

Autumn/Winter 2008 - 09

Free: please take one



Rapport





OUR SHOPS

Three shops help raise vital funds for St John's Hospice and CancerCare. All proceeds are shared equally between the two charities. We welcome donations of good quality household items and clothing for sale, and can collect if required. Please call us for information.

LANCASTER - 50 Church St

01524 846438
Open: Mon-Fri 10.00 - 16.00
Sat 10.00 - 16.00
Manager: Patricia Steele

MORECAMBE - 25 Pedder St

01524 401167
Open: Mon, Tues, Thurs-Sat
10.00 - 16.00
Manager: Gwen Sparks

LANCASTER UNIVERSITY

Edward Roberts Court
01524 593882
Open Mon-Fri 09.00 - 16.00
Manager: Jean Knowles



The Morecambe Shop

OUR VITAL VOLUNTEERS

St John's Hospice and CancerCare both hold the Queen's Award for Voluntary Service, honouring the contribution that our valuable volunteers make to our work. To find out more about volunteering opportunities, please contact us on the numbers above.



Slynedales, Lancaster



CancerCare Slynedales

Slyne Road Lancaster LA2 6ST
Tel: 01524 381820
Fax: 01524 845040
Email: admin@cancercare.org.uk
Web: www.cancercare.org.uk

CancerCare is a local charity dedicated to the support of people with cancer, their families and carers, and those bereaved by cancer.

CancerCare's services are available to anyone in North Lancashire and South Lakeland, and have been developed specifically for those whose lives are affected by cancer. Support is offered at our two centres, Slynedales in Lancaster and the Lakes Centre in Kendal, at the Royal Lancaster Infirmary and Furness General Hospital, and in Barrow and Ulverston.

CancerCare provides emotional, psychological, physical and social support through an extensive range of therapies. We offer information on all aspects of life affected by cancer and facilitate informal groups who offer mutual support. Our voluntary driver service enables people with transport difficulties to attend CancerCare's own centres and day care facilities at St John's Hospice.

CancerCare is a valued partner within the local NHS Cancer Network and works closely with other local providers, offering services that complement those of the medical services.

All CancerCare's support and services are offered free of charge.

CancerCare is a registered charity number 1120048.

CancerCare Lakes Centre

Blackhall Road Kendal LA9 4BT
Tel: 01539 735800
Fax: 01539 728628
web and email as for Slynedales above.



Lakes Centre, Kendal

WELCOME

Welcome to the Autumn/Winter edition of *Rapport*. The magazine is published jointly by CancerCare and St John's Hospice, our two main local



charities, who work together to provide support for people facing cancer and other life threatening illnesses. *Rapport* magazine aims to keep you in touch with developments in our two organisations and the

wider world of cancer treatments. This edition introduces you to a number of new staff helping to develop our services. Our glorious harvest cover picture is in honour of our special feature on diet and cancer, looking at the importance of proper nutrition for cancer patients and anyone who wants to look after their health. We also focus on looking after the planet in our article about how we're responding to the re-cycling agenda.

Also in this edition you can find out more about the recent plans for the NHS in Lord Darzi's report, and about proposed developments in our local oncology service at the Royal Lancaster Infirmary.

Given our recent soggy Summer, it feels a bit too soon to be heading once again into the darker days of the year and I, for one, have been grateful for the beautiful Autumn days we've had recently. Moments of brightness when life seems dark and hard are such a precious thing. You can read a moving personal account of the need to take advantage of those moments at the end of this *Rapport*. When life is a challenge we have to learn to be gentle with ourselves as well as with others.



Sue Parish

Editor

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Telephone/post: via CancerCare.
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GLYN HARRIS AWARDS 2008 ANNOUNCED

The 2008 Glyn Harris Awards resulted in a record breaking and much deserved three-times winner in poet Alison Michell. Alison, also an award recipient in 2006 and 2004 impressed the judges with her powerful collection of poetry *Journeywoman*, gaining the award in the personal category. The professional award was unanimously given to "The Presence of an Absence, the Absence of a Presence". This is the detailed, moving and thought-provoking account of the final hours and death of a man from cancer at his home, written by his wife who also works with cancer patients and their loved ones.

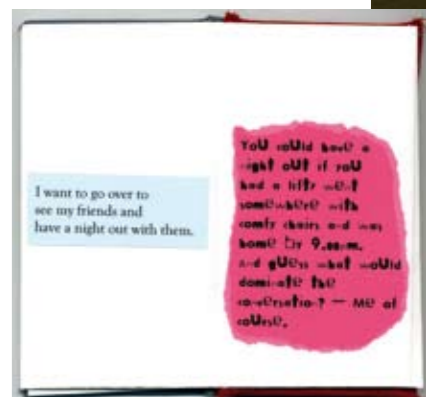
As is always the case with the Glyn Harris Awards, the judges had a difficult task, with many very varied entries looking at cancer and its implications. Every one offered a different set of insights and represented a considerable effort on the part of its creator. Special Highly Commended awards were made to a number of additional entries. These included a vivid collage by Elizabeth Silver, entitled *Diagnosis* (close-up of section pictured above right), and an assembly of words and images by Helen Easton entitled *Pieces of George*, dedicated to her late son. A

Special Award was given for a delicate and deeply poignant handmade book by the late Christine Roberts. (cover shown left and extract below)

A supplement of winning and commended entries can be found with this edition of *Rapport*.



Above, and article backdrop: *Diagnosis* by Elizabeth Silver (Detail)



Staff Developments at St John's



Christine Townson Bereavement Team Leader

Christine Townson's first involvement with Bereavement Care at St John's was as a volunteer member of the team she now co-ordinates. Christine, a trained counsellor, became one of St John's Bereavement Visitors last year. When the post of Bereavement Support Co-ordinator came up she was pleased to be selected, and since

June has been working to develop the role of the team previously organised by her predecessor Clare Martin.

"Our fourteen Bereavement Support volunteers are the backbone of what we do, and we couldn't function without them," she says. "Their time, skill and vast experience are what makes a difference to the bereaved people we support, at whatever point they are on their journey. We cover a wide geographical area and our referrals come from not only within the hospice but from other professionals working in the area, so we have quite a high demand for our service."

Christine's previous support work was in a rather different setting - she spent many years as a counsellor with young offenders and as a chaplain to adult prisoners in Lancaster. And although the setting of St John's is very different, she draws on her long experience of helping prisoners deal with the acute sense of loss caused by being cut off from the outside world, and losing relatives they didn't have a chance to say goodbye to.

"The grieving journey is different for everyone" she says of the work at St John's. "Some people need a lot of support, and some much less. We contact everyone who is referred to us, by letter, telephone or both, depending on circumstances. The response varies a great deal. Some people don't require our help. Others contact us, either soon after their bereavement or sometimes several months or even longer. We also find that some people prefer telephone support to visits.

"It's important to stress that what we offer is support, not counselling. If more intensive therapeutic input would be helpful we can refer the person we're supporting onto CancerCare for additional help."

A new initiative, still in its early days is the regular Sunday Tea session at St John's, aimed particularly at the newly bereaved. Sundays can feel long and lonely for people who've recently lost someone special and meeting up with others in the same situation can be a help. The sessions, run by members of the volunteer Bereavement team, also offer practical information and support, and are much appreciated by those who attend.

When not working at St John's Christine enjoys walking, gardening, and time with her family, including husband Stephen, her three daughters, and four grandchildren. She says of her new role: "I'm delighted to be part of the Hospice staff, and look forward to working collaboratively with the dedicated team here."



Jane Watson - Oak Centre Team Leader

Jane Watson was recently appointed to lead the Day Therapy Team at St John's Hospice. The team are based in our new purpose built Oak Centre, and Jane and her colleagues are working hard to develop the activities available there.

Jane was a District Nursing Sister in Lancaster before joining the Day Therapy Team, so is familiar with the issues faced by patients and their families during times of illness. She comments: "Day therapy is a rapidly evolving part of hospice care and I am very excited to be part of this at a local level. We currently open three days a week for patients to come and be supported, whilst providing much needed respite for their families. The Oak Centre gives us a tailored space for our patients, and we're really grateful to everyone who worked so hard to raise the funds to make it happen.

"Day therapy has a different meaning for everyone who comes here. For some people, it's a safe haven to be supported and also support others - a lot of good can come out of being part of a group and sharing experiences. Some people find they enjoy receiving complementary therapy, socialising, or developing a new talent, such as creative painting. They can also talk to our team of on-site professionals to deal with a particular problem or issue. We try to make sure that everyone's needs are met and they go home at the end of the session feeling brighter and stronger.

"As we 'grow' into our new centre, we are developing the activities/therapies we offer patients. In turn this provides them with an increased sense of self worth, improved confidence,

achievement and hope during a time that can be distressing and frightening. Day Therapy has great potential, and we will continue to try to enhance the support we give to everyone who uses our service."



The Day Therapy Team:
Back row left to right: *Catriona Nellis, Sarah Bowers, Vanda Thorpe, Gail Wiley.*
Front Row: *Dr Sally Reeder, Jane Watson, Tamsin Whitfield.*



CancerCare Welcomes New Therapies Services Manager Sue James



We are delighted to welcome Sue James to our team, as our Therapy Services Manager. Sue brings many years of experience as a counsellor and trainer, as well as enormous enthusiasm for what CancerCare does.

Sue's most recent post was as Head of Counselling at Lincoln University. Before that she spent 30 years in the Highlands, working as an independent counsellor, and

providing supervision and support for other organisations. She also worked for Strathclyde and Aberdeen Universities, where she was greatly involved in training initiatives. More recently she worked with national voluntary agency Arthritis Care.

She's thrilled to be involved with CancerCare: "I'm quite

passionate about the idea of local organisations which are rooted in a particular area, and I really ascribe to the aims of CancerCare, so I'm looking forward to helping continue the really excellent work we do. I want to work with our therapists and across the organisation as a whole to maintain and develop our services in a way that is conducive for our staff, and enables them to offer what is needed to our clients. We are providing support to people at a crux point in their lives, and that is a very intense situation to work in. I think it's about holding and balancing the needs of everybody involved.

"I also think it's very important to connect out to other organisations, local and national, and to be involved with public agendas."

As a keen naturalist (she used to teach environmental studies) Sue is also thrilled to be based in this very beautiful part of the world - and in the lovely surroundings of Slynedales. "It's a beautiful place to work, and the people who come here and work here are very special" she says. "I'm glad to be here."

CancerCare Therapy Spotlight: COUNSELLING

CancerCare offers a variety of therapies, all carefully selected and tailored to the specific needs of the person and the issues they are facing. This column sheds light on what each therapy offers and how it can help.

Some of us will recall times in our lives when we have felt confused or overwhelmed by thoughts and emotions. This can feel quite worrying and frightening especially if it is the first time we have felt those things. We all need to be heard in our lives, it is part of attending to ourselves and yet there are those of us who will not get the chance to be listened to on a regular basis. That may be because we live alone. It may be because we spend our lives giving priority to other peoples' voices. We may be surrounded by people who love us and care about us and yet, because of the relationship we have with those people, we might be afraid of hurting them or worrying them if we speak our feelings.

A diagnosis of cancer, going through surgery and treatment for cancer, beginning to recover from treatment, caring for somebody who has cancer and experiencing the death of somebody who has been a big part of our lives...all of these life events can bring strong and distressing feelings to the fore. We may feel troubled by sleeplessness, by thoughts and images which trouble us, things we wish we'd had the chance to say or wish we hadn't said,

feelings like guilt, anger or regret. We may feel plagued by persistent feelings which feel inappropriate.

Lead Counsellor at CancerCare, Cathy Gregg explains: "The majority of people who I have worked with at CancerCare are experiencing bereavement, but I have also frequently worked alongside

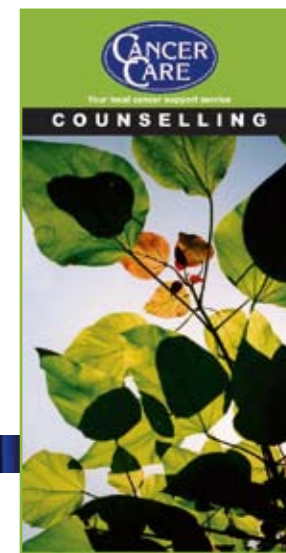
people recovering from cancer treatment. Also, carers can often find it hard to own up to having their own feelings as they battle to stay positive for the person they are looking after."

"People are offered the opportunity to talk at length when they first make contact with CancerCare. Part of that conversation can involve making a first step towards trying one of our therapies. Some people feel clear from the outset that they would like a place to talk, others have a notion about counselling but wonder exactly how talking can help.

"We have many different conversations with people on an everyday basis, but a conversation with a counsellor is different because the counsellor ensures that the client is at the heart of the conversation. This can feel daunting at times as we may be unused to having so much time to talk about ourselves but many find benefits. We also recognise that counselling is not for everybody and reviewing how the counselling is going will be an important part of the conversation."

Counselling sessions are usually between 50 minutes and an hour long. The number of sessions and the pace and frequency of meeting are agreed and reviewed as sessions progress.

To find out more about our Counselling service pick up a copy of our leaflet (pictured) from Slynedales or our Kendal centre. Or download it from our website: <http://www.cancercare.org.uk> - go to the Therapies page. You can also contact us directly for more information on 01524 381820.



What our Clients Say:

"I have had some real quality listening and as a result I feel like I have begun to understand myself."

"It was such a relief to have a place I could go with ALL of my feelings... I didn't have to worry about upsetting the counsellor and my family were so upset already."

Diet and Cancer

We all need to eat. But when you've had cancer things can change a lot, and you may need help to find what's best for you. And although cancer can affect anyone, you can reduce your chances of some cancers by paying attention to your diet. Claire Mounsey, Dietitian with Morecambe Bay Nutrition, University of Morecambe Bay Hospitals NHS Trust, looks at some of the issues:

REFERRALS

Our patients are usually referred to us by their consultant if nutritional issues are apparent. They may also come to us via their GP. Every patient who comes to us is different, as a person, and there's no "one size fits all approach". Everyone has specific issues that they are dealing with, so it's difficult to give more a general outline of how we work. Our approach is very carefully tailored, and we aim always to make sure that we're sensitive to the particular needs of each patient, including their dietary history, the illness they're dealing with and the stage of treatment they're at. It's also often a case of supporting relatives and friends who are helping to care for those they love. However, there are some general principles which tend to apply quite commonly:

NEWLY DIAGNOSED PATIENTS

We usually get involved post diagnosis or even pre- diagnosis if there's a history of weight loss and we don't know why - people can be referred to us as part of the investigative process.

Their needs will depend on what diagnosis has been given and which area the cancer is in. It may be that someone has dietary problems resulting from the site of the cancer. If they have oesophageal cancer, stomach or bowel cancer there may be dietary issues related to that. Also some of the lung tumours can have an impact - if they've got difficulties breathing or a feeling that they've got an obstruction that can affect dietary intake. Another challenge from dietary point of view are ovarian cancers because patients tend to get a build up of fluid in the abdomen and feel full all the time. With haematological cancers there might be an enlarged spleen where the stomach volume is pushed out which affects appetite.

We may take interim measures to try to provide nutritional

ADAPTING FOOD - The Flapjack Story

A lot of what we do is helping people to adapt their usual diet to suit their circumstances.

One of our clients was a vegetarian, who, having had cancer, needed to eat as rich a diet as possible to build her strength and weight back up after her treatment. As she didn't eat meat, we needed to find other ways of increasing the protein in her diet. She also had young children, who wanted to help their mum. As a family they made flapjacks, adapting a standard recipe to pack in as much nutritional value as possible, adding lots of nuts, seeds and dried fruit.

Other ways of making food richer can include adding milk powder, butter or cream to sweet and savoury foods. There are also many commercial food supplements available, and you may be able to get prescriptions from your doctor for these. To find out more about diet issues for people with cancer, you can visit www.cancerbackup.org.uk/ResourceSupport/Eatingwell or telephone Cancerbackup on 0808 800 1234.

support, perhaps providing food fortification - putting extra calories into what they are eating and then also perhaps looking at the use of nutritional supplements, and trying to improve someone's nutritional status before treatment or surgery.

DURING TREATMENT

If a patient requires surgical treatments to the gut there are a variety of situations which can arise. Surgery for oesophageal cancers have dietary consequences in terms of having feelings of fullness, reflux and so on. We would advise a little and often approach, taking small meals and making sure that calorific value is as high as we can possibly get.

If people have had bowel cancer and have a stoma bag fitted we work to help manage issues which arise, working to create a consistent output by choosing the right foods, and helping patients understand what to expect. In the case of post-surgery oral cancers we will be looking at creating helpful changes in food consistency, artificial feeding and tube feeding, and how to deal with that in a home situation. We use special artificial foods for this. If someone has difficulty with swallowing liquids, then again, we can thicken the liquids making it appropriate for what their abilities are. We work quite closely with the speech therapists who would advise us on the consistency that the patient can manage and then we look at meeting their nutritional requirements within that.

As well as surgery, patients may also be treated with chemotherapy and radiotherapy. Unfortunately chemotherapy is toxic to rapidly dividing cells, and the most rapidly dividing cells in the body are those in our gut, so in many situations it can have quite drastic consequences - diarrhoea is common, although constipation can occur also. In that case we'll be looking at finding what someone can tolerate. A lot of the time when someone is having chemotherapy we're not looking at trying to gain weight, but at trying to maintain weight because the nature of chemotherapy is that for three or four days after treatment they might be vomiting, having diarrhoea and feeling really rough, so it's can be something of a roller coaster - we aim to get enough calories in when it's possible. Patients may also have taste changes, so that's another thing to deal with - often people who preferred sweet things will develop a savoury tooth, or vice versa. More often than not, when someone is having chemotherapy we'll be looking not at achieving a balanced diet, but what the patient finds can be managed, and maybe think about vitamin and mineral supplementation, so we know they won't become depleted during their treatment.

Sometimes relatives can find it difficult to accept that it may be appropriate for a patient, if they can manage it, to eat a very rich and apparently unhealthy diet, because we're trying to get as many calories in as we can. If a relative has read that you should eat lots of fruit and vegetables and have three meals a day it can be difficult for them to accept that there are times during treatment when those rules don't apply. There are times when it might be a case of "well if all you can eat is chocolate or pork

pies, then so be it - eat those, take a vitamin and mineral supplement, and in a few months time it will all be different."

With radiotherapy one of the main problems is not necessarily upset to the gut because they are now so good at targeting the treatment, but we tend to find fatigue is an issue, and that patients, at least initially after treatment, can't be bothered to eat, so it's a good plan if someone is due to have radiotherapy that they eat as much as they can in the period before treatment starts, and then afterwards aiming for lots of calories in small amounts.

Following treatment we may see people who continue to have dietary problems related to their cancer or its treatment. For example ladies with breast cancer who may be gaining weight as a result of hormone treatments or someone who has had surgery to their head and neck and requires further assistance to manage their dietary intake.

WEIRD AND WACKY?

There have been a number of special, and sometimes quite extreme diets promoted as being able to avoid or cure cancer, and patients or their relatives often find these as a result of searching the internet. We do advise great caution with these. Someone with cancer might think "if I go out and eat 20 portions of fruit and veg I'm going to cure this" whereas actually that's probably the totally wrong thing to do. At the end of the day it's the patient's choice, and if they insist they want to try one of these approaches then we try to support them through it, and make sure that it is at least as nutritionally balanced as possible. It's important to talk about the possible consequences, and whether it's a good choice to spend one's days eating mountains of raw food while trying to maintain a high calorie intake.

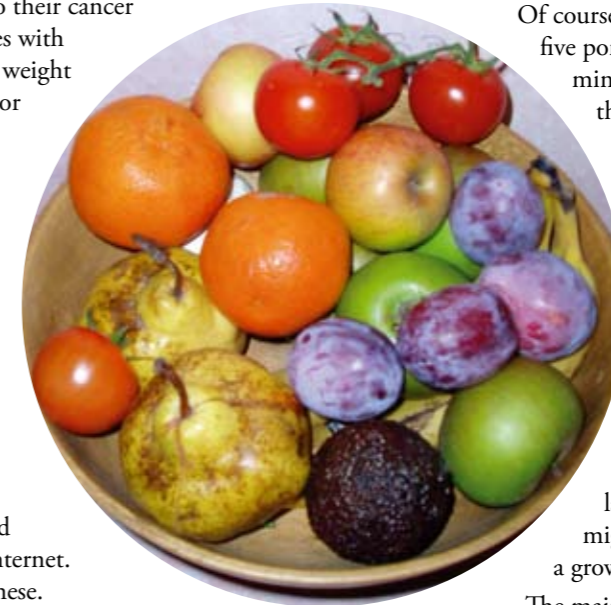
PREVENTION

In terms of prevention it's well researched and well documented that obesity is one of the big links to certain cancers - breast and bowel. Poor diet, including a high intake of saturated fat is also another factor, as is smoking, and unfortunately, the two often go hand-in-hand.

A good diet helps to prevent oxidation, which is part of the process of a cell becoming cancerous. From a prevention point of view people should look at reducing saturated fats, including trans fats and hydrogenated fats - the process of taking vegetable oils and making them solid makes them much less healthy.

5 things to REMEMBER about your 5 A DAY

- 1 A "portion" is one of *your* handfuls.
- 2 Go for a rainbow of colours.
- 3 Fresh is best, but tinned or frozen will do fine.
- 4 Raw is good, and lightly cooked better than overcooked.
- 5 A glass of fruit juice counts as one of your five portions.



Of course the other thing is to try to eat at least five portions of fruit and veg a day. Five is a minimum, and more is better. The brighter the colour the better - bananas and potatoes are not so good, but green, red, orange, yellow and purple foods are excellent - green leafy vegetables, tomatoes, peppers, carrots, beetroot, and bright fruit - oranges, soft fruit. Go for a mixture of colours in each meal - as much variety as you can.

People can be unsure about what a portion consists of. A useful rule is that it's about a handful - if you're a child that will be a smallish portion, and larger if you're an adult. So, for example it might be one tangerine for a child or two for a grownup.

The main thing is that fresh fruit and veg are better than highly processed foods, biscuits and cakes.

Organic food is in theory better because it's not been treated with pesticides, which can tend to build up particularly in root veg, but the higher price of organic food may put it out of reach for people on a limited income, and an economy supermarket carrot is still a much better choice than a packet of biscuits! Even if you don't get everything fresh, there are lots of other options. Tinned tomatoes are fantastic, a glass of fruit juice counts as one of your five a day and frozen veg make things quick and easy. All these help to improve diet in manageable ways.

When choosing meat try to go for leaner varieties and look at how you're cooking it. You can choose chicken, which is great, but then if you barbecue it all the time that's probably not a good idea, because it's becoming apparent that high intensity cooking may make food more of a cancer risk. Grilling is better than frying, and it's better to aim for a light golden colour rather than heavily browned.

To find out more about a healthy diet to assist in cancer prevention you can visit the World Cancer Research Fund: go to www.wcrf-uk.org/cancer_prevention



The Darzi Report:

High Quality Care for All

National Health Service provision and how we care for people at the end of their lives are major concerns for St John's Hospice and CancerCare. Two major reports issued recently look at these areas in detail. Below, Hospice General Manager Clive Shelley outlines Lord Darzi's recent report and proposals for the NHS. In our next issue we will look at the new End of Life Care Strategy.

Every couple of years or so we are used to having a significant government initiative that affects us and the services we provide drop on our doorstep. In fact it would help if they were dropped on our doorstep – these telephone directory sized publications are now only accessible by computer download – their initiatives, our ink! This year we have been lucky – we have had two! Both will influence the NHS with whom we work, and the role of many partner services over the next decade. Our huge challenge is to pass them on to the readership of *Rapport* in a way that is interesting!

It was only in July last year that Lord Darzi was commissioned last year by the Prime Minister to lead a review of the NHS and how to improve patient experiences of accessing and using NHS services. This led to a large and rapid consultation exercise involving thousands of patients, service partners, the public and professionals. His final report entitled *High Quality Care for All* was published in June.

Professor the Lord Ara Darzi KBE has a fascinating history. He was born in Iraq, to Armenian parents. The family later emigrated to Ireland. He came to Britain for a year's medical training but never left and, in 2003, he became a British citizen. He was knighted in 2002 for his 'services to medicine and surgery'. In June 2007 Gordon Brown appointed him Parliamentary Under-secretary at the Department of Health. He was created a life peer in June 2007 as Baron Darzi of Denham, of Gerrards Cross.

In the last 10 years the NHS has changed enormously. Spending has nearly trebled to £96 billion a year. Many waiting times previously measured in years are now measured in weeks. Over the next ten years, Lord Darzi envisages the NHS evolving to a position where the emphasis moves on from targets and waiting list reductions to a culture of high quality - quality staff, quality service, quality care, quality leadership. He anticipates a transition

from an emphasis of curing disease to one of preventing disease, especially in areas related to obesity and vascular conditions. He heralds greater choice for patients, especially in local health care provision. Those with long term conditions should expect proper planned care.

Lord Darzi expects all NICE approved treatments and drugs to be accessible (and we are mindful that there is still much to do before we see full implementation of the NICE guidance on Supportive and Palliative Care which was published over 4 years ago).

Perhaps most challenging, but not totally unexpected, is the concept of personal health budgets. In essence, a patient will be given the money to commission prescribed healthcare from any approved provider – this would truly encourage competition amongst health services providers, be they NHS, private or voluntary sector. The winners are expected to be those meeting people's needs by providing the high quality, value for money services that they want.

With High Quality Care for All, Lord Darzi has set the direction for the NHS. The detail has yet to be added. He is a well respected physician and already a proven leader of innovation and change – this will undoubtedly be his biggest project to date.

For more details and full High Quality Care for All report, see: www.ournhs.nhs.uk

GOING GREEN:

Recycling at CancerCare and St John's Hospice

The recycling agenda is becoming an important consideration for individuals and organisations across the planet and CancerCare and St John's are no exception. The challenge for both organisations is that although they are charities, the law is that non-domestic waste producers have to pay for waste removal, including recycling.

So, in keeping with the spirit of careful resource management implied by the

green movement, both organisations are tackling the matter in their own carefully tailored ways. Small is beautiful too, as staff and volunteers help by taking home items to put in their household collection boxes.

Recycling at CancerCare

CancerCare has been recycling paper for some time. However, a move to recycle other items is being spearheaded by Alexander Technique therapist Anne Oppenheimer with the help of colleagues, including Yoga Therapist Carol Tresadern. She explains: "The whole idea of greening up CancerCare is something that a number of us have been talking about for some time, and is still very much in its early stages. The aim at the moment is for some of us as individuals to take on some responsibility, to enable resources to be recycled without additional cost to CancerCare. So we've placed bins for biodegradable waste in various parts of the Slynedales, from where it's collected to be composted.

"Shredded paper is given to our gardener Simon and can be composted. We're also arranging to collect and take home plastic bottles so that they go into the council recycling system. There are probably other things we can do, and we'd welcome contact from anyone at CancerCare with offers of help, or ideas of how we can improve on what we're doing."

Recycling at St John's

St John's are also working on how best to manage recyclable waste without incurring extra costs. General Manager

Clive Shelley comments: "We have tried including cardboard in the garden waste and grass cutting compost, but quantities are often too variable to manage neatly. Glass bottles (about a dustbin load every month, mostly empty alcohol bottles!), we collect and take to recycling points, as we will any non-sensitive paper (e.g. newspapers and catalogues). We also manage to take batteries to the tip for responsible disposal, and like many other charities, collect old mobile phones, printer cartridges and the like for recycling.

"From the kitchens, waste oil is taken to Salt Ayre for processing (future biofuel?) And any kitchen scraps go down the kitchen "Tweeny" chopper - ultimately to be processed into biosolids fertiliser (sewage sludge!) along with the rest of our foul sewage.

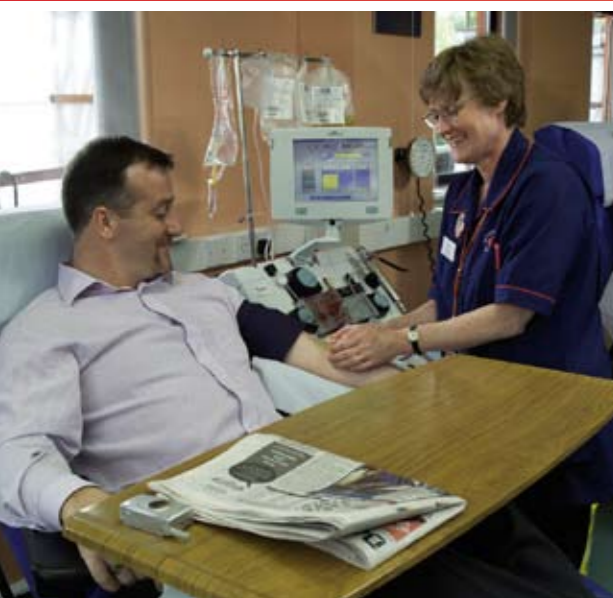
"Unfortunately, the recyclable amount is low and if we were to take a business decision based on effort and incentive, we have no real option other than to send the whole lot to landfill."

"We are very fortunate that a volunteer has stepped forward to help us with our efforts. Consistent recycling practice will help us spread the message and the need to do it throughout all our activities.

"Unfortunately, charities get few concessions on waste disposal so cannot commit to fully recycle without incurring commercial costs, so we are both taking a pragmatic approach to reducing our waste streams."



Above: Gardener Simon Jones (right) and volunteer Mark Pattinson turn shredded paper into rich crumbly compost for CancerCare's gardens.



Could YOU Be A Platelet Donor?

A platelet donor provides another lifesaving contribution.

Picture: National Blood Service

8

Many people know about how important blood donations are, but what about platelet donation? Platelets are the tiny fragments of cells which help the body to repair itself, and are essential to stop bruising and bleeding. Most platelet donations are given to patients who are unable to make enough platelets in their bone marrow. For example, patients with leukaemia or other cancers may have too few platelets as the result of their disease or treatment.

The platelet collection system, run by the National Blood Service, uses sophisticated

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equipment to extract the tiny platelets directly from donors blood. The rest of the blood is returned to you, which is why it is safe for you to donate at a much higher frequency than whole blood - as often as every 2 weeks. The process gives you the satisfaction of knowing you are helping patients at a critical time in their treatment. If you are approved as a platelet donor (only a small proportion of blood donors are also suitable candidates for platelet donation) you are asked to attend 8 times a year, and it takes a couple of hours each time.

CancerCare General Manager Peter Hearne, who is a regular platelet donor, and recently notched up his 500th blood donation explains: "When I first started as a blood donor in my late teens it just seemed like a good thing to do. I never thought for one minute that I would still be giving 42 years later! Over those years

equipment to extract the tiny platelets directly from donors

I have been involved in programmes for collecting whole blood, plasma (often used to extract Factor VIII for haemophiliacs), specific donations for a recipient for whom my blood was a good match, and mostly, in recent years, collection of platelets which are so essential for cancer patients on chemotherapy.

"Now in my early sixties it still feels like a good thing to do. Blood and blood products are so vital that I would encourage anyone who feels they could be a donor to do so. There are regular collection sessions throughout the area."

To find out more, phone the local blood centre on 01524 306250 or the national donor line 08457 711 711 or visit www.blood.co.uk

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Goodbye from Matron

We are truly sorry to lose Alison James from the post of Matron at the Hospice. By the time *Rapport* is out, Alison will be working in East Lancs PCT, leading and developing their Community End of Life services. Alison has certainly increased the contribution of nursing to our service and had been central to all our clinical service extensions in her 3½ years with us.

In common with most of the hospice world, we are replacing the role of Matron with a Director of Nursing and Quality. This also allows us to make some adjustments to the management of the ward, streamlining the ward management. We hope to have selected the Director by the time *Rapport* is 'on the streets', and have our new appointee in post early in the new year.

Ward refurbishment

Many buildings eventually get beyond being able to be kept fresh with just a lick of paint. Our ward areas are no different! Since their design nearly thirty years ago, expectations have changed, as have legislation and good practice. No longer is it good practice to carry bed pans up and down the length of the hospice. Patients and their families expect single rooms to have more en-suite arrangements and comfortable overnight facilities. Patients quite rightly expect to be able to have a bath or use a toilet in cosy and dignified surroundings.

This has led us look to redesign much of the ward space, and we are just embarking on the first of four phases of modernisation. Phase one will put en-suite facilities into single rooms and make toilets and bathrooms more comfortable. Phase two will bring toilets and bathrooms in the open bay area up to the same standard, and provide a more private ward nurses' station.



A fresh start for the ward!

Phase three will create much needed doctor's office and clinic space in Westmorland ward, and provide better overnight accommodation, nearer the ward, for visitors. Phase four will be to tidy up WCs at reception and create a more dignified route from reception to our viewing room. All in all, we anticipate over a year's worth of work and disruption.

Our normal routines have had to be reorganised, as has how we access the ward. Please bear with us as we go through these changes - we know it's worth the disruption in the long run.



Alan Remembers Sister Aine

Donations to the Hospice given by guests attending the 60th birthday and retirement party of Alan Sandham have been dedicated to the memory of the former Matron, Sister Aine Cox MBE (pictured left), on the tenth anniversary of her death on 22 August 1998. Alan is a valued member of the *Rapport* Steering Group which helps to produce this magazine.

Nurses Sale

The sun shone for St John's Nurses when they held their third boot sale at the hospice on 20th of July. The event raised £911 for new Christmas trees and decorations for the inpatient unit. Thanks to all involved for an enjoyable day.

25th Anniversary for Self Help Group's Conference

Next year brings the 25th annual Cancer Self-Help Groups Conference. CancerCare's Sue Tyson has helped to organise the event for many years, and explains "After a tremendously successful 24th conference this year, we're really looking forward to celebrating our quarter century. The event, which is held in Manchester, will run from 2nd - 5th July, and everyone is welcome. It's always a really special occasion, and participants get a lot out of it in many ways. Anyone who wants further information can contact me on either 01524 400471 or 0775 430 9145."

Bees Buzz Into CancerCare

CancerCare's Slynedale gardens have some fascinating new residents, thanks to therapist Pip Merriman. She has installed a hive of honey bees, which will enjoy the pollen from our flowers and hopefully turn them into gorgeous honey. The hive has been sited on the outskirts of the gardens, tucked away under a tree, and the bees seem to be happily settled into their new home. A safety fence has been installed as a precaution but the bees are generally docile unless disturbed. They're also a vital part of our natural world, helping to pollinate food crops on which we all depend. Pip says of her new hobby: "It's nice to see the cycle of the seasons continuing, and watching the bees come and go is a great source of contemplation and pleasure."



OUTSIDE SERVICES NEWS

Changes to the Oncology Unit at the RLI

Dr Peter Dyer, Medical Director of the Medical Director, University Hospitals of Morecambe Bay NHS Trust (UHMBT) issued the following statement on 8th October:

"We have listened to our patients and staff about how we can improve the Oncology Unit at the Royal Lancaster Infirmary. "In response to their suggestions, we are changing the way we provide services in the Oncology Unit by dedicating the existing space to patients who come in on a day case basis. This means more patients can be treated as a day case, reducing the need for them to travel elsewhere. These patients can receive treatment lasting from 20 minutes to 12 hours per day and having more space means that more patients can choose to start their treatment earlier in the day and finish in time to go home to their families at night, rather than staying in hospital.

"We are currently discussing whether patients who want to stay overnight, or need to as part of their treatment regime, will stay in the newly refurbished Ward 3. Staying on a ward, rather than in an isolated unit, provides a better environment, improved patient safety and the option of single occupancy rooms for Neutropenic patients (those with a low white blood cell count).

"We are committed to improving our services for people living with cancer and our new high-spec aseptic suite in the new Pharmacy is responsible for supplying chemotherapy drugs for all three hospitals in Morecambe Bay. This means that the drugs are made locally as required and at a rate that reflects demand.

"UHMBT is constantly looking at ways to improve patient experiences and these changes are in the interest of providing a better service to our patients."

SHOP TALK

De-Clutter your Wardrobe and Help Us Out!

As chillier weather approaches and you think about new winter outfits, please do bear our CancerCare and St John's Hospice charity shops in mind when you clear out your wardrobe. Donations of clothing have dropped in recent months, perhaps due to people being concerned about the credit crunch, and we would very much appreciate your contribution of good quality clothing for sale. And of course, if you're feeling the pinch yourself you could consider buying your new winter outfits from us!



Bacchus - student hero?

but something a little more intriguing - Toga parties! Of course, when the students have finished partying they may find them useful to sleep on afterwards as well. Don't worry if the linen you're donating isn't toga white - we can sell other colours too! Other things which

Three Sheets to the Wind?

Once you've got your wardrobe sorted, what about your linen cupboard? Our university branch has a regular need for sheets. Not, as you might think, for student beds,

but something a little

are especially sought after by our customers at the Uni shop are tweed jackets and costume jewellery, so baubles, bangles and beads are all very welcome.

Donations can be made at any of our three shops (see inside front page of this copy of *Rapport* for details), at St John's Hospice, or CancerCare's Lancaster or Lakes Centres. Or you can ring us and we'll collect.

Dolls House Sells in Record Time

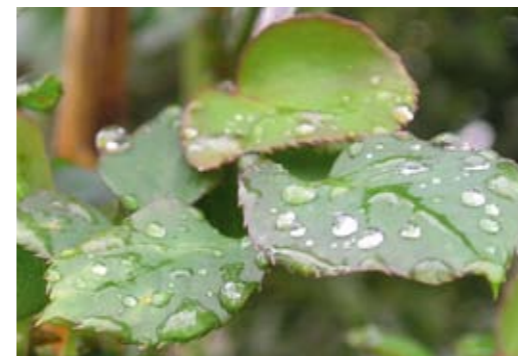
Volunteers at the Morecambe shop made a big sale in record time recently, when a donated dolls house was snapped up by a customer within minutes of being brought in. The spectacular dolls house included a delightful play shop underneath an elegantly appointed two storey flat, and was made by the father-in-law of shop manager Gwen Sparks. Gwen handed the scaled-down des-res to shop volunteers who began carefully unpacking and arranging all the wonderful miniature furniture inside. Moments later a dolls house enthusiast came in and decided she couldn't live without adding this lovely item to her collection. So the volunteers started re-wrapping up all the furniture and fittings all over again, the shop took an impressive £150 for the till, and the delighted new owner insisted that Gwen should assure her mum in law the house would be very well loved!

Shop Volunteers Party

CancerCare hosted a party at Slynedales for our shops volunteers in August. About 18 volunteers attended and enjoyed a buffet and wine, as well as sharing tales of shop life - and life outside the shops as well! They were thanked for all their valuable help by CancerCare's Volunteer Coordinator Iona Price.

Where Is Summer?

A CancerCare client reflects...



I am looking through the window into the garden. The sky is overcast with dark clouds where there should be blue skies and sunshine. There have been storms with winds bending the branches of the trees, shaking down leaves and undeveloped fruits

which are laying on the ground, brown and immature, lost to the future. Blossoms have been beaten down by the rain. They have the potential to recover, maybe not this season but will retreat into resting periods and store up strength during the winter to be ready to try again when the blue skies return.

I do my best to help the plants, providing supporting stakes when they are needed and giving extra nutrients - and then I just hope. Whatever the weather the birds continue to come, along with squirrels, hedgehogs, frogs and toads and occasional fox. They don't give up.

I liken myself to this garden and its needs. My skies are usually dark and depressing. The rain takes the form of tears which come suddenly like the showers. When I am battered by life I need

supporting like the plants. When my brain needs feeding friends point me in the direction of writings of comfort or inspiration. Sometimes a patch of blue breaks through and I must be ready to take advantage of this.

I am learning not to waste the blue sky. I try to do something positive such as baking a cake, painting a picture or simply 'phoning a friend for a chat. The objectives do not have to be great.

I do know that I am not alone in my struggle to cope with the stormy parts of life. I have a loving, supportive family and friends and not least the wonderful people who I have come to know at Slynedales, both staff and users. They listen, encourage, share skills, understand when the clouds are dark, share the "blue sky" moments and rejoice when the blossoms bloom again.

In writing this piece I have just taken advantage of a patch of blue sky and it feels good. Maybe summer will come after all!

"I am learning not to waste the blue sky"



JA

FUNDRAISING & DIARY DATES

OUR REGULAR COFFEE EVENTS

St John's Coffee Morning - First Friday each month 10 am - noon at St John's Hospice
CancerCare Café - Last Friday each month 10 am - noon at Slynedales, Slyne Road



ST JOHN'S HOSPICE

Further details:

01524 382538

LIGHT UP A LIFE EVENTS

Dedicate a light and remember your loved ones at our special services held across the

district: You can dedicate a light by contacting St John's on the number above. Our services of remembrance are open to all:



GARSTANG: United Reformed Church

Sunday 23rd November 4pm

LANCASTER: St John's Hospice

Sunday 7th December 4pm

KENDAL: Kendal Parish Church

Sunday 14th December 4pm

Christmas Fayre at St John's Hospice

Sunday 30th November, 1.30 – 4pm

Fun for the whole family: Santa's Grotto, Cakes, Bric-a-brac, Soft toys, Homemade Cards, Books, Music, Boutique, Jams, Xmas Floral Decorations, Silent Auction, Raffle, Tombola and Refreshments, Face Painting and Secrets Room for children.

Centralaires Christmas Concert at Hospice

Wednesday 10th December 7.30pm

An evening of Christmas music followed by light refreshments. Free admission. Donations welcome.

Christmas Tree Market at St John's Hospice

10am-4pm Saturday 13th December

11am-4pm Sunday 14th December

Quality Christmas Trees for sale - plus mulled wine and mince pies! Great Nordmann Firs at £6 per foot - half the profit of all trees sold go to the hospice. You can drop in to choose yours, or pre-order by email: trees@sjhospice.org.uk, or phone 01524 382538. Or download a form from www.sjhospice.org.uk. Cheque or cash only.

Christmas Tree Collection / Recycling Service

10th & 11th January 2009

We'll pick up your tree and get it recycled for a donation of £4. Service covers postcode areas LA1, LA2, LA3, LA4, LA5. For further details, and to book, ring us on 01524 382538 or email trees@sjhospice.org.uk. Please remove all decorations before collection, and let us know if you'll be paying by cheque (payable to St John's Hospice) or cash.



CANCERCARE

Further details:

01524 381820



STARLIGHTS EVENTS

Celebrate someone special to you at our StarLights ceremonies or simply dedicate a light to them on one of our star-lit trees by making a donation.

In recognition of your dedication you will receive an

STARLIGHTS

elegant, silver, hanging star in which you can place a photo of the person you are celebrating. The ceremonies are open to all, whether you come alone, or with family and friends. Contact us or see our special website for more information: www.starlights.org.uk

LANCASTER: Dalton Square

Saturday 29th November 5.30 pm

AMBLESIDE: Rothay Manor Hotel

Saturday 6th December 4pm

KENDAL: Unitarian Chapel, Market Place

Saturday 6th December 5pm

Lancaster Singers Concert for CancerCare

Saturday 29th November 8pm

The choir join with the Lancashire Chamber Orchestra to sing Handel's *Messiah* at Lancaster Cathedral, directed by Denis McCaldin. Tickets £12 (£10 concessions) from Tourist Information Centre, Cathedral or by calling 07977 570856 or email tickets@lancastersingers.org

Christmas Coffee Morning at Leighton Hall

Tuesday 2nd December

10am - 12:30pm

Browse a selection of Christmas stalls at this beautiful ancestral home and enjoy a home-made mince pie and a coffee as well. Admission £3 includes refreshments.

Silver Jubilee Appeal: Could You be a Local Hero?

We continue to celebrate our 25 years of caring for people affected by cancer, and raising funds to develop our premises for the next 25 years. If you raise £100 or more for our appeal we'll list you in our Local Heroes ledgers, and send you a special thank you pack. Contact us for more information.

We also have a programme of in-store collection days, for which volunteer collectors are always needed and some wonderful open gardens for you to visit. Please call us for more details, or pick up a leaflet from one of our Centres.