

PATIENTS NEWSLETTER

SPRING 2014



Tyneside Kidney Patients Association

Registered Charity # 518767

Tommy Brady's 65th Birthday Charity Evening

Full story inside



CALENDAR OF EVENTS 2014

11th March 14	General Meeting, speaker Prof. Goodship
13th March 14	World Kidney Day
8th April 14	Committee Meeting
12th April 14	Centre of Life Newcastle (see inside for details)
13th May 14	General Meeting
25th-26th July 14	Ben Nevis charity climb
5th July 14	summer fair, Bents Park South Shields

All meetings to be held in room 138 Education Centre

Freeman Hospital and will begin at 7:00pm prompt

Tea, coffee and biscuits served from 6.45pm

Our next Newsletter will be published in mid-May that will contain our full summer and autumn programme of events

Chairwoman's forward

Hi all, I hope with the lighter nights coming that this will bring a fresh 'spring' step to you..... Your committee has been working very hard since our last Newsletter in thinking up new ideas to help you and your families and for those on NEWSLETTER

Haemodialysis to relieve the boredom on that inevitable 4/5 hours restriction while on the Dialysis Machine.

We have some exciting things on the go this year which will be covered in this Newsletter, I hope that there is something that you may find of interest to you.

We have Professor Tim Goodship coming to our next Committee meeting on Tuesday 11th March 2014, he will be talking on Research including HUS, and about the Research being done on Renal Disease & on improving Haemodialysis.

In partnership with the Northern Counties Kidney Research Fund (NCKRF) and ourselves we are holding a FREE Coffee Morning and Information Session on Saturday 12th April 2014 at the Centre of life, Newcastle, we will be coming around with invitations for this event and it will be advertised, if you are interested can you call Joan Longstaff or email on: dustywhippet@hotmail.com to give your name and details, (well behaved Children will be welcome).

Further details included in this Newsletter

We are looking to take the Renal Talks by Renal Specialists outside of the Hospital and into a more social setting, we are also thinking of alternating the days so that everyone can get the opportunity to come to the talks and about travel for those who have not got any.

In the Newsletter all will be revealed, but we are working more closely with other Renal Organisations and with your own Renal Team of Consultants, Nurses and other Renal Staff.

We have been looking at different types of trips from Blackpool weekends, Edinburgh Tattoo, subsidised long weekend Caravan breaks, afternoon Teas for just a start, don't worry if you are on a Saturday Dialysis at the last Consultants Meeting in January it was discussed with Dr Alison Brown & Matron Julia Ibbotson about changing dialysis days for these patients as long as (I quote 'not every Saturday patient wants to change and plenty of notice is given for it to be organised it should be feasible').

ART PROJECT

We are hoping to have our Outreach Art project up and running No later than 2nd week in May, it will take a little time to jump through all the hurdles to get this onto the Dialysis ward, but Dr Alison Brown & the Renal Department are very keen on getting this up off the ground again any interest can you please let Keith Vickers know we are looking at Stanley County Durham & Jarrow Bede's World for the first two outreach sites days will be dependent on who would like to join us for some Art & a good old natter with coffee and bikkies. We will be looking at transport for those who wish to come but this is an issue.

KINDLES

The Committee have agreed that we will be buying some 'Kindle' type appliances for Kidney Patients on Haemodialysis to use, because of infection control etc we are looking to heavily subsidise these 'Kindles types' so that patients take ownership of them buy contributing to the purchase for a nominal amount, if you are lucky to get a Transplant then the agreement is that we will pay you this amount back so that we can pass the equipment onto another Haemodialysis Patient. For Patients that are blind on dialysis the intention is for a committee member to help up load Audible books of your liking so that you can listen to this while dialysing. There will also be one for New Patients that will have uploaded information that you may find useful when starting Haemodialysis.

SUGGESTION BOX

We will be reinstating the Suggestion Box for Patients, but please note that this is for suggestions only and issues that you wish to raise, as it is NOT a protocol for FORMAL COMPLAINTS, Carina has said that she is interested in your comments and will look at them on individual merit... She has asked me to let you know that if you have problems with Staff or issues on the ward that you wish to discuss but don't want to discuss it while on the ward she is quite happy to meet you elsewhere in the hospital to discuss your issues, so please contact her either via phone or email.

NATIONAL KIDNEY FEDERATION

GENERAL COMMITTEE MEETING

On March 29th 2014, Myself, Keith Vickers, Joan Longstaff & Steve Bell (committee members) will be going down to the NKF general Meeting in Birmingham and I am hoping to get some answers concerning the petition to government concerning making Home Haemodialysis available as a choice not as an option if the hospital has enough funds for it.

I hope that you like the little extra bits in the Newsletter this month we have tried to liven it up a bit.

Enjoy Vanessa x

TKPA CATALOGUE, TOMBOLA & SELLING STALLS

My team have been looking at how we can increase funds for you, we are going to be launching a TKPA catalogue that will have some interesting craft ideas, jewellery, doorstops , floral arrangements that you may like for your home or as a present, with Mother's day & Easter coming up please come along to the stall and have a look, we are there on the first Friday of the Month and the Third Thursday on the Month, the really good thing is that what we sell on the stall a selection will be always on the Tombola stall for you to win, so come try your hand..... We are looking into different payment methods at the moment, but if you see anything that you would like to purchase but haven't the pennies at the time we can come to some arrangement. There are a few of the New Craft items photographs below I am particularly proud of Harvey the doorstop that is filled with rice!

Here's Harvey the door stop first one I've done, needs my logo a pair of feet charm for the ear & my card..... Selling for £7.50 each for charity ... What do you think? More animals to come from Nessie's little Workshop xx



Our Membership Details

The TKPA currently has over 500 members, a membership that is steadily growing but one problem consistently remains that is ensuring our records are kept updated with address changes or personnel circumstances.

You may not be aware but the NHS cannot provide us with any personnel details what so ever concerning patients in relation to their current address's, medical condition such as a transplantation or say moving from pre-dialysis to dialysis.

This confidentiality does of course relate as well to patients who have died and our and the National Kidney Federation mailing lists being unaware. This means we upset families on a regular basis by sending newsletters and NKF magazines to their homes.

In event of a death we understand that updating subscriptions may never cross the mind of the family so please forgive us if this occurs.

If you have moved house since you joined the TKPA and have wondered why you no longer receive the Newsletter yet see them around the hospital or online please contact us so we can make the changes to our records.

Alan Bond bond504@btinternet.com

£25 prize draw

In connection with the preceding article we are offering an opportunity to win £25 by switching to a digital copy of the Newsletter by the end of April 2014.

By receiving an electronic version it may help to prevent the issues caused by unwanted copies it also saves us printing and postage costs.

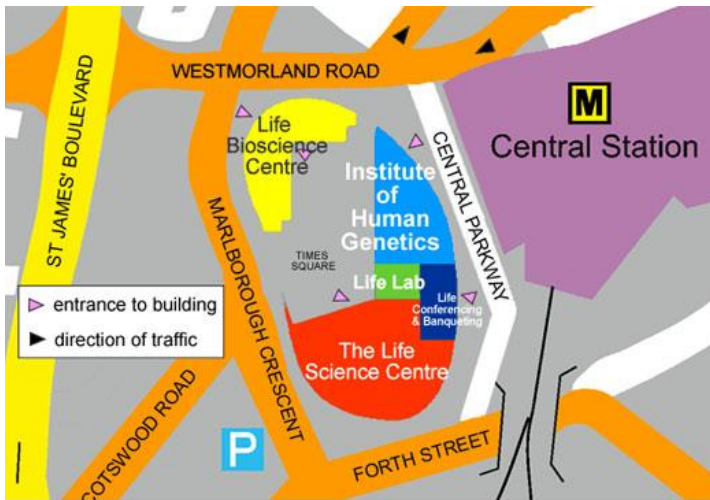
Online members do receive additional information that we think may be of interest but rest assured we DO NOT pass on your email address to businesses , commercial enterprises or any other charities.

So if you want to make the switch just let me know.

bond504@btinternet.com Membership Secretary

Renal Information Morning Centre of Life Newcastle

The Tyneside Kidney Patients association is now working in partnership on particular projects with The Northern Counties Kidney Research Fund and we are having a coffee morning and information morning on ***SATURDAY 12th APRIL 2014, 9AM –***



1pm at the Centre of Life in Newcastle, the speakers and topics being covered are:

Renal failure, end stage, Hypertension, causes of renal failure and what happens next by Dr Alison Brown, Clinical Lead for Nephrology, Freeman Hospital, Newcastle.

Professor Tim Goodship (Chairperson of the British Kidney Research) will present on current research on Renal Diseases at the Centre of Life, paying particular attention to HUS, Polycystic Kidney Disease (PKD), Reflux, and the research that is going into making Haemodialysis better for patients and their health together with the importance of research.



There will be a brief talk from Linda Pickering from the National Kidney Federation (NKF) there will also be information stands from the Tyneside Kidney Patients Association, on ours we are hoping to have one of the renal dieticians there to discuss a topic that seems very popular on

Renal Diets and Understanding your blood results.

Obviously there is a lot going to be covered but we are making it a very informal morning where there will be opportunity for patients to chat to each other and ourselves concerning Kidney failure.

This is a great opportunity for all patients and their families to gain understanding in not only the current treatment available but the exciting developments in renal research. There will be ample opportunity to chat with fellow patients and clinical professionals over tea and coffee.

This event is free, if you and your family wish to attend please book your place by emailing Joan Longstaff, TKPA committee member...

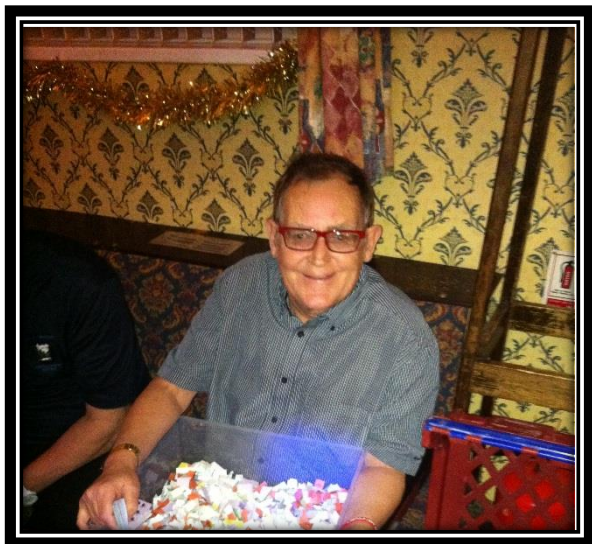
dustywhippet@hotmail.com

Telephone 0191 257 6650

Tommy Brady's 65th Birthday celebration

For those of you who have never met Tommy he is a long time dialysis patient currently on PD who lives in Blythe with his wife Ann. His 65th birthday was on the 7th of December 2013 so he decided he would raffle all his presents along with any further donations he could muster and hold a party in a club near his home with the Tyneside Kidney Patients Association being the recipient of his altruism. He was also able to place a number of our collection tins throughout the club in the months before and after Christmas

On behalf of the TKPA I attended the party along with a packed function room of at least 120 of Tommie's friends and family including people I spoke to who had travelled down from Berwick. As you can see from this photograph the raffle was huge with lots of prizes (I won the sixth place hamper!!) and raised £770, this donation will increase by 20% as we can reclaim the gift aid.



The guests were entertained by a vocalist who having known Tommy for a few years offered his services for free and sang his heart out for 2 hours to popular songs that had people up on the dance floor.

Tommy and Ann also provided an outstanding buffet meal which was well received by all when I left at 10:30pm the party was in full swing with everyone enjoying themselves,

So again on behalf of the TKPA, its members and all renal patients at the Freeman Hospital, thank you Tommy.

Keith Vickers Secretary



PSYCHIC NIGHT TUESDAY 29TH APRIL 7.30PM

Lanchester Social Club £10 OR £12 (with pie & peas supper) internationally renowned TREVOR BRIGHT is doing a fundraiser psychic night, the organisers are going to donate the profits from the evening to the TKPA. If you wish to attend please contact==

Kerry Highmoor email kez30@live.co.uk

Text 07743 322120

Donations to the TKPA

Should you wish to donate items for our tombola or raffle prizes you can leave them with the ward clerks on Ward 31, Lynn and Lydia will be glad to take them from you and hold them until we are able to collect.

We would like to thank everyone who has donated prizes & would like to apologise if we do not thank you personally as we do not always get your name.

If you have any items you wish to donate and are not visiting the Freeman please give one of the following numbers a ring and it may be possible to collect from your home.

Vanessa Hardy 0191 3733238

Doreen Adamson 07890 430881

Keith Vickers 0191 4252379

Friends of the TKPA

We receive assistance and donations to our charity in many different ways. In the week before Christmas we raised over £200 by holding a children's party in Durham for our patients and friends who live in the south of the region. This event could not have gone ahead with the Disco and DJ that was provided free by Brian Snaith who is a long time HD patient on ward 31. Thank you Brian for your support and generosity.

On a sadder note we also receive memorial donations from the families of our fellow patients who have passed away. We would like to thank all those kind people who even during a terrible time in their lives think of the TKPA by making a donation.

These donations are given altruistically by families who do not wish to be thanked by being named in the Newsletter, we do of course thank them by a visit and a letter.

Hospital Parking

As some of us have found out to our cost the Freeman hospital has contracted out its car parking operation and is now using number plate recognition cameras. Please

follow all the rules while onsite as taking the risk of parking where you shouldn't will almost always result in a fine (note to self, opps too late!!)

I know that parking while attending clinics etc can be expensive and annoying but the following facts may be of interest.

Hospital staff (regardless of role or superiority) cannot have a parking pass if they live within 7km of the hospital they need to pay to park or use public transport.

That still leaves 6,000 staff (part-time, full-time and district staff who are based at the Freeman) who have access to 1,600 parking places.

Please plan your journey carefully, if your clinic is running late and you're unable to get outside to buy further parking time let the clinic receptionist know so the parking contractor is aware of your circumstances.

Repatriation of patients receiving immunosuppressive drugs post-transplant to specialist centres

This is a summary of an NHS England Circular February 2014 drafted by the NKF.

Background

There is a variance in arrangements for the prescribing and funding of immunosuppression medication throughout England. The Renal Transplant Clinical Reference Group (CRG) recommend that all patients receiving post-transplant immunosuppressive drugs (ISD's) should be managed directly by the specialist centre and those patients receiving their ISD's from GPs should be repatriated. Currently NHS England are working on this change initiative.

Summary

Patient safety is a key driver for this initiative. Current safety and quality concerns include the inadvertent switch between brands of Tacrolimus and Ciclosporin, which can lead to clinically significant negative outcomes such as toxicity and rejection. There is limited knowledge in primary care around medicines management for renal transplant patients. On occasions this has led to inappropriate/too frequent or infrequent patient monitoring and failure to identify unwanted effects of ISD's and clinically significant interactions with other medicines and foods. Repatriation of prescribing of post-transplant ISD's to secondary care will minimise the risk of inappropriate brand switching and allow for greater specialist medicines management. After repatriation GPs will continue to have an active role in prescribing for transplant patients, including the prescribing of all other drugs the patient may require. It is therefore vital that excellent communication between secondary and primary care exists. Both parties need to be kept fully informed of patients' medication regime to support safe prescribing. In addition to improving the

value of renal transplant services through improved patient quality and safety, repatriation offers a significant opportunity to achieve potential savings by utilising secondary care contract drug prices.

NHS England anticipates that agreed processes will be in place by April 2014 with the intention that all post-transplant patients will be receiving their medication from their specialist centre by April 2015. Some areas of England have already implemented repatriation and/or have agreed implementation dates. To reduce the impact to patients, medication will be provided via homecare and/or through out-sourced delivery systems allowing collection of prescription close to the patient's home.

The drugs that covered are:

- Azathioprine
- Prednisolone
- Ciclosporin
- Tacrolimus
- Mycophenolate Mofetil
- Mycophenolate Sodium
- Sirolimus

New report warns of lives at risk as Government strategy expires

The report, entitled 'Kidney Health: Delivering Excellence', highlights major inequalities in access to high quality care, poor diagnosis of kidney disease and alarming levels of avoidable harm. This is all at a time when the Government's 10-year Renal National Service Frameworks come to an end. New report warns of lives at risk as Government strategy expires

The lack of a clear national strategy for kidney health will put tens of thousands of people's lives at risk each year, according to the authors of a new report published in October 2013 by leading kidney patient and healthcare professional organisations in the UK.

Raising the profile of patient-centred care

- setting clear standards for delivery of care
- promoting patient choice
- improving quality of care

- improving identification of kidney disease in general practice
- reducing the number of late referrals ('crash landing')

The hard work of NHS staff has driven these changes and improvements over the course of the past ten years. However, in spite of the progress that has been made, in many areas improvements are now levelling off.

"A clear strategy is needed if we are not to compromise the health gains that have been made to date. There are over 3 million people with moderate to severe kidney problems in the UK – comparable to the number with diabetes. They deserve better."

Dr Hugh Gallagher, Consultant Nephrologist, Epsom and St Helier NHS Trust, report co-author

"Without a clear Government direction, kidney health services are at serious risk "The consequences of this for very large numbers of patients are almost unthinkable. AKI alone affects up to 1 in 5 emergency hospital admissions and is responsible for 200 times more deaths each year than MRSA infection. There are over 6,000 people waiting for a kidney transplant and each year 8% of these needlessly die or become so ill that they are removed from the list before they are transplanted. Whilst there have been great improvements over the years in the diagnosis of kidney disease, there are still at least one million people with moderate to severe chronic kidney disease who have yet to be identified."

Fiona Loud, kidney patient and report co-author

'Kidney Health: Delivering Excellence' was co-written on an equal footing by kidney patients and healthcare professionals. It represents the most comprehensive review of NHS kidney services for more than a decade. The report concludes that there are sixteen priority areas in which the NHS should aspire to make improvements. These include:

- ❑ reducing the wide variation in access to home dialysis therapies and self-care
- ❑ increasing the number of transplants and delivering more equitable provision
- ❑ better identification of patients with kidney disease by GPs
- ❑ promoting person-centred care and self-management
- ❑ and increasing public awareness of kidney disease.

Summary of the Kidney Health Ambitions

- 1 Awareness: People - both healthcare professionals and the general public - understand the factors that increase the risk of kidney disease. Action is taken by everyone to reduce these risks.
- 2 Identification: All people with kidney disease are correctly identified and monitored
- 3 Self-management: All people with kidney disease are offered as much information as they would like in order to understand and manage their condition.
- 4 Person-centred care: Care is centred on the person, taking into account individual needs and preferences, quality of life, symptom burden and the presence of co-existing medical conditions.
- 5 Acute Kidney Injury: Avoidable harm related to acute kidney injury is prevented in all care settings.
- 6 Preparation and Choice: All people approaching end-stage renal disease, or moving from one type of treatment for end-stage renal disease to another, understand their situation. They are given sufficient time and support to prepare for a treatment that is suitable for them, chosen from the full range of options.
- 7 Equity in Transplantation: Listing for transplantation is based solely on clinical need and suitability. It is not influenced by ethnicity, socio-economic status, or where the potential transplant recipient lives.
- 8 Increasing Transplantation: The number of transplants, from both living and deceased donors, is increased such that all people likely to benefit from a transplant have the opportunity to receive one.
- 9 Living well with a transplant: A person who receives a transplant is enabled to manage their transplant and is supported to achieve the greatest possible benefit from it.
- 10 Dialysis as a specialised service: Dialysis care (including preparation for dialysis) continues to be commissioned as a specialised service. It is delivered by renal units with the capacity and workforce necessary for all patients to receive high quality dialysis using their chosen method.
- 11 Lifestyle on dialysis: People receive all of the information and education they require to engage fully in the planning and delivery of their dialysis. They are supported to minimise the detrimental impact of treatment on their lifestyle and to self-care if they wish.
- 12 Care for children and young people: All children and young people with chronic kidney disease have unrestricted access to a service specifically designed to meet their needs.
- 13 Allied Services: All people with kidney disease know about, and have access to, a specialist multi-professional team.
- 14 Expert care in rare kidney diseases and in pregnancy: All people with rare diseases affecting the kidney, and women with chronic kidney disease who are contemplating pregnancy, have unrestricted access to expert advice and care wherever they live and whenever it is needed.
- 15 Research: A research strategy for kidney disease is developed, supported by the funding required to design and conduct high quality studies. These studies are used to further understanding of the mechanisms of disease and improve healthcare quality and outcomes.

16 Conservative care: All people who opt for conservative non-dialytic management of their kidney disease or choose to discontinue dialysis treatment are supported by a multi-professional team. The team works closely together to ensure a smooth transition to palliative and end-of-life care.

A POINT TO PONDER

“If you knew that you only had one month to live, what would you do to make what’s left of your life really matter?”

I don’t know about you but I am very aware that we as kidney patients are given an extension of life by the tremendous care we get. My father was not so fortunate. In his early 50s he was diagnosed with end stage renal failure caused by polycystic kidneys. The care available was not nearly as good as it is now and we saw him slowly die before our eyes. The last time I saw him was at our wedding in ’67. He had a fatal heart attack soon after.

I’ve been fortunate enough to have had a transplant for over 15 years but at 71 how long have I got? Perhaps I need to heed an old farming saying. “Farm as if you’ll farm for ever, but live as if you’ll die tomorrow.”

I wonder if like me the question, “If you knew that you only had one month to live, what would you do to make what’s left of your life really matter?” is really challenging? Are there relationships that need healing? Ways I could use my resources to help others? What would I need to do to leave a life that really matters?

I hope you won’t mind if I ask you the same question. “If you knew that you only had one month to live, what would you do to make what’s left of your life really matter?”

Simon Lloyd

Honoury President

TKPA

Charity Climb of Ben Nevis

Weekend of 25th-26th July 2014

We are organising a charity event this summer by hiking up Britain’s highest mountain Ben Nevis. The planning is in its early stages but as an outline we are looking for people who wish to partake and raise funds via sponsorship for the TKPA.

If you or someone you know would be interested please contact me, further details will be available in the next few weeks.

Keith Vickers 07588 724530 or tkpa.secretary@gmail.com

Steve Bell

Transplantee and Committee Member



After spending seven years on dialysis six in the Freeman hospital and one on home haemo dialysis I received a transplant from my brother early January 2012 I then decided it was time to give something back.

So I embarked on a 24 hour journey with the dreams of scaling 3 mountains in 24 hours with all the proceeds going to the National Kidney Federation (NKF)....the trip was a huge success and instilled a healthy passion for mountaineering and the beauty

of the British mountain regions,

We are organising another charity climb this time we aim to climb Ben Nevis 1344 metres above sea level (or 4409ft in old money) with the proceeds going to the Tyneside Kidney Patients Association of which I am a committee member.

These may amuse you

A man goes to the doctor and says: 'Doctor, there's a piece of lettuce sticking out of my bottom.' The doctor asks him to drop his trousers and examines him.

The man asks: 'Is it serious, doctor?' and the doctor replies: 'I'm sorry to tell you, but this is just the tip of the iceberg.'

A man left for work one Friday afternoon. Instead of going home, he stayed out the entire weekend hunting with the boys and spending all his wages.

When he finally got home on Sunday night, he was confronted by his very angry wife.

After two hours, she stopped nagging and said: 'How would you like it if you didn't see me for two or three days?' He replied: 'That would be fine with me.' Monday went by and he didn't see his wife. Tuesday and Wednesday came and went with the same results.

Thursday, the swelling went down just enough for him to see her a little out of the corner of his left eye.

A magician was working on a cruise ship in the Caribbean. The audience was different each week so he did same tricks over and over.

The problem was, the captain's parrot saw all the shows and began to understand how the magician did every trick.

He started shouting in the middle of the show: 'Look, it's not the same hat. Look, he's hiding the flowers under the table. Hey, why are all the cards the ace of spades?' The magician was furious but, as it was the captain's parrot, he could do nothing. Then one day the ship sank and the magician found himself floating on a piece of wood with the parrot.

They glared at each other but said nothing. Finally, after a week, the parrot said: 'OK, I give up. Where's the boat?'

A duck walks into a post office and asks the man behind the counter: 'Do you have any corn?' The man answers politely: 'No, we don't have any corn here.' The next day, the duck enters again and asks: 'Do you have any corn?' Annoyed, the man answers: 'No! We don't have any corn.' This goes on for a couple of days until finally, when the duck asks 'Do you have any corn?' The man gets so upset he yells: 'NO! For the last time we don't have any corn, and if you ask again I'll nail your beak to the counter!' The next day, the duck returns and asks: 'Do you have any nails?' The man answers: 'No.' then the duck asks: 'Do you have any corn?'

When NASA started sending up astronauts, they quickly discovered that ballpoint pens would not work at zero gravity.

To combat the problem, NASA scientists spent a decade and \$12 billion developing a pen that wrote at zero gravity, upside down, underwater, on almost any surface including glass and at temperatures ranging from below freezing to 300C. The Russians used a pencil.

I stopped at a friend's house the other day and found him stalking around with a fly-swatter. When I asked if he was getting any flies, he answered: 'Yeah, three males and two females.' Curious, I asked how he could tell the difference. He said: 'Three were on a beer can and two were on the phone.'

A man goes to the vet about his dog's fleas. The vet says: 'I'm sorry, I'll have to put this dog down.' The man is incredulous and asks why. The vet says: 'Because he's far too heavy.'

Renal friendly recipes

Fishcakes



Ingredients

200g Tinned tuna

112g White rice (cooked but not rinsed)

1 Medium egg, beaten

Pepper To taste

Lemon juice to taste

Flour or oats enough to coat

Oil enough to shallow fry

Sauce

25g polyunsaturated margarine

1tbsp Chives, chopped

3tbsp Crème fraîche

1tbsp Lemon juice

Note: To reduce the fat content of this recipe, brush lightly with oil and bake in an oven at 200°C (Gas Mark 6) for 8-10 minutes turning them over halfway through. The analyses may vary depending on the type of tuna used.

Serves 4

Analyses per portion Ingredients

Energy (kcal) 296	Phosphorus (mmol) 5
Protein (g) 15	Sodium (mmol) 10
Fat (g) 22	Potassium (mmol) 5

Beef Burgers



Ingredients

450g Lean minced beef
55g Feta cheese, crumbled
1tbsp Mixed herbs
Black pepper
Serves 6

Method

- 1) Place all the ingredients into a large bowl and mix thoroughly.
- 2) Divide the mixture into six and shape into burgers.
- 3) Place under a pre-heated grill for 4-6 minutes each side until cooked. Serve with... a large bread bun, lettuce and an appropriate renal sauce of your choice.

Analyses per portion Ingredients

(Without bun)

Energy (kcal) 156	Protein (g) 20
Fat (g) 8	Phosphorus (mmol) 5

Sodium (mmol) 8 Potassium (mmol) 6

Contact details you may find useful

Social

Workers

The best way to contact one of the renal social workers is to go by the administration officer. You can do this by:

- phoning Newcastle Hospitals on (0191) 213 7393 and asking for the renal social workers at the Freeman
- E-mail to socialworkadminFRH@newcastle.gov.uk
- Fax to (0191) 285 3455
- Post to Renal Social Worker, Adult Services Directorate,

Current committee

Honorary Officers

Vanessa Hardy Chairwoman 07789 867368

E-mail: QUEBECZOO@sky.com

David Errington Vice-chairman (01670) 790300

E-mail daviderrington@tiscali.co.uk

Keith Vickers Secretary/ Editor (0191) 4252379

E-mail: tkpa.secretary@icloud.com

87 Harton House Road, South Shields

Tyne and Wear. NE34 6EB

Ian Gill Treasurer 0191 252 4719

E-mail: joyce-and-ian@supanet.com

Committee members

*Joan Longstaff 0191 2576650

Email dustywhippet@hotmail.com

*Alan Bond membership secretary 0191 4281 702

Email bond504@btinternet.com

*Doreen Adamson 01661 886568

*Steve Bell

Email bellstevie@live.co.uk

Telephone Helpline and Peer Support –

David Errington Vice-chairman (01670) 790300

E-mail daviderrington@tiscali.co.uk

Joan Longstaff 0191 2576650

Email dustywhippet@hotmail.com

TKPA Website: www.tynesidekpa.org.uk

National Kidney Federation: www.kidney.org.uk

URGENT RENAL CARE

Any Newcastle dialysis or kidney transplant patient who needs advice about an **URGENT** medical problem that relates specifically to their underlying kidney disease/treatment should telephone one of the following numbers>>>>>>>>

Chronic haemodialysis patients telephone **Ward 31** on **0191 2137031** (or if unobtainable phone **Ward 32** on **0191 2137032**)

In case of emergency (I.C.E.)

In 2005 a Cambridge-based paramedic launched a national campaign with Vodafone to encourage people to store emergency contact details in their mobile phones.

Bob Brotchie, a clinical team leader for the East Anglian Ambulance NHS Trust, hatched the plan after struggling to get contact details from shocked or injured patients.

By entering the acronym ICE - for In Case of Emergency - into the mobile's phone book, users can log the name and number of someone who should be contacted in an emergency. If you have more than one contact name you can use ICE1, ICE2, ICE3, etc.

The idea follows research carried out by Vodafone that shows more than 75 per cent of people carry no details of who they would like telephoned following a serious accident.

Bob, a paramedic, said: "I was reflecting on some of the calls I've attended at the roadside where I had to look through the mobile phone contacts struggling for information on a shocked or injured person. It's difficult to know who to call. Someone might have "mum" in their phone book but that doesn't mean they'd want them contacted in an emergency. Almost everyone carries a mobile phone now, and with ICE we'd know immediately who to contact and what number to ring. The person may even know of their medical history.

"By adopting the ICE advice, your mobile will now also help the rescue services quickly contact a friend or relative - which could be vital in a life or death situation."

The campaign is also asking people to think carefully about who will be their ICE partner - with helpful advice on who to choose - particularly if that person has to give consent for emergency medical treatment.

Bob hopes that all emergency services will promote ICE in their area as part of a national awareness campaign to highlight the importance of carrying next of kin details at all times.

Phone security

For security purposes, many mobile phone owners now lock their mobiles, requiring a passcode to be entered in order to access the device. This hinders the ability of first responders to access the ICE phone list entry. In response to this problem, many device manufacturers have provided a mechanism to specify some text to be displayed while the mobile is in the locked state. The owner of the phone can specify their "In Case of Emergency" contact and also a "Lost and Found" contact. For example, BlackBerry mobiles permit the "Owner" information to be set in the Settings → Options → Owner menu item.

Alternatively, some handsets provide access to a list of ICE contacts directly from the "locked" screen.



Free to download

Android app



Free to download

Apple devices

A truly unique and contemporary artwork available for you to buy with 50% of the profits going to the renal charity.



Many of the HD patients on ward 31 will know Antoninus Johnpulle who dialysis's on bay 4 late shifts Mon/Wed/Fri. Antonimus is a retired GP who is an accomplished artist who has offered to raise funds for a number of charities, including are own by reproducing his oil paintings on to canvas.

We are delighted with Antoninus, generosity and have agreed to do all we can to ensure as many people as possible are aware of his work. This is a link to the oil to canvas website for further details>>>>>>>>>>

www.oiloncanvas.info/282545948

There will also be leaflets on our charity within the Freeman hospital atrium you can also contact Antoninus via email>>>>>>>>>>

www.johnpulleantoninus@googlemail.com

There will also be a link on the Tyneside Kidney Patients Association >>

We have arranged for those coming to meetings to park free on Level 0 (zero) **ONLY** in the Multi-Storey car park. Please leave this on display on your dashboard.



This person is attending a charity meeting in the education center room 138/139.

Permission has been granted by Hospital management to park between 6:45pm-9:30pm on the second Tuesday of the month.