack instead of chocolate, crisps or biscuits.

**DON'T** have high protein foods such as chicken or tuna in the evening - have them at lunchtime instead. To maximise the drowsy-making effect of carbs, your evening meal should be less than 5% protein - try vegetable lasagne or spinach & ricotta cannelloni.

**DON'T** eat aged cheese, soy sauce, game, fish paste, draught beers or pickled food. These are all high in tyramine which releases a substance that can stimulate the brain and keep you awake.



When I began doing the newsletter five years ago we used to get poetry from Brenda Mullaney on a regular basis.

Brenda has been having an uphill struggle with her Rheumatoid arthritis for a couple of years so I was thrilled to receive the following poem because I think Brenda is now "On the mend"

### The Saturday night dance

Do you remember the Saturday night dances?

At the Civic or the Queens,  
You and your best friend going dancing,  
How long ago it seems.  
Going to town on Saturday morning,  
To buy something nice to wear,  
A dress to make you look pretty,  
And perhaps cause the boys to stare.

Later on in the afternoon,  
Making yourself look good,  
Face pack, bubble bath and hair rollers,  
And refusing moms fattening pud  
Then carefully applying your make up,  
Lipstick Mascara perfume,  
And secretly hoping the band will play,  
Your very favourite tune

Now later on walking to the dance hall,  
Eager to have a good night,  
Hoping the dream boy who smiled last week,  
Will dance and hold you tight.  
And now walking home in the pouring rain,  
Dream boy going home with your friend  
This wasn't how you thought,  
The evening would really end.

Later on cosy and drinking tea in your mom's kitchen,  
A loving hug from your mom too,  
Your mom saying dream boy was such a twerp,  
For preferring your best friend to you!



### A Bunny Thing Happened To Me On The Way . . .

A man is driving along a highway and sees a rabbit jump out across the middle of the road. He swerves to avoid hitting it but unfortunately the rabbit jumps right in front of the car. The driver, a sensitive man as well as an animal lover, pulls over and gets out to see what has become of the rabbit. Much to his dismay, the rabbit is dead. The driver feels so awful that he begins to cry.

A beautiful blonde woman driving down the highway sees the man crying on the side of the road and pulls over. She steps out of the car and asks the man what's wrong.

"I feel terrible," he explains, "I accidentally hit this rabbit and killed it." The blonde says, Don't worry." She runs to her car and pulls out a spray can. She walks over to the limp, dead rabbit, bends down and sprays the contents onto the rabbit.

The rabbit jumps up, waves its paw at the two of them and hops off down the road. Ten feet away the rabbit stops, turns around and waves again. He hops down the road another 10 feet, turns and waves, hops another ten feet, turns and waves, and repeats this again and again and again, until he hops out of sight.

The man is astonished. He runs over to the woman and demands, "What is in that can? What did you spray on that rabbit?" The woman turns the can around so that the man can read the label.

It says..."Hair Spray - restores life to dead hair, adds permanent wave."



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