

# *the magazine*

for older people in South Lakeland

May 2011 · Issue 12



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# Diary May 2011

## Age UK South Lakeland Village Agent Events

### Brian McCann – Grange over Sands

11 May: info point, Methodist church, Grange 10am–noon  
25 May: info point, Grange clinic 2–4pm

### Jules Drummond-Hay – Kirkby Lonsdale, Crooklands and Endmoor

Every Thursday: info point, Kirkby Lonsdale library 10am–noon  
19 May: book club, Kirkby Lonsdale library 3–5pm  
20 April: Evergreen Club, Endmoor village hall 2–4pm  
9 May: Monday Club, Kirkby Lonsdale Institute 2–4pm

### Linda Greensmith – Sedbergh and Dent

4 May: info point, Sedbergh Community Office 10am–noon  
13 May: info point, Sedgwick Room, Dent Memorial Hall 1.30–3pm  
18 May: Lakes Leisure taster session, People's Hall, Sedbergh

### Lynda Middlehurst – Ulverston

3 May: info point, Ulverston library 10am–noon

### Pam Kirkbride – Coniston and Hawkshead

18 May: info point, Wednesday Club, Market Hall, Hawkshead 10am–noon  
25 May: info point, Traidcraft fair, St Andrews, Coniston 10am–1pm  
4 May: info point, hearing aid clinic 10.30–11.30am

## Wendi Lethbridge – Staveley and Burneside

Every Tuesday: seated exercise class, lngs parish hall 2–3pm

### Dear All,

I thought I should let you know why I have been invisible for a while. Unfortunately, I am experiencing the personal challenge of neck cancer, for which I am awaiting further surgery and treatment.

The outlook is good, but the treatment will be long and difficult, particularly in the latter stages.

My work commitments will have to be reduced for a few months, but I will try to pop up as I feel able.

My visits to lunch clubs and coffee mornings will be put on hold for now and the craft club at Urswick will stop until further notice, but I hope to restart as soon as possible, probably late summer.

Thank you so much for the many good wishes and support from my family, friends, neighbours, work colleagues and members within the community, which have helped on the darkest of days. It strengthens my belief that I live in a very special place with amazing people.

In my absence if you need advice or support please call the helpline on 01539 728180.

Kind regards for now.

*Julie Dawes*

*Village agent for Low Furness and Swarthmoor*



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# Update

**As we all begin to get settled into the new budget year – and start to consider whether the much reported cuts and spending review is really beginning to make some difference to us all – it is useful to reflect on what we do know about spending in this county.**

We know that as a result of the reduction in the rural bus subsidy Cumbria county council has stopped subsidies to 19 routes across the county, which has led to a reduction or removal of bus services to rural communities. However, when I met with county council officers recently to discuss impacts on older people, I noted that they have been working with local communities like Greenodd and Broughton in an attempt to come up with alternatives to keep some affordable transport.

We know that there will be a reduction in (or removal of) some of the social care services. However, we are all still working on ways to minimise the impacts on older people. Everybody has a commitment to working together to protect those who are most vulnerable. Our job in your local charity is also to work with people so that they do not become vulnerable in the first place.

The chancellor did have some good news for older people at the end of March: the government will introduce a simple flat-rate state pension of £140 per week. We now want this turned into a firm commitment, and we need a timetable so that those approaching retirement have financial certainty.

For Age UK South Lakeland and other charities, the changes in gift aid and inheritance tax will also come as a welcome boost. We already use gift aid to boost our retail income, working with those people who donate goods. And if you do wish to name our charity in your will for a bequest, please



contact me and we can discuss this further – your gift could make a difference to future generations of older people living here in South Lakeland.

However, the chancellor missed an opportunity in his budget to give hope, and more funding, to millions of older people who rely on council-funded care and support. Older people and their families are battling to secure decent care in the face of the most brutal council cuts in recent memory.

Decent care – or the lack of it – was the main concern from the health service ombudsman's report, *Care and Compassion?*, which was published in February 2011. We are working with our local hospitals to make sure that care and quality are improved for local older people, and there are several articles in this month's issue. If you have been affected by anything that you read this month and want to talk about it in more detail please contact our helpline on 01539 728180 to talk to one of our officers, or join us at the listening event with the Morecambe Bay Hospitals NHS Trust management team on 24 May at Castle Street, Kendal.

I am delighted to read about the success of our March event in Ulverston focusing on healthy living and keeping active. It is clear that when we hold events in Ulverston they are always a success, which is why we are currently considering increasing our offer in that area. We are hoping that in the next couple of months we can open a new shop with a small information centre. This will complement the work we do at the lunch club and with Lynda, our village agent for Ulverston. It also works with our colleagues at Age Concern Ulverston, who run a shop and a successful 'pop-in' from their centre in Theatre Street. If you live in that area keep a look out for local information on our new shop.

Finally, due to continuing discussions about spending cuts and other changes, I have spent more time out of the office than in – so I have missed the jellybabies from Ernest. But I am glad to see he is getting a good deal. There are not many things you can buy for £1!

Keep talking to us as always.

*Sonia Mangan*  
Director

# Local Healthcare Since the 1960s

**'I simply believe that the further one can look back into the past, the better one is able to understand the present, and the better equipped to look forward into the future.'**

Dr Frank T Madge, medical officer of health for Westmorland, wrote these words in 1967. In planning healthcare, they are to me as true today as when they were written as part of a response to hospital plans. As a commissioning manager I support GPs, other health professionals and experts to plan and decide how health services can be best delivered in South Lakeland in line with the needs of the local population. These decisions are made locally by family doctors, as NHS Cumbria – the primary care trust – believes GPs who see patients on a daily basis in their surgeries are in the best position to make decisions about what their patients' need.

I found Madge's comments in an old archive at NHS Cumbria's headquarters in Kendal. The plans set out intentions

to deliver three district general hospitals (DGHs) across Cumbria and North Lancashire, alongside community hospitals providing maternity, geriatric and outpatient services. In reading the report, I was fascinated by how healthcare has changed over the past 45 years, but also particularly struck by how much remains unchanged, and how many of the core principles have stood the test of time.

## Mental health

A huge change since the 1960s has been in our attitude to caring for patients with mental health problems. In 1966, there were nearly 3,000 beds in Lancaster alone, at the Lancaster Moor and Royal Albert Hospitals, for patients with mental illnesses. These days there are fewer than 50, which I think really illustrates our broader view and improved understanding of mental illness. Now people are less likely to be stigmatised for life, but also we are much more able to care for patients in the community, where people are supported but enabled to live as full a life as possible. Only a small number of people now require inpatient care for mental illness, and rarely on a long-term basis.

This has been made possible by community services that are much better developed and comfortably able to care for patients with a range of differing needs. This reduced reliance on inpatient hospital care has been echoed

across almost every aspect of healthcare.

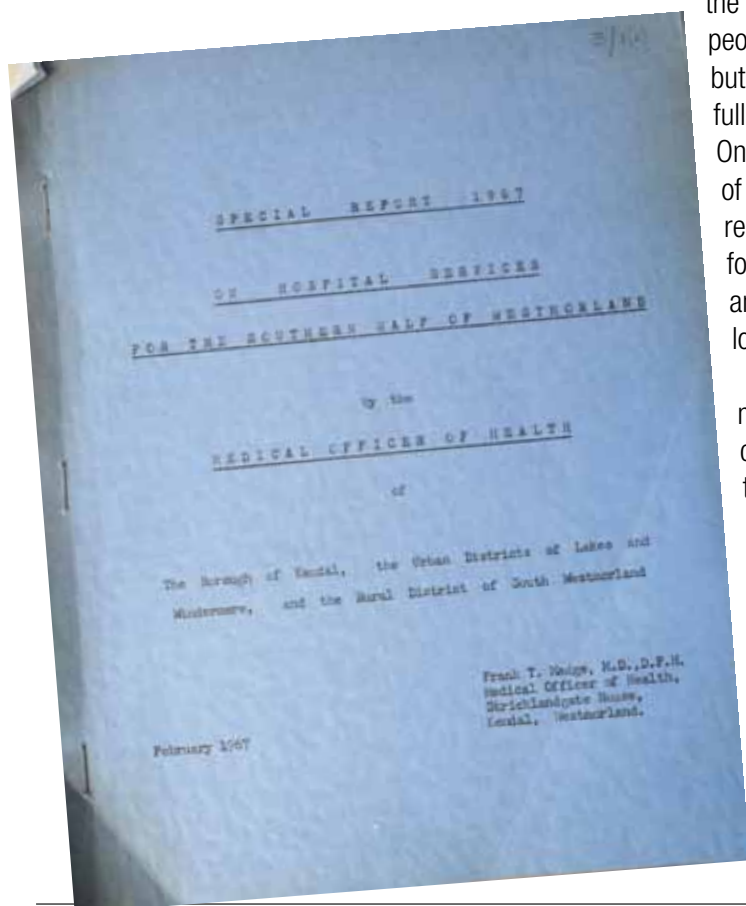
## Medical procedures

Today we see a greater number of medical procedures being undertaken in outpatient departments that would have traditionally required significant stays in a hospital bed. This is a result of both medical advances over the past 40 years and of course an increased awareness around the debilitating effects that lying in a hospital bed for weeks can have on the body of a person who is not seriously ill. In Kendal in 1966, only 20,000 outpatient attendances were carried out. Last year, 80,000 were carried out.

The same is true of urgent care where, not only are we a more demanding society, but we are far better equipped to manage conditions that would otherwise have certainly led to death in the 1960s.

The difficulty with dealing with more complex conditions is that clinicians need to be able to treat large numbers of patients to maintain their skills. As you would say, practice makes perfect. If a clinician only performs a handful of specialist procedures in a year, then they will not be as competent as someone who carries out the same procedure every day. This is why today there are hospitals which are highly specialised centres, so that successful outcomes are as high as possible.

Currently an example of this is the ongoing consultation on children's heart surgery. The national clinical recommendations for this type of surgery are that each centre should have at least four surgeons and each surgeon needs to treat a minimum of 126 patients every year. Therefore if the recommendations are to be met there can only be six or seven national centres providing this specialised treatment, with the idea that all children can access the best care possible.



## Today's challenges

The challenge now is to treat a much bigger range of conditions, with more treatment options, in the right place at the right time, while also taking into account the additional needs of an ageing population. We also need to maintain the right clinical skills, getting the right balance of clinicians with the ability to manage patients in the community where appropriate, to ensure that as many people as possible retain their independence for as long as possible.

In South Lakes we've designed a range of community based healthcare services which both treat people in community beds, but also in their own homes and in clinic locations across the area. These teams support people who need hospital-based care and also help them return home from hospital. This further helps the continued independence of our older population. These community teams consist of nurses, therapists, social workers and carers, all ready to respond rapidly to a crisis and to help re-enablement and

rehabilitation. Interestingly, Madge also referred to the need to develop a service of this type, which he called a 'flying squad'.

## 'Madge was particularly struck by the ageing population'

### Westmorland General

Madge was particularly struck by the ageing population, much as we are today, and he felt that a particular challenge was to 'preserve the dignity of continued independence of our elderly folk: and to keep them out of hospital, where possible'. He wanted a geriatric assessment unit, which we now provide in the 51-bedded Langdale unit and which is run by a combination of GPs, nurses and therapists. A critical component of local health services, according to Madge, was to have GPs more integrated into the hospital setting

in Kendal, which is now firmly in place.

There is no doubt that the need for a large health facility such as Westmorland General is needed in South Lakeland, and we have worked to secure and integrate community-based services to work in and out of the hospital, all based around the needs of the local population. It also seems that in the 1960s the health chief for this area was in the same mind: that we cannot be completely reliant on people coming to us as patients. Instead we want to be able to support people, avoid them having to come to us where possible and of course when they do need this intensive care ensure that it's in the right place and delivered by the most qualified professionals possible.

This is our aim in South Lakes. I can't profess that we're there yet, but I believe we're on the right road with all health professionals, whether GPs, nurses or consultants all working together to deliver what local people need for a sustainable future.

*Matt Brown  
Commissioning manager, South Lakes*

## Occupational Therapy – Don't be Misled

The magazine issued by Cumbria county council, *Your Cumbria*, contains a misleading article relating to the occupational therapy service within the council's directorate.

The article describes a lively 89 year old lady from Carlisle who needed a handrail fitting following a fall which had affected her confidence. She was also provided with a kitchen trolley to enable her to carry food and drink from her kitchen. Following a GP referral to adult social care, an assessment was conducted – a prescription was provided for the trolley and the handrail was fitted.

In reality this client would be described as having low to moderate needs. On referral to adult social care's customer services team,

they would direct the case to the third sector for support. As a result the lady would be expected to pay for the trolley and the handrail.

The article makes no distinction regarding level of need and the fact that clients would have to pay for the equipment.

In South Lakeland we have been working with the council to offer support for older people who need equipment.

If you need to know more about equipment or want to know more about what you can buy please call our helpline on 01539 728180.

*Dave Thomson  
Operations manager*

# Buy With Confidence

Cumbria Trading Standards is pleased to announce that they are now live on the Buy with Confidence website. For those of you who have not heard of Buy with Confidence, the scheme was first launched by Hampshire Trading Standards in 1999 and now has over 20 local authorities participating. It is the largest scheme of its kind nationally.

Each business that applies to join the scheme is subjected to a series of detailed checks before being approved. Membership is not given lightly, and traders must agree to abide by a code of conduct which requires them to follow the letter and spirit of the law.

Of course, it can't be guaranteed that a Buy with Confidence member's work will be perfect every time. However, any problems will be dealt with fairly and promptly by the business and, in the unlikely event of any unresolved issue, you can turn to Trading Standards for advice and



(Left to right) Gary Strong, councillor; Angela Jones, trading standards service manager; Sean Cooney; Mike Smyth, assistant director – public protection

assistance. In short, Buy with Confidence offers genuine benefits to both consumers and businesses.

Members' details and further information about the scheme are listed on the website ([www.buywithconfidence.gov.uk](http://www.buywithconfidence.gov.uk)). This is for both individuals wanting to use the services of a trader with the scheme

and traders themselves. However, don't worry if you don't have access to the internet – just call Trading Standards on 01539 713594. They will be pleased to help you with your enquiry.

*Jane Tideswell*  
Senior community support officer  
Cumbria Trading Standards

## Ethical Saving and Borrowing

**A group of volunteers are working towards setting up a credit union in South Lakeland for the benefit of local people.**

Credit unions are community-run cooperatives in which anyone can save or borrow money. They lend small amounts of money over short periods of time and are particularly useful for people on low incomes. The money will be used to make low-cost loans to people in the district and, in return, savers will receive a dividend and will know that their money is being invested locally and fairly.

To get the credit union off the ground we need people to make a non-binding pledge to save with us. If you can offer your support, please fill in the pledge form enclosed with this magazine and return it to the address given. If there is no pledge form enclosed and you would like more information about the credit union, please see our website – [www.southlakelandcu.org.uk](http://www.southlakelandcu.org.uk).

You can also email us at [info@southlakelandcu.org.uk](mailto:info@southlakelandcu.org.uk) or write (South Lakeland Credit Union Study Group, County Offices, Busher Walk, Kendal LA9 4RQ).

# Doctor's Comment

## Exercise – the Top Performing Investment

**Exercise is probably one of the best investments we can make and it's virtually free. There is increasing evidence to suggest that hitting the retirement age is a good time to start thinking about taking more exercise, and not winding down. Research published in the Archives of Internal Medicine indicates that taking up exercise after retirement can prolong your life, greatly increasing your chances of living until 90.**

In fact, the older you are the more dramatic the benefits. And it's never too late to start! There is some evidence that people who have never exercised before will get particularly good results. Exercise reduces our risk of heart disease and stroke. It can improve our balance and muscle strength and therefore reduce our risk of falling. It helps keep our joints flexible. And it also helps improve our mental health.

### Getting your heart going

This doesn't mean we should all take up jogging! Although some people are running marathons, playing squash and are still skiing in their seventies, this isn't what most people should be aiming

for. There are two key forms of exercise to focus on. The first is aerobic exercise, which gets our hearts beating faster and also helps burn up calories, so helping us keep at a healthy weight.

For those who haven't done much exercise for a long time starting gently is the best option. Walking and swimming are low-impact exercises that put less pressure and stress on your joints. This means that you can do them regularly without worrying that they will lead to joint problems later in life or contribute to existing joint problems like arthritis. It's recommended that you should take aerobic exercise at least 4–5 times a week, for 20–30 minutes at a time, and do enough to make you out of breath, but still able to talk in sentences!

If you suffer from joint problems, you may feel that this is impossible, but this doesn't need to be the case. Unless your joint problems are causing you such severe pain that your everyday life has been turned upside down, regular exercise can actually improve the health of your joints. Even simply walking for ten minutes each day will go a long way towards this, and you can increase your



*Dr Hugh Reeve*

walking time as you begin to feel more comfortable

### Stretch for success

The second form of exercise that is important is anaerobic exercise – this aims to keep us flexible and keep key muscles strong. As we get older circuit training and 'pumping iron' in the gym are not the place to start. T'ai chi, yoga and Pilates are excellent, and many stretching exercise classes held locally are aimed at older people. If you're not particularly mobile there are exercises designed to be done sitting down. Simply standing from sitting without using the arms of a chair will help strengthen our thigh muscles!

There are many books, magazines and websites with more detailed advice on how to make this investment in our future health. Age UK's national Fit as a Fiddle programme is now under way, and here in South Lakeland we have Onwards and Upwards (Best Foot Forward is part of this initiative). However, just as we are advised to get independent financial advice before making financial investments, if you have any concerns about starting an exercise programme then have a chat with your GP – your independent health adviser!

*Dr Hugh Reeve  
GP, Nutwood Surgery  
Grange over Sands*





**'Even the barn owl swayed to the beat'**

## Happy and Active in Ulverston

**'Happy and active is what we would all like to be as we grow older.' This is what I was told by the 'Shedders' group in Kendal when I was planning this event. I'd wanted some ideas on how to encourage more men to attend our Age UK South Lakeland, Fit as a Fiddle events. So who better to ask than the Men in Sheds group who meet regularly at the warehouse in Kendal?**

I was invited to one of their meetings and was met by a happy and lively group with lots of ideas and enthusiasm. We talked about slowing down but staying active; and feeling valued with opportunities to share skills with like-minded people. They also stressed the importance of knowing where and who to go to for support and, of course, 'good, healthy food!' I was assured that all these things could lead to a happy and active retirement!

### **Laurel and Hardy**

So taking their advice our happy and active event was planned, and on

Thursday 17 March the Coronation Hall in Ulverston was buzzing with over 270 happy people. Throughout the event Laurel and Hardy lookalikes kept everyone entertained with their magic tricks, and there were lots of interactive games to try, including indoor bowls and tenpin bowling on a Wii – both suitable for all ages and abilities, and enjoyed by everyone who took part.

Several groups and organisations demonstrated a wide variety of ways to keep active, including gentle walks, arts and crafts, composting, car rallies, mountain rescue and, of course, Men in Sheds. All encouraged visitors to find out more, have a go and get involved.

### **Movement and massage**

Staying active can help to keep us happy and there were certainly many smiling faces among the audience, all joining in at their own pace with the gentle t'ai chi demonstration led by Chris Shaw. Occasionally an active life can lead to the development of aches and strains, so Helen Rice and David Jackson were on

hand to offer advice on specialist treatments and alternative therapies. Some visitors even enjoyed a relaxing back or hand massage.

For many of us happiness means feeling safe and content, so knowing where to go for information when you need it is important. Local police, fire and rescue, Neighbourhood Watch and British Legion services were at the event to offer advice. Age UK South Lakeland community officers and local village agents offer a plethora of support services and can be contacted via our helpline – 01539 728180.

At the end of the day I was assured that the event had been a success – there were plenty of smiling visitors, leaving with lots of ideas and information on how to keep safe, happy and active. Everyone had enjoyed a healthy light lunch, and had their spirits raised by the lively music – even the barn owl swayed to the beat! All in all – just what the Shedders had ordered.

*Sue Rimmer  
Community officer*



# Brave New Online World



Recently we held an open day for people who wanted to know more about computers and getting online. There is a groundswell of interest in computing among retired people who have discovered the advantages of owning – and using – a computer. Here at Age UK South Lakeland we have long recognised the need for information and basic training to set people off on their own computer journey.

Our open day was a huge success. We had demonstrations and displays of searching the internet to find information; catching up on TV programmes you've missed (but really wanted to watch); researching your family history; and using online maps and train timetables. We had the live webcam coverage of what was happening in Times Square, New York playing throughout the day on our big screen.

Our visitors asked many questions, including how to go about downloading and storing photographs; how to email; how to attach photos and documents to an email; how to find and pay for rail tickets; and how to find a route to a particular destination. Pictured are some of the people who took part. It was so successful that we plan to have another similar day later in the year – watch this space!



*(Left to right) Jean Park with Linda Schofield*



*(Left to right) Georgina Tyler-Cole with Paul Redmayne, and Val Newton with Pat Borland*



*Meg Birkinshaw*



*Sherralyn Clement*

## NVQ Success

Congratulations to five of our retail volunteers who have all successfully completed their NVQ level 2 in retail. To present the certificates we welcomed Georgina Tyler-Cole, course manager, and Pat Borland, NVQ assessor, from Lancaster & Morecambe College. Our successful volunteers are Paul Redmayne, Val Newton, Linda Schofield, Meg Birkinshaw and Sherralyn Clement.

*Jean Park  
Volunteer support officer*



# The NHS: Who Cares?

*‘During a lengthy journey [from hospital to a care home] ... Mrs H was strapped onto a stretcher in the back of an ambulance ... When Mrs H arrived at the care home, the manager noted that she had numerous injuries, was soaked with urine and was dressed in clothing that did not belong to her which was held up with large paper clips. She had with her several bags of dirty clothing ... and few possessions of her own. Mrs H was bruised, dishevelled and confused. She was highly distressed and agitated ...’*

**C**are and compassion: words that should sum up a good hospital. Words that are also ‘what matter most’ according to the NHS constitution. But a recent report published by the parliamentary and health service ombudsman – *Care and Compassion? – stole national headlines for the wrong reasons* (see [www.ombudsman.org.uk](http://www.ombudsman.org.uk)). The report focuses on care of older people within the NHS, and in particular hospital care. Ann Abraham, the health service ombudsman, tells 10 stories that highlight a range of clinical and operational failures in our hospitals. And it shows that these 10 examples are far from being isolated cases. Mrs H could easily be ourselves.

## ‘At the heart of the problem is an attitude’

### Independent investigation

The parliamentary and health service ombudsman undertakes independent investigations into complaints about public bodies, including the NHS in England. Ann Abraham prepared the *Care and Compassion?* report because of similarities between a number of complaints about NHS services, and because of ‘the common experiences of the patients concerned and the stark contrast between the reality of the care they received and the principles and values of the NHS.’

About one in five complaints to the ombudsman’s office during the past year regarded the care of older people, and the number of cases accepted for investigation was more than double that for all other age groups put together. Jenny Launder, nursing and residential care adviser with Age UK South Lakeland, comments:

‘As Ann Abraham herself reflects, the report reveals that at the heart of the problem is an attitude – what might be described as a “culture” within our hospitals. This is felt both at the personal level of staff and patients, and at the institutional level of policies and systems.’ The result of this culture is devastating.

Among the many shortcomings cited in the report, a recurring theme is a

failure to look beyond the medical situation. Commenting on the actions of individual staff, Ann Abraham concludes that these ‘add up to an ignominious failure to look beyond a patient’s clinical condition and respond to the social and emotional needs of the individual and their family’. More generally, she emphasizes that ‘care for older people should be shaped not just by their illness, but by the wider context of their lives and relationships.’

### Human rights abuses

Human rights start with a human face: it’s personal. It might be the face of our son or daughter, a beloved partner or our own face in the mirror. Jenny Launder emphasizes this view: ‘This culture [within hospitals] fails to treat older patients compassionately or respond to them as human beings with individual emotional and social needs.’ And returning to Ann Abrahams, the result is that ‘the reasonable expectation

that an older person or their family may have dignified, pain-free end of life care, in clean surroundings in hospital, is not being fulfilled . . . these accounts present a picture of NHS provision that is failing to respond to the needs of older people with care and compassion and to provide even the most basic standards of care.’

Reading through all the stories in the report, the extent of abuse documented can be numbing. Dame Cicely Saunders, founder of the hospice movement, wrote in the *Nursing Times* more than 30 years ago:

*‘You matter because you are you, and you matter to the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die.’*

The stories in the ombudsman’s report centre on 10 people. Nine died during the events described. They didn’t have a hope of living until they died. We have to do better than this.



## Response in South Lakeland

The *Care and Compassion?* report demands a local response. The findings chime with the *Hungry to be Heard* campaign, carried out by Age UK over the past four years, about malnutrition of older people in hospital. This was featured in the New Year issue of the *Magazine*, where we spoke about our work locally to look at malnutrition and other issues in our local hospital services. We said that we hoped to start talking with our local hospital trust about these concerns, based on information we already have and a more systematic gathering of experiences.

Since the *Care and Compassion?* report’s publication in February and a short feature in the *Westmorland Gazette*, older people and their families have been writing to us with their stories. Some of the people who have spoken to us have given their permission for their stories to be shared with our readers. It appears that older people are experiencing a

### Repeating failures

The following themes have come up repeatedly in your letters:

- Poor management of systems and procedures. This includes a lack of reliable communication between Westmorland General Hospital and the two acute hospitals at Lancaster and Barrow, leading to longer stays in hospital than necessary.
- Poor communication channels and unclear lines of accountability.
- Vital diagnostic information from recent scans and x-rays unavailable at the time needed by consultants.
- Lack of joined-up working practices between mental health services and hospital medical wards.
- Inadequate dementia awareness on medical wards in acute hospitals. This suggests lack of training in the needs of confused patients with dementia and how best to care for and manage their needs.

whole range of care quality – ranging from excellent to significant failure.

### Holding management to account

The good news is that among the range of people who got in touch were senior

hospital managers themselves, together with a governor of the University Hospitals of Morecambe Bay NHS Foundation Trust. They have indicated their desire and willingness to work with Age UK, and their

*continued overleaf*

deep concern regarding the issues raised in the ombudsman's report and by those people who have contacted us locally.

The director of nursing and modernisation for Morecambe Bay Hospitals Trust, Jackie Holt, writes here about the trust's perspective on the situation. We are reassured to hear of the hospital trust's willingness to work together with us to address concerns and identify any changes that may need to be made.

### Keep putting forward your views

If you want to help us work with the local hospital trust to improve services, care and support for older people in our area please contact us and be part of a listening event with the hospital trust chief executive, Tony Halsall, and members of his senior management team.

The event, which is being facilitated by ourselves here at Age UK South Lakeland, will enable you to share your experiences and stories with each other and give Tony and his team an opportunity to hear first-hand about what local people value as important from their hospital services.

*Jenny Launder  
Nursing and residential care adviser*



## Listening event with Morecambe Bay NHS Hospitals Trust for older people in South Lakeland

**Tuesday 24 May 2011 from noon to 3.30pm at Castle Street, Kendal (light lunch will be provided)**

**Please let us know if you are interested in attending by contacting Val MacConnell on 01539 728118 or [admin@ageuksouthlakeland.org.uk](mailto:admin@ageuksouthlakeland.org.uk) by 15 May 2011**

## Your Letters

*'Visiting Mum, her table was at the bottom of the bed with a cold cup of tea and a plastic box with a sandwich in it – which no way could she have opened ... she was very weak. I was told she was asked if she needed help but refused to answer – not like Mum. I think she was confused and typically not wanting to be a nuisance. I had many incidents like this and met with hostility from staff. One day she was needing the toilet but again no strength to get up so I asked a nurse to help ... after 10 minutes Mum was so desperate my daughter and I had to help her ourselves.'*

**We have received many stories from you. This is a selection.**

'My nursing care and those beside me on the ward at Royal Lancaster Infirmary left a great deal to have concerns about including: being left in a corridor on a stretcher for two hours unclothed with only one blanket; general attitudinal issues towards patients including attitudes regarding sexuality, diversity and equality; medication issues; poor infection control on ward; not listening to patients; theft from a patient with dementia in an adjacent bed; food that I was unable to eat; staff having several areas to cover which created pressure leading to mistakes.'

*Name and address supplied*



## Dignity

'My mother was in Royal Lancaster Infirmary from 1 to 12 January 2011 when she died aged 95. Most of that time was spent on ward 3 and I was very satisfied with her treatment. I visited every afternoon for two hours and she was always dressed in a clean nighty and in a spotless bed. She was continent and the only time I found a pad they apologised and said they were normally getting her out onto the commode. A chart told me what she had eaten (very little) but if I asked they told me what they had tried to tempt her with. When she became rather dehydrated they raised a 'drip'. On the final day, when it became obvious that the end was near, a lot of time was taken to explain exactly what was going to be done to keep her as comfortable as possible. I felt very grateful that she died in a dignified way. Although I wasn't there at the end I felt I had been able to say my goodbyes quietly in private thanks to understanding staff.'

*Angela Day*

'My wife, Marjorie, spent four weeks in Royal Lancaster Infirmary in September 2010 prior to passing away on 2 October ... I was encouraged to stay with her for three of those weeks. I was very grateful to have that opportunity and to be able to make some small contribution to Marjorie's wellbeing. The staff could not have been more helpful and considerate.'

*JW Grayston*

## Neglect

'Here is the account of my experience at Furness General Hospital during July 2010 when visiting a friend who I knew to be dying with cancer. On entering the ward I came to his bed and realised his evening meal had been left on the tray that went over the bed and was by his feet. I was surprised since I knew he was blind. On speaking to him, I realised he did not know the meal was there. Even if he had known, he could have done little about it since he was too frail to reach the food. The knife and fork were useless to him as he was not well enough to be able to use them.'

'I looked for a spoon so that I could feed him. Looking in one or two rooms I found a nurse. She was very busy but sympathetic and told me where to find a spoon as she was not going to be able to help for a while. I went back to my friend

### 'He did not know the meal was there'

and fed him as much as he was able to eat. Meat, even if minced was at this stage a little beyond him. Having just one spoon and not finding another I found a tissue, wiped it clean and fed him the yoghurt and helped him drink his juice. Staff were kind and concerned but struggling to cope with all the needs of

the patients in their care. I left the ward wondering whether my friend would have actually been fed if I had not happened to call and, if he had been fed, how warm or edible would it have been by the time the staff got to him.'

'A few weeks earlier, I had taken my friend's wife to visit him in a single room in the same hospital. She found some tablets on the tray over his bed. She asked him what they were but he said he didn't know they were there. On making enquiries, she found staff had left them there for him to take. Being unable to see them he had not understood what the request was about and had no chance of finding them.'

'A doctor came in and the matter was raised with some concern. The doctor's response, though kind, failed to see that there was a problem since he thought a nurse would realise from the thickness of the lens on his glasses that his eyesight was very poor. He did not consider a notice on the bed necessary. I still fail to understand the logic of this since a nurse had already failed to realise his sight impairment and the thickness of the lens could be interpreted as having dealt with his sight problem. No further action was taken, nor a warning given when he was sent to another hospital for a few days for investigations.'

*David Sharples*

## Disgrace

'Our mother was admitted to Royal Lancaster Infirmary on 29 September 2009. She had been well cared for at her residential care home following a stroke. She was aged 101 but mentally very bright and alert. Her left arm was pretty useless and while on ward 4 all her food and drinks were put out of her reach. In all the time she was on this ward her toilet bag was never opened and when this was queried, the reply was that the ward face cloths were used. As a retired nurse I found this abhorrent.'

'Mother was further humiliated by the neglect of having to go without an incontinence pad and to wear a hospital theatre gown instead of her own night wear. A bed sore developed in the five days she was on ward 4 and this was never treated. It was very distressing for us as a family to see a loved and respected mother treated in this way. The sister on the ward did not realise her age until she looked at her wristband – this I found staggering. Mother had a cystoscopy on 1 October 2009 and was discharged to the loving care of her residential home, but she died on 16 October 2009. She never recovered from the disgraceful care of this ward ...'

*Name and address supplied*

## 'All her food and drinks were put out of her reach'



# Morecambe Bay Hospitals

**The recent health service ombudsman's publication, *Care and compassion?*, exposed significant shortcomings in safe and dignified care for older people within the NHS. Specifically it made me reflect on how professionals, and specifically nurses, have fallen from grace in the eyes of the public. This saddens me greatly. The lessons from Mid Staffordshire and other similar shocking accounts of care which have hit the headlines seem to have been ignored. The importance of high standards of fundamental care seems to have been lost while high technology care has developed over the years.**

At University Hospitals of Morecambe Bay NHS Foundation Trust we launched our nursing and midwifery strategy in the summer of 2009. We listened to what mattered to patients and the public. They told us they wanted to feel safe and confident when in our care and to be treated with dignity and compassion. There was no difference when we talked with staff – though they did recognise that there

were variations in fundamental care standards across our hospitals, which they expressed a real desire to tackle while looking to those areas who were leading the way. It comes as no surprise then that the top priorities were to provide safe and dignified care. For me, if we get these aspects of care right, then we can be confident that the experience of patients and their loved ones will be a good one.

## **Pledge to patients**

We have made a pledge to patients to improve safety by reducing falls in hospital, reducing pressure ulcers, and improving nutritional screening to ensure we identify and treat malnourished patients. All nurse and allied professions leaders have been challenged to make these their top priority and we will be monitoring progress throughout the year.

However, we would be missing a point if we did not at the same time address the humane aspects of caring; this is why we have prioritised dementia care and our dignity campaign. We are inviting feedback from local people about their experiences. Age UK South Lakeland have



*Jackie Holt*

kindly offered to help by brokering these discussions and will host a listening event in Kendal on 24 May 2011. I will be coming along to hear what you have to say with Tony Halsall, Chief Executive. I am really looking forward to what you have to say – ‘warts and all’ – and will promise to do all I can to make the care and services provided by your local hospitals something to be proud of.

*Jackie Holt*

*Director of nursing and modernisation  
University Hospitals of Morecambe Bay  
NHS Foundation Trust*

## A way forward



**Abuse thrives when we remain silent. When we don't speak out. When we turn our faces away and retreat within ourselves. But together we can make a difference – together our voices will be heard. People with influence are talking about our campaign already. And every letter informs our work. You might be reassured by the article from Jackie Holt. You may be impressed by strategic progress in the NHS since the 1960s, as related by Matt Brown. But you might have continuing concerns. Please write to us about what you think, and keep letting us know about your experiences (Age UK South Lakeland, 17 Finkle Street, Kendal LA9 4AB). Please try to come along to our **listening event**, and speak directly to senior managers. If you'd prefer, come and speak to us in person. Always remember that our helpline is here for you – 01539 728180 – if you need to talk. Please don't remain silent.**

*Jonathan Ingram  
Feature editor*

# Ernest's Diary

**I have decided to report daily. The April diary copy was sent to Finkle Street last week and so far Mrs Ernest has not heard or seen any report about it. She reported so much about what I should NOT include that I now have to work to schedule.**

## 2 March

I asked our receptionist and a new volunteer at reception for a pair of scissors to trim the cuffs of a favourite blue shirt. THEY said I should scrap the shirt and buy a replacement from the rack in the shop. Now my opinion is that one of Charles Dickens' characters (possibly in Nicholas Nickelby) would trim the cuffs of his coat sleeves to neaten his appearance and what was acceptable in Dickens' time is good enough for me. The long-sleeved shirt was converted to a short-sleeved summer shirt in no time, but it was the size of the scissors used which persuaded me to go home early. When Mrs E and I had our lunch time sandwich, she noticed my shirt had a long sleeve and a short sleeve. She was delighted and said I should take some more of my favourite shirts for modification.

## 3 March

Two friends from California were in Kendal. Both chaps went for jobs in California where it was warmer. The architect brother worked for Syntex (a growth company in 1964 producing the pill). He built pill-making factories all over the world and retired following the takeover of Syntex by Roche. The younger brother joined Hewlett Packard in 1966 as a production design engineer. He became 'Mr Sunnyvale' in San Francisco, working as adviser on Green Living. No atmospheric pollution, no mess in the city, all neat and tidy surroundings. Both chaps wore short-sleeved shirts.

They considered my blue short sleeved was very Californian.

## 4 March

Mrs Ernest found two more shirts with frayed cuffs. In the interests of health and safety they are now dusters for car cleaning.

## 5 March

It is rugby weekend. It is also world cup cricket on TV. Spring is here.

## 6 March

Dental appointments this last two weeks and I have been practising my word therapy exercises: THIMBLE, THIMBLE, THIMBLE. But it all sounds like Shimble, Shimble, Shimble. Crown and Anchor is a gambling game played by Elizabethan Sailors in 1500. Mrs E will not play so while she has been out every day this week I have reskilled. Ten years ago, we had a special family party and I believed it was an opportunity to teach my Grand Children never to gamble. I cashed in a saving certificate, gave each child £1 in pennies and we played Crown and Anchor. I expected to recover £7 from them. Within an hour, not only had they won the cash but I found the little beggars had accumulated an additional £8 in IOUs: 'Lessons in Life'.

## 11 March

A friend told me how his week had not been profitable. The petrol increases had been so serious the he had worked out that a visit to his nearest Chippy now costs £3.80. He needs his Chelsea tractor as his bicycling days are over and hopes his potential state pension advice will allow him to continue with his Friday supper. I told him I have invested £1.99 on seed potatoes because Mrs E wants to try to grow potatoes again this year. Her crop last autumn was a failure. She had worked so hard to reduce the



national debt overspend from 2009/2010, that my investment of 10p per seed potato was a better gamble than Crown and Anchor.

## 12 March

A lovely warm sunny Sunday. Mrs E decided at 12.15 she would spend half an hour in the garden. At 12.17 she went to find her boots. At 12.18 she decided bed rest would be a better idea as the ghost of Freebooter (a Grand National winner of the 1950s) had kicked her in the back.

## 15 March

Cancelled visit to Age UK South Lakeland. Cancelled Keep Fit Exercise Class at Ings Village Hall. Read How to Cook for Invalids in Wartime, 1943 edition'. Decide Mission Impossible.

## 16 March

Mrs E complimentary about the roast chicken. Financial page of the newspaper recommends invest in supermarkets.

## 17 March

Visit dentist for fourth fitting. I remembered my father's experiences with his first dentures. Each week he returned to Dentist Norman for slight adjustments. The final crunch came on returning home one day. Mum asked him why he was early and did not seem pleased. Father explained that

*continued overleaf*

he was unable to see Norman: the dental surgery door was closed, but a notice said 'Sorry no more treatment. I have gone to war and will reopen when Peace is Declared.' Oh we did laugh!

### 18 March

Pension day. And what does pension day mean? Jellybabies £1 a bag. Looking ahead we have the prospect of our pension statement, PAYE Coding notice for 2011 to 2012 and the prospect of a pension increase (and with a bit of luck Ernie bonds 'may' pay out a £25 prize).

### 19 March

The pension statement reported a weekly increase of 25p was possible in the near future. Very Good News for Jellybaby collector friends in Age UK South Lakeland. Each four weekly pension payment will be sufficient for a £1 bag. The best news today was that Management won £25 on her Ernie Bond Investments and even better news was that the farmer brought the first lambs and their mothers into the field opposite.

### 20 March

First Day of Spring. Mrs Ernest is better. The Ghost of Freebooter has moved away. She is on her feet and

was pleased to discover her kitchen was tidy. I had a long rest to recover but had a relapse until the Ireland/England debacle at 5pm. With spring being sprung and Kendal's 18 hole Putting Green due to open at the end of April on Gooseholme, it seems time to clean the niblick and putter, book in for a Sen. Citz. Round for a pound including hire of putter and ball and think about finding two other reprobates to enter a team in the Kendal Putting Association League. Who knows, we could qualify for the 2012 Olympics.

Age inflation is such that it costs more for a haircut today than when you had some hair on your head. At least I am able to sit in a rocking chair and get the durned thing going.

I bought a bunch of Pink Asian Lillies for Mrs Ernest when she was ill. As I left the supermarket a giddy aunt asked me if they were for her. I had to explain that I found on leaving the supermarket I had a bunch of white lillies and on finding my mistake the cashier said just to exchange them for Pink ones on my way out. I did change them and wondered what would happen if security asked me what I was doing. The giddy aunt said my explanation was the best refusal she had ever heard!

*Ernest Schofield*

## Hearing Impairment

### Dear Age UK South Lakeland,

We had a problem with our telephone due to either impaired hearing or the fact that the phone was quite some years old. What were we to do about it? Mrs Vera Coakley had organised a talk on phones suitable for people with a hearing impairment some months previously: very helpful. We decided to consult her. Within a few days we had an appointment and were greeted by this warm, friendly, exceptionally knowledgeable lady. In the privacy of a small office Vera was able to show us phones and give us advice about a suitable phone. She lent us phones to take home and use for a period, telling us not to rush and with absolutely no pressure to buy. If you are hard of hearing and have a phone problem please do see Vera.

We would like to say thank you.

*D and F Davison*

Thank you, how refreshing to receive feedback in the written word. It was my pleasure to be able to help you.

*Vera Coakley*

*SHIP working voluntarily  
with Age UK South Lakeland*

# Herbal Remedies – Or Just Herbs?

I would like to add to the debate about the regulation of herbal 'remedies', an issue raised in the April issue of the Magazine. Although many plants can be used to benefit human health, equally many never have done and never will. A huge number are toxic.

To me, therefore, it seems right that great care should be taken if plant-derived products are allowed to be packaged for sale in any way which suggests that their consumption might benefit health. If the EU directive discussed in the article is aimed at restricting sales to products that are 'high quality ... and scientifically safe', then that seems, to me, to be a minimum requirement – certainly not cause for concern. It may be that licensing

is expensive or favours large companies, but that doesn't in itself make it wrong. Some small businesses, which may have been around for many years, may suffer. But the longevity of an institution selling herbal remedies can't be used to lend it legitimacy. If products are put in a medical context – such as a pharmacy – then there is an extra responsibility: people expect very high standards in such a venue. And if it's the case that large numbers of products are on sale which can't actually be demonstrated to be effective, then perhaps we should be concerned rather less about the sellers, and rather more about the customers.

*Jonathan Ingram*



# The Buddhist Festival of Vesak

**Vesak, celebrated on the full moon day in the month of May, is the most important festival in the Buddhist calendar. It is called the 'Trice-Blessed Event' because it commemorates three events in the life of the founder of Buddhism: his birth, Enlightenment, and passing away.**

Prince Siddhartha, the founder of Buddhism, was the son of a king and heir to a throne. He renounced his royal heritage at the age of 29 and went forth as a homeless mendicant ascetic to find the cause of human suffering.

At the age of 35 he underwent a remarkable spiritual experience called Enlightenment. Thereafter he became known as the Buddha, an enlightened being. The year 2011 is an important one for Buddhists the world over because it marks the 2600th anniversary of his Enlightenment.

## Buddhist calendar

The Buddha's ministry lasted 45 years, from the age of 35 until he passed away at the age of 80. The Buddhist calendar commences from the year of his passing away as the year zero. 2011, in the Buddhist calendar, is 2552 which means he passed away 2552 years ago. This year's Buddhist New Year 2553 will commence the day after Vesak 2011.



*Vesak Lantern*

Colourful Vesak lanterns form a part of the festival. A member of the Buddhist Group of Kendal (Theravada) made a traditional Vesak lantern for the Group's celebrations in Kendal. The cooking and sharing of milk rice (kiribath) is another feature connected with Vesak. This ritual relates to a traditional story connected with the last meal taken by Prince Siddhartha before his enlightenment.

*Jacquetta Gomes  
Buddhist Group of Kendal (Theravada)*

## Local contacts

**BGKT Buddhist Group of Kendal (Theravada)**  
01539 729793  
(bgkt@etherway.net)  
www.communigate.co.uk/lakes/  
buddhistgroupofkendal/

**SLIF South Lakeland Interfaith Forum**  
01539 726181  
(slinterfaithforum@btinternet.com)



## Sujata's milk rice (kiribath)

At the time of the Buddha there was a woman by the name of Sujata who, after trying for a baby for many years, gave birth to a baby boy. In gratitude, she wished to make an offering of milk rice (kiribath) to a tree deity. She sent her maid with the offering of milk rice to be placed at the foot of the tree. Prince Siddhartha, as a mendicant ascetic, was meditating at the foot of the tree. The maid informed Sujata that the tree deity has come down from the tree and was seated under the tree. The two women had then made the offering of milk rice to the meditating ascetic.

The future Buddha, after eating Sujata's milk rice, threw the empty bowl into the middle of the river with the wish: 'If I am destined for Enlightenment, may this bowl go upstream, against the tide of the river'. According to legend, the bowl travelled upstream, against the tide. Sujata's milk rice was Prince Siddhartha's last meal. That night he attained Enlightenment. Ever since, milk rice (kiribath) has figured largely not only at Vesak but also at all auspicious occasions in Buddhist countries.

### Ingredients

1 cup rice  
Nine cups coconut milk (cows' milk can also be used)  
Salt to taste

### Method

Wash the rice (do not soak in advance).

Boil seven cups of milk in a saucepan. Add the rice to the saucepan when the milk starts to boil. Stir until the rice becomes soft and fully cooked.

(Boil the two remaining cups of milk. If the milk rice thickens before it is completely cooked then add these two remaining cups of boiled milk and stir continuously.)

When the milk rice is thick, properly cooked and the rice is soft remove it from the flame.

Add salt to taste. When the milk rice is cold, divide it into diamond shapes by cutting diagonally one way and then the opposite way – ideally use a palette knife.

# What's Going Down on Ulfarr's Farm?

Ulverston has some famous sons from the 17th century onwards, but also a much deeper history. Although it's now in Cumbria, the town was historically in Lancashire and is located in the Furness area of South Lakeland, just north of Morecambe Bay. The name was first recorded in the Domesday Book as 'Ulvrestun', probably meaning 'Ulfarr's Farm' from the old Norse personal name Ulfarr and tun, which meant farm or homestead. The name Ulfarr roughly translates as 'wolf warrior' or 'wolf army', which will explain the wolf on the town coat of arms.

Ulverston has a royal market charter which was granted to Robert de Lancaster by Edward I on 11 September 1280, and was for a market every Thursday and a fair in September. The original parish of St Mary was built in 1111 by the Monks of Conishead Priory. It was enlarged in 1806, and in 1866 underwent reconstruction. However, traces of the early Norman church still remain to this day.

The area around Ulverston was in the path of the Scottish invaders in 1316. A record from the time tells us that 'The Scots plundered Cumberland, Westmorland, Tynedale, Swaledale, Kendale, the monastery of Furness and Furness Fells, and returned in triumph to Scotland with great spoils'. Later, in 1322, the Scots returned to the area when Robert the Bruce invaded. Whole areas of Furness were devastated and Dalton was burned to the ground. But the area did recover, and by the 18th century Ulverston was called the London of Furness due to the sprawling street market which stretched through the town.

## Fame and infamy

Ulverston has been the birthplace of many famous faces. In the 17th century the town was the birthplace of George Fox, the founder of the Quakers, who



Ulverston

lived at Swarthmoor Hall. Unfortunately Fox didn't like Ulverston very much and said 'The people ... are liars, drunkards, whoremongers, thieves and follow filthy pleasures.' I've been to Ulverston several times and I think that Mr Fox was being very cruel in his estimation of the townsfolk!

Sir John Barrow was born in Ulverston and he rose to fame for being the 2nd secretary at the admiralty from

**'The people ... are liars, drunkards, whoremongers, thieves and follow filthy pleasures.'**

1804 to 1845, sealing Napoleon's fate by exiling him to St Helena. In 1848 a monument was raised to him – the Hoad Lighthouse.

Also born in Ulverston was Norman Birkett KC – on Ainsworth Street in 1883. He became Lord Birkett of Ulverston and Lord Justice of appeal. Under this he represented Britain at the Nuremburg trials. He was the instigator of National Parks, a privy councillor and was very proud to be Lancastrian (as

Ulverston was then). He also represented the infamous Wallis Simpson when she was granted a divorce before marrying Edward VIII.

## Another fine mess

The most famous of Ulverston's sons is Stan Laurel – born Arthur Stanley Jefferson on 16 June 1890. His first stage performance was at 16 years old and over the next few years he honed his skills in panto and performances of music hall sketches. He and Ollie Hardy made 117 films between 1926 and 1952, of which the Music Box won an Oscar in 1932. Stan returned to Ulverston with Ollie in 1947 and gave a speech from the balcony of the Coronation Hall, to which crowds of people came to listen. It seems fitting then that if you visit Ulverston you will find the duo leaning on a lamppost outside that well-known local venue.

The village agent for Ulverston is Lynda Middlehurst. For more information on what Lynda does, or to find out what is going on in Ulverston, see the diary inside the front cover of this magazine, or call 01539 728118 and ask for Penny or Vickie.

*Vickie Maddison  
Special projects/Village agents assistant*

# A Right Royal Quiz

Royalty with a few nobles, foreign blue bloods and miscellaneous hoi polloi thrown in.

1. Moustachioed Hollywood leading man of the 30s to 50s known as 'The King' (5, 5)
2. University where Prince William is said to have met Catherine Middleton (2, 7)
3. French royal house which took the biscuit (7)
4. Regal variety of potato grown widely in a certain Channel Island (6, 5)
5. Surname of the author of the Jacobean drama The Duchess of Malfi (7)
6. Royal residence where Queen Victoria died (7, 5)
7. Surname of the American jazz pianist and bandleader usually known as 'Count' (5)
8. City whose racecourse hosted the 2005 Royal Ascot meeting (4)
9. Popular name of Beethoven's fifth piano concerto (7)
10. Complete the motto of the British monarchy: Dieu et mon ...' (5)
11. Central Russian city where Tsar Nicholas and his family were murdered in 1918 (12)
12. Tea blend named for a British prime minister (4, 4)
13. Regal poker hand (5, 5)
14. Roman emperor and titular character in novels by Robert Graves (8)
15. Atlantic territory of which the Duke of Windsor was governor during World War II (7)
16. Seventies BBC TV drama series whose heroine progressed from below stairs to become proprietrix of an upper class London hotel (3, 7, 2, 4, 6)
17. North-east cathedral city once the seat of 'Prince Bishops' (6)
18. Screen name of Hollywood siren who co-starred with Laurence Olivier in The Prince and the Showgirl (7, 6)
19. Celebrated London sporting venue and headquarters of the Marylebone Cricket Club (5)
20. Sussex seaside resort given grudging royal recognition by George V after convalescing there in 1929 (6, 5)

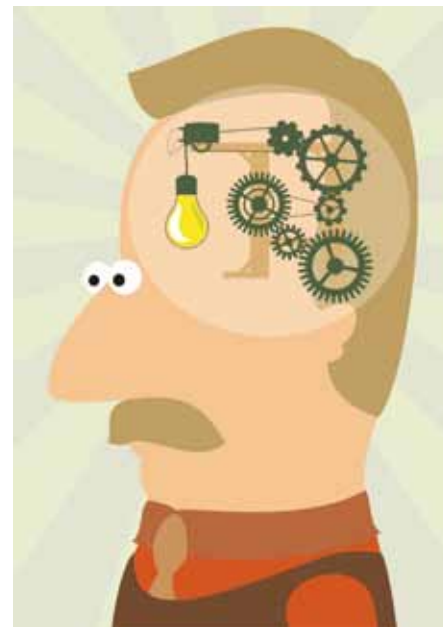
Write to us (Age UK South Lakeland, 17 Finkle Street, Kendal LA9 4AB) and the first correct entry pulled from the competition crown will receive a £15 book token. The closing date for this competition is 31 May, and it is open to everyone except members of the royal family and staff of Age UK South Lakeland. Good luck, as always!

## Tinnitus Support Group

Vera Coakley is setting up a tinnitus self support group as part of SHIP (Services for Hearing Impaired People). The first meeting will be on Wednesday 1 June 2011, 1.30–3.00pm (and every first Wednesday of the month) in the conference room at Age UK South Lakeland, Kendal.

This will be a free service and will be followed by light refreshments.

Places are limited so please contact Vera on 01539 728118



## Questions of Time – Answers

Well done to Mrs Walker, Kendal who wins a £15 book token as the winner of Questions of Time in the March issue of the Magazine.

The answers were as follows:

1. A Tale of Two Cities
2. Pacific
3. Summertime
4. Time
5. Time and motion study
6. Tim
7. Roger Bannister
8. Nine
9. Forty
10. Chronos
11. Gregorian
12. Carboniferous
13. O God Our Help in Ages Past
14. Financial Times
15. Common time
16. Horology
17. John of Gaunt
18. Greenwich
19. As Time Goes By
20. Sand

Thank you to everybody who took part.

# Legacies – Making a Difference for Years to Come



Leaving a legacy is the fantastic way in which some of our district's older people have chosen to say thank you or well done for the valuable work being done here at Age UK South Lakeland.

This financial support has allowed us to set up new services such as the Village Agents, showing potential funders that this way of working is cost effective and, most importantly, is what older people want in South Lakeland. As a direct result of this pioneering work we have recently received

£500,000 funding for the Village Agent project from the Big Lottery.

Not all of us are in a position to leave a legacy, but any donation is very gratefully received – all support is valued. In these financially difficult times this generosity is vital for us to continue our work. By specifying Age UK South Lakeland, rather than Age UK, the donation will stay – in its entirety – to support older people in South Lakeland. That way every penny raised in South Lakeland is spent in South Lakeland.

## Another way of giving – and making a big difference

Here at Age UK South Lakeland, volunteering is an important part of everything we do, from our board of volunteer trustees to the team of volunteers helping our Village Agents across South Lakeland ... They make a massive difference to the quality of life for older people in South Lakeland.

Volunteering is a brilliant way of putting something back into the community you live in. Your gift of time is a gift that will have far reaching consequences.

If you would like to be part of the team and make that most valuable of contributions – your time – call Jean Park on 01539 728118. Not only could you change someone's life for the better, you could change your life too.

