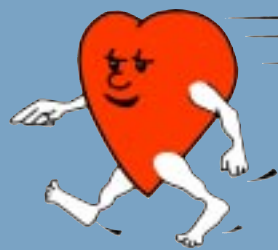


ISLE OF WIGHT HEART CARE CLUB



"ALFIE"

TICKER TAPE

Affiliated to The British Heart Foundation

July 2005

Issue No: 24

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THE VIEW FROM THE CHAIR

First, a BIG thank you to all those who signed the petition to save the Phase III rehabilitation programme. I believe we collected over 7000 signatures, a truly magnificent effort.

The following extracts from a letter subsequently received from Richard Knowles, General Manager, Acute Medicine and Rehabilitation Care Services at St.Mary's, will help to give some idea of what has happened since and, elsewhere in this edition of Ticker Tape, we have reproduced, in full, the draft service specification 2005-6 in respect of post discharge cardiac rehabilitation (Phase III).

"As you are aware, the issue of Phase III Cardiac Rehabilitation has been under review for some time (particularly in relation to how it can best be provided within the limited amount of funding available for it).

You will recall I attended a Heart Care Club Committee meeting last August to advise you of the situation.

I can only offer my personal apologies that it has taken 8 months to reach a point of clarity over the future.

Last week, in acknowledgement of the future developments relating to the two Island Health Trusts, the Joint Management Team agreed that Phase III Cardiac Rehabilitation should remain under the day to day management of the Healthcare Trust and continue (albeit in an amended form) within the funding that is available. This means that I will continue to cover the Phase III service managerially.

I have enclosed a copy of the new draft Service Specification. The changes outlined in this document will also enable the Heart Care Club – should you wish – to expand the longer term patient funded Phase IV Cardiac Rehabilitation as the weekly booking of the Riverside Centre's facilities will continue. This longer term input is clearly valued by patients and any expansion of this will also allow Phase III to be more focused.

Continued inside...

THE VIEW FROM THE CHAIR cont...

In relation to the move from weekly to fortnightly Phase III sessions, I have discussed this with Dr Mark Connaughton. He has advised that the most important aspect of an individual's cardiac rehabilitation is what they do as an individual in respect of the education, support and advice they receive at the formal sessions. 'Homework' will be provided for the patients to undertake between sessions aimed at building on the fortnightly input at the Riverside Centre.

Clearly there is still a way to go before we are in a position to re-apply for Chartermark status, but I feel at the very least we now have the firmer foundations upon which to build further. I think there is also clearer understanding between the two Health Trusts of the strength of feeling in the local community as to the esteem in which the cardiac rehabilitation service and the Heart Care Club are held. This has obviously been evidenced in recent weeks by the feature on the local radio, the letters in the County Press and those received by the Trusts.

Alongside the much clearer Service Specification, new contracts of service are being drawn up for Dr de Belder and the Exercise instructors. These will both make the transition between Phase III and the Phase IV provided by the Heart Care Club much clearer.

Whilst these changes will bring the service nearer to NSF standard, it is acknowledge that to bring it into line with the NSF, as funding is identified, a process of incremental changes will still be required. Therefore, it also includes an expectation that Physiotherapist input will be included in Phase III during 2005/06.

I do hope this has reassured you that the service will continue and that the clinical and exercise staff involved will continue to be able to provide a service in line with the individual needs of patients."

On a brighter note, most of your executive committee have had an opportunity to visit the New Cardiac Care Unit at St. Mary's and we were all impressed with both the facilities

and design of this £6,000,000.00 addition to the fabric of our local hospital. The staff too were all looking forward to moving into their "new home" but, wonderful as it may be, I'm sure most of our members would rather admire it from afar!

I couldn't resist mentioning that such hi-tech facilities surely deserved the best possible support for phases two and three of the recovery process but, as so often turns out to be the case with the modern day NHS, I was informed that the money came from a different budget!

As I mentioned in the previous edition of "Ticker Tape" I had expected to stand down at the AGM to be held at the Riverside on Thursday 16th June but, to date, we are still looking for someone to pick up the reins and your committee have asked me to "caretake" on a month to month basis if this situation still exists after the above date. So, who knows, I may still be writing this column when the next edition falls due, but, in case not, may I close with a great big "thank you" to all those who so freely give of their time to ensure that the Isle of Wight Heart Care Club continues to prosper.

**Laurie Stanbridge,
Chairman**

GOOD NEWS!

As you are probably all aware now, the newly elected Isle of Wight Conservative Council declared that all parking fees at Leisure Centres throughout the Island would be cancelled with immediate effect. [County Press 20th May 2005]

This action is in line with their declared policy prior to the election and will come as welcome news to all those who attend the Club exercise sessions at The Heights.

Members have been reluctant to accept the charges since they were introduced in 2004 and attendances have been affected by the summary imposition of these addition costs.

Good news indeed!

EDITORIAL

I seem to remember saying in the last issue of TT that the NHS does not seem to move quickly. Well, since the last issue Rehab stopped and has now started again, how's that for speed? It is a little different as you will see from all the reading matter that follows. There is a concern that everyone might get used to the reduced service and it becomes the accepted practice - something we may need to keep our eye on.

There is not much for me to say this time, as the Chairman and the news says it all. The power of the press and people power.....

However, a couple of points of interest are the BHF Conference in London on the 22nd October, also the new venue for the Strawberry Tea on the 2nd July, and the Fish and Chip supper on the Isle of Wight Steam Railway on the 25th August.

I had a letter from a members saying that the limerick in the last issue could perhaps have given offence to some members. If it did, please accept my apologies; it was meant to be a light hearted, fun limerick.

By the time you read this we will have had the AGM. Laurie Stanbridge is not standing again as Chairman or as a committee member. At the time of writing we do not have any nominations for Chairman, but Laurie has offered to continue on a month by month basis for the time being.

Colin Tinson
Co-editor

NEW CORONARY CARE UNIT FOR ST MARY'S

St Mary's Hospital has recently opened their new, purpose-built unit to accommodate patient's cardiac problems and medical patients. This is a state-of-the-art building with up-to-date technology that meets modern clinical requirements, and space. This was one of the most impressive things about the new unit

A group from the Heart Care Club were recently invited to visit the unit and several of us went along on the open Saturday morning to view it prior to it being filled up with patients and equipment.

We were met by Mr Richard Knowles, the manager with overall responsibility for this service, and also Mr Robert Graham, from the Estates Department. Sister Deborah Clarke was on hand as were several of the nurses and other members of CCU staff to show us round and explain the various functions of the rooms.

We were very impressed with the space, the technology and the emphasis on hygiene to fight infection. The whole effect was light and gently colour-co-ordinated, with plenty of room in the Cardiac Investigation Department for chairs, beds for treatment and accommodation for the necessary administration. This purpose-built unit houses, on the ground floor, the acute 8 bedded Coronary Care Unit, a 12 bed ward for recovering cardiac patients and the Cardiac Investigation Unit for outpatients. The new CCU has its own dedicated access for



admissions, and easier single level access to other parts of the hospital. It is hoped that, in the future, a service for fitting of pacemakers for Island

patients will be available here as well.

The building houses not only Coronary Care, but the upstairs area is Newchurch Ward which has been amalgamated from Brook-Brighstone and Bembridge Wards, to accommodate medical patients. This too, was beautifully set out, with male and female accommodation being separate, and with day rooms that are light and airy. Again, there was much emphasis on hygiene with special barrier areas.

As our President, Ben Bentley, recently remarked, he has been involved with the club from the beginning and is thrilled to see the cardiac service on the Island grow, with a new building, and three cardiologists. He praised the work done from small beginnings with the "girls" and with cardiac services on the mainland, to the service we have today.

**ISLE OF WIGHT HEALTHCARE NHS TRUST DRAFT SERVICE SPECIFICATION 2005-6
POST DISCHARGE SHORT/MEDIUM TERM* PHASE III CARDIAC REHABILITATION**

1. Aims of Service

- 1.1 To provide a Phase III Cardiac Rehabilitation Service to eligible patients, that meets the requirements outlined in the National Service Framework (NSF) For Coronary Heart Disease (CHD).
- 1.2 To facilitate cross-agency and interdisciplinary collaboration and an integrated approach to assessment, and a programme of rehabilitation that will facilitate further appropriate self care and longer term management.

2 Referral Sources

- 2.1 Referral to the service will be via:
 - Coronary Care Unit (CCU) at St Mary’s Hospital
- 2.2 Eligible patients will include-
 - In-patients of the CCU who have had an Acute Myocardial Infarction (AMI).
 - Patients who have had revascularisation (Coronary Artery Bypass Graft (CABG) and Percutaneous Transluminal Angioplasty (PCI). These patients will be notified to CCU for referral by other Providers.

*For the purposes of this specification, short to medium term means the 4 to 12 week period post event.
- 2.3 The longer term aim of the Programme will be to consider including other CHD patients which is a recommendation of the NSF. This would include-
 - All patients discharged with a diagnosis of CHD
 - Patients with Heart Failure
 - High risk patients with stable angina referred directly by a GP • Prehab for those patients with awaiting angiography, PCI or cardiac surgery
 - Post cardiac surgery patients following heart valve replacement, cardiac transplant

3 Scope of Service

- 3.1 The service will be provided at a suitable venue - currently the Riverside Centre, Newport, Isle of Wight.
- 3.2 It will consist of an eight week programme comprising four exercise sessions (on alternate weeks). This will include an initial clinical assessment.
- 3.3 There will be agreed protocols/systems of care so that, prior to leaving hospital, people admitted to hospital following an AMI or revascularisation have been invited to participate in a multidisciplinary programme of secondary prevention and cardiac rehabilitation.
- 3.4 The aim of the programme will be to reduce the risk of subsequent cardiac problems and to promote return to a full and normal life and will include:-
 - Education - including diagnosis, implications, medication and its effects as well as methods and help available to address lifestyle changes.
 - Exercise - eight week programme comprising four sessions (on alternate weeks).
 - All post-MI and post-coronary revascularisation patients able to perform exercises should be assessed with an incremental exercise test for risk stratification and to determine suitability to participate in exercise training and as a basis to prescribe individualised training regime. *[Need to clarify this as not necessary for post revasc patients and probably unnecessary for some patients prior to commencement]*
 - Supervision should include the monitoring of heart rate responses during training.
 - Prescription for exercise training should be provided individually and updated according to progress during training (to include homework between sessions).
 - Special needs may need to be accommodated. Some people may benefit from individual sessions and others may prefer to exercise at home guided, for example, by a self-help manual. Resistance (strength) or higher intensity training should be offered to patients with relative weakness, especially those who aim to return to physically demanding work or sports. *[Need to clarify this as not undertaken currently]*
 - Patients with stable cardiac conditions should be encouraged to continue regular moderate intensity aerobic exercise, which should be built in as part of life style changes. A referral to the Phase IV Cardiac Rehabilitation programme, run by the Isle of Wight Heart Care Club, should occur in order that the patient is discharged from Phase III at the end of the eight week programme.
 - Lifestyle advice to include:

• Smoking	• Stress Management
• Eating	• Resuscitation
• Goal Setting	• Medications
• Healthy Exercise	

4 Manpower/Staffing Levels

- 4.1 The Cardiac Rehabilitation Phase III Team will consist of:-
- General Practitioner with Specialist Interest (GPSi) - Clinical Lead
 - Physiotherapist (to be included during 2005/6)
 - CCU Nurse
 - Exercise Trainers x 3
 - Visiting Professionals (Dietician, Health Promotion to include Smoking Cessation, Stress Management)
- 4.2 Staff supervising exercise sessions must have Shock Advisory External Defibrillator (SAED) and basic life support training.
- 4.3 There should be at least two staff supervising each exercise session, and the ratio of staff to patients in these classes should be no less than 1 member of staff to 10 patients.

5 Facilities & Equipment

- 5.1 Adequate rooms and space with appropriate facilities for group exercises, counselling and educational classes and for individual counselling should be available for CR.
- 5.2 There should be access to telephone/fax facilities.
- 5.3T here should be facilities to ensure that all records created or used in any media (electronic or manual) are processed in accordance with Data Protection and other Information Governance requirements.
- 5.4 Defibrillation equipment and staff trained in its use and advanced life support should be readily available at taught exercise sessions.

6 Performance Standards

- 6.1 The target percentage (85%) for patients offered cardiac rehabilitation to be collected by IWHCT initially for post AMI/revasc patients and longer term for all CHD patients (target Heart Failure and angina 50% BACR 2004)
- 6.2 There should be a plan developed in conjunction with primary care services, for identifying, treating and following up rehabilitation and secondary prevention at one year post event. Annual audit should be in place to identify the number and percentage (target over 50%) non smokers, exercising, BMI < 30kg/m² at 1 year discharge.

7 Review of Service

- 7.1 A review of the Service will take place not less than yearly. Any change in service development will be in line with service needs and available funding.

SUNDAY 9th APRIL 2005

It was a chilly, but dry and sunny morning that 19 adults and 2 children and 3 dogs set off from the Green at St Helens. Walking carefully in a crocodile (reminders of school outings?) along the narrow road, past the village hall, and then gingerly down the steps through the woods, we headed over the old golf course towards the beach where a coffee and cake stop was made at the Bayview Café. Sitting outside, we witnessed the departure from Portsmouth of the USS Harry Truman – a rather large aircraft carrier.

After being fed and watered (dogs included!) we set off again, returning via the causeway towards Mill Road, and then back to the Village Green.

Thank you Bernard for organising another successful walk. By the time this goes to print we will have joined the Festival walks which usually have a good turn out too.

Once again, do support the social events – they are organised for all to enjoy.

**Roving Reporter,
Pat Hough**

DANISH PASTRIES

AN EXPERIENCE FROM SCANDINAVIA

Can you remember the time when you could do your shoes up without having to hold your breath? And when, if people mentioned 'by-pass', you thought of a stretch of road? Not that I've had a by-pass...I mean you can tell, can't you, just by looking...they've got the scars...but nobody can actually see if you've had an ETC. In the changing room –well that's the sort of thing you notice, isn't it – I mean, if you've had a by-pass, everyone can see it...if you haven't then you've got to tell people what's happened to you...."No, mine was a balloon job – fixed it just like that – back in no time ". Scars give you a bit of status in the group, don't theycultural tattoos...the longer the scar – the more pondus. No scar – no clout!

Still, we're all in the same boat I suppose at the keep fit class. I mean, everyone there has had some sort of heart complaint – it's not that I'm complaining...it's just that you wonder sometimes...you know, when you think back – before all this stuff happened...back to a time when you didn't have to try and remember if you'd taken your tablets... you didn't have any!

Ever been to Denmark? – lovely place and the people are terrific. Wonderful pastries, and probably some of the best beer in the world. That sounded familiar! Anyway, if you're going to have a heart attack I can really recommend Denmark, especially the area around Århus on the east coast. I found Sunday to be a good day, but I don't really think it matters all that much.

It's the university hospital at Århus that seems to be the hub of things as far as heart complaints are concerned and they Hoover in patients from near and far. It's a good idea to keep your holiday within say, half an hour's drive. Something like that anyway – I mean Denmark isn't a big country but the traffic can be terrible! Mind you, I was there about three years ago, so it could have changed somewhat.

Anyway, if you're coming from the south – from the town of Horsens, then try not to get the dour bloke from their hospital as a companion in the ambulance. I suppose it may well have been that he'd had other plans for that day but he seemed to make the half hour journey up to Århus seem like an hour. Can't really remember what he looked like – but you always seem to be looking up people's nostrils when you're in that condition, don't you – not the best of perspectives. Although, there again ...it's different with the nurses I found...I mean, at Horsens Hospital I was surrounded and fussed over by – ooh, must of been about seven or eight of them when I was wheeled in...but that didn't feel peculiar at all .. rather nice actually.

Couldn't stay there though. They wheeled me directly into another ambulance and whisked me off to Århus. This sort of thing isn't real, is it, but I've got to admit it was more fun when the morphine kicked in. I really did like that – must have missed out somewhere in the sixties but, I mean – is this a day trip and do we sing on the way home? – come on – let me off here – I'll walk the rest! My dour

doctor though was only interested in his equipment – didn't even smile! But there again perhaps I didn't say anything – I'm a bit fuzzy there – but I still remember the journey being a bit like the LEGO-park attractions we'd been on with the kids, the day before.

Ah, the day before...the pastries – well, just one last one then...as long as I brush my teeth, I suppose...and perhaps I will have a schnapps with a last beer...you don't get such large packets of bacon crisps at home do you?

In actual fact, I was feeling quite healthy because I'd just given up smoking – after forty years of being a heavy smoker too. That was a couple of months previous so I was feeling in pretty good shape really – bit grumpy –but alright otherwise. True, I was under a bit of pressure at work – there was a lot that had to be done – stuff that I hadn't managed to clear – but I was going back to work a few days earlier just to get rid of the overload – but I did take a few odds and ends with me – just a few papers and stuff that I could work with if there were any sort of dull moments – nothing to do – that sort of thing.

So – a few days in Denmark...sun, sandy beaches...playing with the kids! I suppose the trip over wasn't too bad really, at least once we got on the boat. We arrived early at the docks so we were first in line and the queue of cars formed up behind us. It was pouring down as well so we must have sat in the car for about three quarters of an hour just listening to the radio – couldn't get out because of the rain. When it was time to go I couldn't get the car started – batteries were flat! – and we were first in the queue which meant that everyone had to go round us. Eventually this huge vehicle came thundering over to us and got us started, but by then most of the cars were on board and we were getting a bit pushed for time. I did squeeze in though among the last remaining cars, but then the b*.. * in front of us stopped while we were halfway up the ramp between the first and second decks! I mean what can you do? Because of all the noise around I couldn't hear our motor and I was afraid it would give out again, so I kept revving the engine and I think I swore a lot during the 5 minutes we were stuck at 45 degrees! Eventually people started to look round, wondering where the smell of burnt clutch was coming from. The first couple of days in Denmark we drove around with the windows open and it actually took a couple of months before the smell finally disappeared from the car.

But anyway, when you get to your hotel you start relaxing, don't you. Quality time is what they call it nowadays. Then just when you start to wind down – when you suddenly recognise the people sharing your hotel room – who strangely enough turn out to be your family – you're – bazooka'd – knocked sideways – laid flat – completely out of the blue!

You never expect it, do you! No matter if it's head or feet first – being wheeled out of the hotel at breakfast time is embarrassing. There's just no other way to put it. The only redeeming feature was that I'd had a shower so I did have clean underwear on. Now this is an aspect that people don't usually talk a lot about, but for those of us brought up by

mothers who on a regular basis, ironed our underpants, the wearing of clean underwear is of the utmost importance because you never know what's going to happen. There is no way you are going to get run over if you haven't had a bath first, and under no circumstances would a coroner peel a pair of soiled underwear off my dead body, well – not while I was alive anyway!

It doesn't take long to do an ETC. – and while it's being done you can watch it all happening on the television hung above the operating table. " ...and now you'll feel a warm rush." Isn't it strange how the arrogance of some head surgeons can really get up your nose! I mean, how does he know that I'm going to feel a warm flush? – he hasn't been through it all – he's got no idea what it's like – yet he's standing there telling me what I'm going to feel! Oh I know that he's doing a good job – quick and deft movements with his hands, but he certainly didn't have a lot of bedside manner going for him. Head surgeons are usually quite slim and tall aren't they - well mine was - about the same age as me as well – a bit more distinguished of course and without a paunch – goes without saying, doesn't it.

I don't mean to grumble he was good, but where do they learn this – slightly bored – well I suppose I've got a few minutes to spare – attitude? I mean I am grateful – it's just that there was a tendency to aloofness, a whiff of a condescending attitude whereby I started to change into an object! HELLO! I'm still here – I pay my taxes – well, I mean - not strictly speaking in Denmark – but you know what I mean. Not easy for them though, is it. With the responsibility they have and the demands that are put on them by all and sundry. He was I suppose first and foremost, a dedicated professional. Having put the little "whatsit" in place to aid the flow of blood and with his finger pressed on the small hole – just to stop me from bleeding to death – he enlightened me as to my unusual circumstances.

The hospital at Århus was different, he said. They had just completed a three-year study involving different treatment of heart patients – people like me, in fact. Their conclusions had shown that by giving all heart patients an ETC on arrival, they had saved a lot of lives. This was now the accepted practise at Århus – I'm very glad to say! They had also just come back from touring with their research in America, where they had of course been a great success and reaped loud acclaim. You get the feeling that old Canute – do you remember him? – just wasn't in the same league. These modern Danes are really something else!

So, two hours after I'd felt the beginnings of a heart attack about 30 miles away– I had been transported in two formula 1 ambulances – shaved, trussed and stuffed – well more or less, and operated on! I was then wheeled, at last, into the realm of normal sickness and placed into the capable hands of the nurses. They're different aren't they from doctors. Even if you are an object, they make you feel like a subject. "...how are you feeling love...you all right...anything you need?" That's where you start to feel how the operation has been a huge exertion, and the words are coming out in a sort of soft wheeze – so the nurses have to bend really close to hear what you're trying to say. "...what's that...a crease

in your pillow is there dear?" Admit it though – you do lay it on a bit, don't you.

At first you try not to move in case you upset all the wiring you're plugged into, but after a couple of days - the boredom sets in. The hours start to go by more slowly and you realise that you're probably not going to die – but you knew that all the long really, didn't you. It was just that bit at the beginning when you felt clubbed and clobbered that felt really dodgy, at least when you look back. After a couple of days the novelty of all the wiring wears off and it starts getting in your way. You've now become just a part of the daily routine to the nurses and the doctors have gone on to bigger and more exciting challenges. As you're not going to die – well, at least not at that particular time - you might as well pull yourself together and try and get back into your own life again.

I stayed for three days, it's usually six, but by that time I wanted out and I suppose because I was a foreigner they didn't really feel that they had the same responsibility towards me as they would if I had been a Dane. So I was allowed to pack my bags and after promising that I would a) not play silly ebb's on the way home, and b) check in at my local hospital as soon as I came home, I thanked the staff, literally with all my heart and shuffled off down the corridor. None of your walking off into the sunset with six guns and stuff, just a normal sort of shuffle, with mixed feelings, not a little apprehension and a bag of goodies! Yes, can you believe it I got presents! One of the nurses gave me some nitroglycerine. A doctor gave me a variety of other tablets with some latin scribble, and my rather arrogant head surgeon gave me a CD as a parting gift – a film of my operation, nicely packaged - that I could give to the doctors in my home town to show what had been done. Quite unbelievable really – and I was certainly touched, not least with the professional attitude at the hospital. Interestingly enough, when I actually presented the CD to the heart specialists where I live they didn't know what to do with it – hadn't a clue! They'd never seen anything like it – I think it was put into a glass case somewhere - a sort of valued treasure from the future – to lie in wait until the technologies of the future caught up with them.

Anyway shuffling out was just the start of it...do you remember?...remember how your life started to change from that moment? It's the mental bit – trying to get your mind around that which had happened – and also that which hadn't happen, as well. My heart was fine – pumping away like nobody's business – it was my brain that started to spiral off into the unknown. I wonder sometimes where it went, I did get it back though – or did I? That's the strange thing you see - I got something back, and it seemed to resemble my brain, but was it mine? I still wonder but that's another story!

Keith Chirgwin
Resident of Norrköping, Sweden

Keith is Hazel Tinson's brother and he has lived in Sweden for 40 years. As he has difficulty in thinking in English now, some of the words have been edited!

NEWS OF RICHARD & MARGARET McCORKELL

Dear Members

I began this letter at the end of February to mark our first six months in our new home. It is now over seven months and I feel I ought to press on before you forget who I am – or was!

We have moved to a smaller house – in fact a terraced miner's cottage dating from mid-Victorian times. A bit of a tight squeeze, but by a selective "cull" of unnecessary possessions, it is getting better all the time. The smaller house is very greatly compensated for by the fact that, if we leave the house, turn right and walk 30 yards over the fields, we can see – the Atlantic Ocean, the Longships Lighthouse and four days out of ten, the Scilly Isles. The sunsets seen from here are quite spectacular; if I tried to describe them you would not believe me! If we leave the house and turn left and walk about 15 yards to the other end of the terrace, we can see three seas – left (south) the end of the English Channel, ahead (west) the Atlantic, right (north) the Celtic Sea.

After a rather damp and windy winter, it is now spring. The Cornish hedges (dry stone walls) some reputedly older than Stonehenge, are in full "bloom". Various alpine type plants grow from between the stones, and violets which bloomed as early as late January are widespread. From the tops of the walls, gorse and daffodils grow in a very yellow way. In West Cornwall, as in the Scilly Isles, they are grown as a crop, and from the train en route to Truro, we pass field after field of various types of daffodils awaiting harvest.

Spring has also brought a huge variety of birds to be seen on our walks. There's a large selection of sea and estuary birds – as usual – a variety of birds of prey, and now the more delicate ones – warblers etc. Recently we have seen as many as three "garden warblers" in our tiny back courtyard/garden; and we believe that a wren is nesting in our hedge.

We take as much advantage as we can of the spectacular walks around here. There are four we regularly take from our front door. Often the car stays put for days on end – we just don't need it. But walking and bird-watching is not all we have. Within 10-20 miles, there is a large selection of gardens to visit, and we are working through them. We have been to see a number of concerts of classical and church music, including a visiting Russian Choir. The Penzance Amateur Operatic Society's production of Cole Porter's "Anything Goes" was up to the standard of most West End performances I have seen. The crème de la crème was probably the local Parish Church's concert to raise money for the Boxing Day Tsunami disaster in Asia. It consisted of local talent doing what they

do, and the quality – especially of the school children – was remarkable. The concert was closed by "The Longship Singers", a local choir not unlike the Newchurch Male Voice Choir on the Island. They gave us such rousing numbers as "Going up Cambourne Hill, Coming Down" – a mystery to me too! – and what seems to be some kind of Cornish Independence Anthem, the name and gist of which I missed. However, each verse ended with the chorus "If Charles Trelawney live, or Charles Trelawney die, Then 20,000 Cornishmen will know the reason why". This prompted murmurs of approval from the true Cornish present and tumultuous applause at the end!

I did not like to ask who Charles Trelawney was in case it caused offence, so I looked in the encyclopaedia. Nothing! Anybody know more than this?

St Just, our new home town which is the most westerly town in mainland UK, is small, but has all that we need – doctor, dentist (although NOT NHS!) and a library, plus a selection of shops, art galleries, and a prehistoric performance arena – "Plein n Gwary".

Our GP practice is highly satisfactory, and seems to be under a lot less pressure than our previous one in Ryde. I found out that there IS a Cardiac Rehabilitation class in the Fitness Centre in Newlyn, but they would not accept me without a referral from my new GP, and he would not refer me just on the grounds of 8½ years with the Isle of Wight Heart Care Club! After 6 months, various tests, and attempts to fine-tune my drug intake, he at last relented and let me join. It is a bit strange being a new boy again!

I have now been to four sessions, and while it is run to a very different format, much of it is very familiar. No girls, just Robbie and Jamie; no Pool like at the Heights, but superb coffee at the "Juice Bar". Robbie has just been granted a place on the same Phase IV course that Lyn took, and is pumping me for how/why the group should become a "club". In the class, I can recognise people similar to members of the IWHCC, and of course we all have comparable problems.

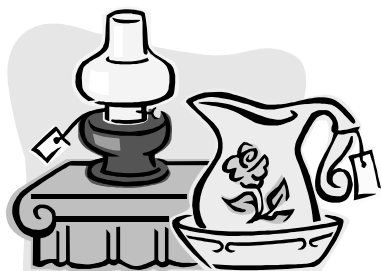
All in all, we are both very happy in Cornwall, and it is surprising how much it has in common with the Island. We have not cut our links with the Island, having been back twice, to visit friends and to attend concerts by "The Sinfonietta" and the Island Concert Band. I also hope to attend the AGM and look forward to seeing many of you there (although of course by the time you read this the AGM will be long past.

Good Luck and good health to you all.

Richard McCorkell

ANTIQUES ROAD SHOW EVENING

Forty-eight members attended an excellent evening function at the Parish Hall in Newport on Thursday 21st April.



The evening was billed as our own Heart Club Antiques Road Show and members were invited to bring along treasured possessions for comment/evaluation by the resident *Arthur Negus*,

Marilyn Rose - an Antiques dealer from the Island. Fascinating items were produced from Childhood Dolls, Range finders, crockery, cutlery and a myriad of interesting items.

The evening started just after 7pm and we were still going strong at 10 pm when we had to call it a day as we had only booked the hall until then. The social committee ladies as ever produced the refreshments, tea, coffee and donated cake and biscuits. Irene (Affectionately known as Eileen in some circles!!!) was as ever there with the Raffle which raised the princely sum of £56.00 for our club funds. Thank you Irene!

Marilyn would not take a fee for her efforts but request that a donation to the Mountbatten Hospice be made. The Club donated £25.00 to this worthy cause.

The social committee would wish to thank all who attended to make the evening so successful and to get in touch with them if you, the members, would like it repeated (or even better still if you have any ideas for the social programme in general).

Events coming soon

- Strawberry Tea at Northwood Women's Institute
14.30 on Saturday 2nd July 2005

- Bar B Que at Harry's place
23rd July 2005 evening time (see posters)

- Isle of Wight Steam Railway trip with Fish and trip Supper
Thursday 25th August 6.15 pm

See Gym notice boards or ask Lyn - she knows all the details.

ISLE OF WIGHT HEART CARE CLUB BOWLS CLUB REPORT

Yet another successful period for the members of the Club Bowls team. The weekly meetings at Camp Hill Prison Officers' Association Club continue apace. We are now approaching the first anniversary of our inaugural meeting and whilst Stuart's underhand chinaman/googly method has not improved his scoring, his ability to control his intake of low fat, low sugar delicacies at the lunch break has been noted. The Social side of the Bowls group has seen numerous Sunday get togethers for lunch and for our Birthday party we are holding a Bar b Que for all our Friday regulars. We have had several invitations to attend other venues on the Island to play bowls, but the general consensus of opinion of the members is that we are not yet quite ready to release our unique brand of social bowling loose on the Island at large!

Friday lunch at the Club has become quite a feature and members have excelled themselves trying out new recipes on each other. There has even been a suggestion that we meet twice a week, once for lunch and once for bowls!!!

Do come along and join us - it's great fun and only cost £1.50 a head (to cover the cost of the hall hire). With our subs leftovers we have managed to purchase two new sets of slim line bowls predominately for the ladies, although it has been noticeable that as the ladies tend to be better than the men, the men have been using the smaller version too.

We meet at 1100 on Fridays for 3 hours at the Camphill Prison Officers' Club - if you are interested why not come along and join us? You'll soon get the feel for what we are all about, and you might even become good at bowls too!

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IN THE GARDEN



Hi Everyone! Allan T here back in the old potting shed. I fancy a change – how about you? What I'd like to do this quarter is to have a crack at "trouble shooting". We'll try and sort out some of those things that can go wrong in various areas of our gardens or greenhouses and some of our indoor plant problems.

Let's kick off then, with a very common area – The Lawn

The symptom: Small irregular mounds (casts) of soil scattered over the lawn

The cause: Earthworms
The cure: Remove the casts by regular sweeping. Apply a worm killer such as chlordane as stipulated by the maker.

The symptom: Yellowing grass, usually in irregular patches, but sometimes more extensive after a wet autumn.

The cause: Leatherjackets
The cure: Dust the affected area with BHC dusting powder

The symptom: Patches of yellowish, dying grass which later turns brown. In moist weather the patches may be covered with a cottony, white mould

The cause: Fusarium or Snow mould
The cure: Apply quintozene according to the maker's instructions and keep the lawn well aerated.

The symptom: Patches or whole lawns looking very thin, the grass growing sparsely and lacking vigour, allowing daises, yarrow and moss to invade the thin areas.

The cause: Neglect and starvation, usually showing mostly on thin, sandy soils.
The cure: Kill weeds with a lawn weed-killer. Apply a dressing of well-rotted compost or good quality loam, with lawn fertilizer. Water in well.

Next, we'll have a look at the rose bed and its enemies.

The symptom: Young shoots and flower buds covered with small, greenish, sticky insects. Severe attacks cause malformation of stems, leaves and buds.

The cause: Aphids
The cure: Spray with Dimethoate, Formothion or Malathion

The symptom: Leaves with sooty, irregular spots. A severe attack causes leaves to fall prematurely.

The cause: Black Spot
The cure: Spray with Captan, Zineb or Maneb.

The symptom: Leaves and young shoots covered with a waxy-white powder and sometimes distorted.

The cause: Mildew.
The cure: Spray with Dinocap or Benomyl.

The symptom: Shoots tips blackened or purplish, often slightly distorted patched on young leaves.

The cause: Frost or cold winds.
The cure: If this happens regularly, make sure final pruning is delayed until March, so that the young shoots are produced later.

Next we will sort out a couple of fruit favourites.

The symptom: From July onwards, fruits bear a small hole, but there is no associated scar. When cut open, there is no odour; the white caterpillar feeds in or near the core.

The cause: Codling Moth
The cure: In mid-June, spray trees with Fenitrothion or Malathion. Spray again about three weeks later to kill the caterpillars before they penetrate the fruit.

The symptom: Leaves finely mottled, later turning yellow or rusty brown.

The cause: Fruit tree Red Spider
The cure: About mid-June, spray with Dimethoate, Malathion or Derris. Repeat later if necessary.

Finally for this quarter, a couple of naughty ones from the windowsill or greenhouse when dealing with cacti.

The symptom: Corky, pale brown patches
The cause: Old damage by mealy bugs or red spider or erratic watering.

The cure: No remedy, though healthy tops can be severed and rooted as cuttings.

The symptom: Pale, sappy growth.
The cause: Too shaded; too much heat at the wrong time of year [usually in the winter].

The cure: Keep in a sunny site and follow the correct heating regime.

Well, my friends, that's about it from the Potting Shed for this quarter. Keep those gardens flourishing and flowering and you will reap good rewards. We'll give this "trouble shooting" another whirl in the next issue.

Bye for now from the Potting Shed.

Allan T

IMPROVE YOUR KNOWLEDGE

Ian Palethorpe has kindly donated a set of Life Science Library publication books to the Club. This set of books is available for a donation to the Club. Anyone interested, or if you have grandchildren, who might be interested, please contact Ian on 565253... The list of titles within the set are as follows:

The Cell	Food and Nutrition	The Mind
Health and Disease	The Body	Water
Growth	Drugs	Wheels
Matter	Machines	Scientist
Weather	Energy	Engineer

AMBERLEY WORKING MUSEUM

Coach Trip to W Sussex on 15th May

Hi everybody! Here I am again reporting on another successful day out with Colin and Co.

On Sunday 15th May at 9.30am, 24 of us boarded the Wightlink Ferry heading towards Portsmouth and then onwards to Amberley. Sadly 24 was a lot fewer than we normally get on these trips, but unfortunately, the date coincided with the "Walk the Wight". (Congratulations to those of you who partook in the same!)

Getting back to our day out; as is usual with Colin's events, the weather was superb (unlike the previous day when myself and Joy, along with a group of walkers known as the Cardiac Cavaliers, took part in a walk in the rain!)

The Amberley Working Museum has been developed in a disused Chalk Pit and has something for everyone from a steam train and open-top bus, many exhibits from clay pot making, broom making, "How electricity works", TV and radios from pre-war to modern day, telephones from switchboards and mobiles, brick making and much, much more.

As usual the Social Committee have done us proud, but I must once again remind all the members of the Heart Care Club that these trips are designed to allow everyone to enjoy life and help put us all back on the road to recovery from whatever heart event we've experienced.

The next worthwhile event is the strawberry Tea and then a Fish and Chip evening on the Havenstreet Steam Train (both naughty but nice!)

Let your hair down folks and see you there!!

Your roving reporter,
Pat Hough

ISLE OF WIGHT HEART CARE CLUB

FISH AND CHIP SUPPER ON THE ISLAND STEAM RAILWAY

THURSDAY AUGUST 25TH 2005

Departs from Havenstreet Station 6.15 pm



Please be there at 5.30 pm so that you can order your Fish & Chips before the train departs

Cost is £9.00 for adults (£4.50 for children there is fish fingers and chips)

Cost includes the rail fare.

Trip lasts about 2 hours up

and down the line from Havenstreet to Smallwood Junction.

Please send your cheques payable to:

David Johnston,
Willow Cottage,
Newport Road,
Niton, PO38 2DF
Tel 731401



STRAWBERRY TEA

SATURDAY JULY 2ND 2005

NORTHWOOD WOMAN'S

INSTITUTE HALL

(Opposite the Garage on the
Corner)

WALK STARTING AT 1PM

DETAILS LATER

2.30 pm to 4pm

Indoors if weather is inclement

Raffle courtesy of Eileen

OOPS!!!!

Sincere apologies to Irene Merricks who has recently been called "Eileen" or "June", but not Irene in reports printed last issue.

Sorry, Irene, even though your name was wrong, everyone knows who does the raffle!

Ed

SITUATIONS VACANT

1. Chairman, Heart Care Club

You will be aware from the Chairman's "View from the Chair" that the post of Chairman will soon be vacant. Could you fulfil this role? Ideally, we would like someone with experience of committee work, especially the Heart Care Club committee, or similar if possible. Meetings are held monthly at St Mary's with the AGM in June each year. The Chairman currently produces a "View from the Chair" report for the quarterly Ticker Tape and an annual report at the AGM as well as corresponding with both the Island Health Trusts over the provision of service.

For further details, contact Laurie Stanbridge, Chairman

2. Co-Editor, Ticker Tape

Colin Tinson has announced he will retire from the Co-editing post next year at the 2006 AGM. Dave Johnston currently is co-editor, but has several other hats so is unable to take on the full role. The Health Care Trust and Primary Care Trust assist us with the Ticker Tape printing, and emailing and posting. Apart from collating each quarter's edition, to a timetable, the copy is sent to the Print Room at St Mary's, and when printed, is collected in boxes, stuffed into envelopes by the Editor and any willing helpers, to be distributed to members via the post room at St Mary's. Knowledge of computers is essential, especially in Word, and an email address is necessary.

For further details, contact Colin Tinson, Co-Editor

COMING EVENTS

July 2005 - Onwards

Saturday 2nd July 2005

Strawberry Tea
Northwood Women's Institute Hall,
Northwood
2.30pm to 4.00pm
Check posters in class

Saturday 23rd July 2005

BBQ at Harry's place, Porchfield
evening time
Check posters in class

Thursday 25th August 2005

Fish and Chip Supper
At Isle of Wight Steam Railway
5.30pm £9 adults, £4.50 children
Check posters in class

Friday 16th December 2005

Christmas Lunch, Gurnard Pines
Details available later

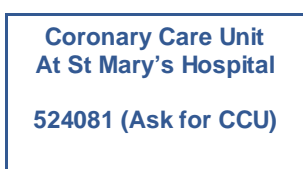

Health Questions

Answered By NHS Direct Or By Your Coronary Care Unit

If you are at all worried by an ache or pain which you do not understand - professional help is at hand, just telephone:



OR

Heart Support Group
The helping arm of the IW Heart Care Club
Providing essential care and support to ex-patients, their partners, carers and families following heart attack, cardiac surgery, angina or other heart related problems
Ph: Bill Palmer 864367
Jim Street 297211

'They will take the worry away'



Isle of Wight

All events will be advertised by poster in classes

The next issue of TickerTape will be 1st October 2005. Latest date for copy to be included in October 2005 issue is 25th August 2005. Copy can be hand written, typed, preferably on disk, or emailed in Microsoft Word to Colin Tinson:
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