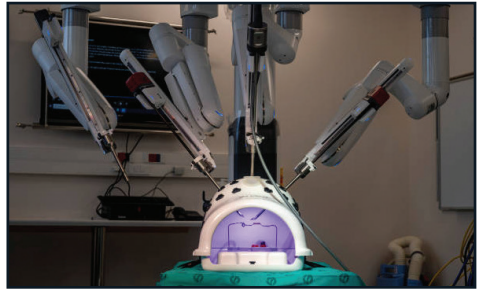


Kidderminster & Worcestershire Prostate Cancer Support Group



ROBOTIC SURGERY THIS YEAR AT THE ALEX

Special In-Depth Feature (pages 8-16)

SUPPORTER

June 2022 issue 84

www.kwpcsg.co.uk



EDITORIAL



So, Rory has returned from the dead. Almost 10 years since fundraising for the surgical robotic machine began in earnest, the surprising news in the form of a press release from Matthew Hopkins, the 7th. CEO since 2012 at Worcestershire Acute Hospitals Trust (WAHT), emerged on March 25th. Mr. Hopkins has kindly contributed to a series of articles which cover the history of the protracted project from the perspectives of those employed by the NHS, those involved in other patient group (Healthwatch, KWPCSG) and those who devoted much time and energy as the main fundraisers in the Rory Appeal.

Having spoken to all those whose articles appear on pages 8-16 and to others closely involved in the project, I feel I can summarise the consensus. We all share the joy that there is now a timetable for the introduction of the surgical robot at the Alexandra Hospital in Redditch, but we have learnt to be cautious and will not be popping the champagne corks until the first prostate cancer patient in Worcestershire opts for and is granted this procedure at the Alexandra Hospital in Redditch.

Furthermore, we must take into account the uncertainty, the delays and the political decision-making at local, regional and national levels, all of which have conspired to weaken the powers of recruitment to the WAHT urological team over recent years and have undermined the faith the fundraisers had in the project ever being concluded.

The Supporter Magazine had a minor – and not particularly illustrious - role to play in all this. The last time the word 'Rory' appeared in one of our issues was back in March 2019. In other words, we agreed to maintain radio silence, to make the word Rory disappear from our pages. It became the new Scottish play or, for those who know their Harry Potter, the Dark Lord (whenever his real name is spoken, a curse is cast, and the Death Eaters alerted).

Seriously, though, the KWPCSG committee shared the belief that, as fundraising for Rory had almost ceased in these 3 years and as questions were asked about what was happening with the funds already raised if the project was scrapped, it was best to make no references to Rory in the hope that something would turn up. And it has, in the form of a successful and convincing bid for the funds needed.

In September, we will update you on the progress being made. It is such an important development for WAHT and should ensure we have the urological and oncological services in Herefordshire and Worcestershire fit for the 21st. century and there to give present and future PC patients the best chance of a good outcome.

Peter Corbishley

Photos on pages 5, 6, 9 and 20 courtesy of Ray Rogers

FUTURE EVENTS

First Hybrid Meeting Planned for Pershore

The South Worcestershire PCSG has arranged its first panel meeting later this month. On **Tuesday, June 14th**, all KWPCSG members are invited to join them at the Wychavon Civic Centre (WR10 1PT). On the panel are **Dr. Chris Perks** (representing primary care), **Dr. Lisa Capaldi** (consultant oncologist, representing acute care) and **Simeon Green** (representing PC patients). Simeon is from Wolverhampton and is a member of the WM Cancer Alliance forum. He is also a member of the NHS England & Improvement (NHS&I) Cancer Programme on its Patient & Public Voice Forum and one of the country's foremost PC representatives of the Afro-Caribbean community. Members can send in their questions in advance (to editor@kwpcsg.co.uk) or submit them on the night. **Doors are open at 6.30 and the event starts at 7.00 pm.**



Simeon Greene (West Midlands Cancer Alliance)

The Pershore event will be our first-ever hybrid event and we have to thank our website guru, Daniel Cook, for allowing us to create this new facility. He has written:

Enjoy our next meeting from the comfort of your home! We are trialling a hybrid meeting in Pershore, whereby you can either attend in person or watch it live online.

To join, simply head to www.kwpcsg.co.uk just before 7.00 pm on Tuesday June 14th. on your computer, tablet or phone and watch the full event live. The stream will be at the top of the page - you won't miss it. / Daniel

SWPCSG move on to Droitwich for their next Coffee & Chat event. This will be held on Friday, July 15th. (10.30-12.00), at the

Gaudet Luce Golf Club. Address and Satnav details are to be found on the back page. This is the group's first event in the Droitwich area, and we hope it will be well supported by our members in the town and in nearby Bromsgrove. All attendees and partners are treated to a **hot drink and choice of cake at no charge**. If you know of anyone with prostate cancer who is not yet a KWPCSG member, please encourage him to attend.

Just a few days later, on **Tuesday, July 19th**, members of the support group and partners are invited to **Kidderminster Town Hall** to welcome back Dr. Steve Allen, one of our favourite and most knowledgeable and entertaining speakers and the newly-elected Acting Chair of Tackle, the umbrella organisation of the country's 93 PC support groups. Steve last visited Kidderminster in October 2019, then provided an excellent and no-holds barred talk via Zoom in November 2020 about erectile dysfunction.

Go to our website on Tuesday, June 14th. at 7.00 pm to watch our Pershore Panel Meeting live.

MARY'S CORNER



Thank you to everyone who attended our open events at Wychavon Civic Centre in Pershore on 22nd March and at Kidderminster Town Hall on 19th April.

We are planning more coffee mornings as a chance to have conversations with committee and other members. The latest details can be found on the back page of the magazine.

I want to remind everyone that **Steve Allen**, who has spoken to our groups previously, is our main guest at **Kidderminster Town Hall on 19th July**. Steve is a retired anaesthetist at the Royal Berks. Hospital and one of the new committee members on Tackle.

On Wednesday 4th May at St. Mary's Church, Kidderminster, a service of celebration and thanksgiving took place for the life and ministry of **Paul Brothwell**. Over 300 people attended the celebration of his life. Paul arranged the service with his favourite hymns and readings and his wife, Hilary, ensured that it was done as he wished. It was a wonderful experience, starting with 'Lark ascending' by Ralph Vaughan Williams.

There were tributes from a cross-section of the many people whose lives had been enriched through working with Paul. The opening one from **John Smith (Whittington, Lichfield)** was read by **Robert Jones (Archdeacon of Worcester)**.

Emma Hodges (CEO of St. Giles Hospice in Whittington) stated that Paul was founder of the hospice and supported Emma when she took over. **Reg Johnstone (Kidderminster Hospital)** talked about Paul as a friend at the hospital when he was a consultant anaesthetist. He was thankful to Paul for telling him to get a PSA test at the Upper Sapey Golf Tournament, following which he was diagnosed and treated for prostate cancer. **Dr. Dick Herbert (GP and anaesthetist at Kidderminster Hospital)** was also a golfing friend and a member on our committee. He reminisced about the golfing years he shared with Paul.

My talk (**Mary Symons, Secretary and acting Chair of KWPCSG**) was all about the support I had from Paul when I started to arrange gatherings of newly diagnosed men with prostate cancer to meet with others to talk. We moved on to open meetings and speakers from the hospital on treatments and side effects. We became a registered charity in 2001 and have gone forward with Paul as Chairman until he passed away in 2020. Paul and I worked together when we were put forward for the Queen's Award for Voluntary Services in 2017.

Pete Picken (Road Peace charity) became another close friend of Paul's, working with him on Road Peace which supported people who have lost family members to road traffic accidents. He and Hilary experienced such a loss in 2007 when Timothy, Hilary's son, died in a road traffic accident. This tragedy added to the understanding of such loss when helping bereaved families.

A wonderful poem by John O'Donohue – 'Kindness' - was read by Paul's daughter-in-law, Allison. Family tributes from Paul's sister, Linda, and his daughters, Sarah and Annie, also included a contribution from stepson Richard. Then followed the hymn, "You raise me up," sung by Josh Groban, and finally the epistle by his grandson, Thomas Hunter. The service was conducted by one of Paul's close friends, the Rev. Carey Saleh.

It was a wonderful service attended by so many people who loved and admired Paul and who will miss him greatly. It was an important chance to say a proper goodbye, which was not possible under the Covid restrictions when he passed away in August 2020.

Hilary sends her thanks to all who attended the service and is grateful for the donation from the group of £500.00 towards the refreshments.

HEALTHWATCH CHIEF AT PERSHORE MEETING

Once again, I have to thank SWPCSG for an excellent meeting on March 22nd. A Celtic Touch provided a good musical opener and managed to educate and entertain. I was amazed to see the versatility of the cello when John Mills displayed the range of sounds available. Peter McCann provided wonderful support on the keyboard.

Simon Adams did not disappoint - I could listen to him talk for hours. I had not heard of Healthwatch Worcestershire and was wondering what Simon was going to speak about. It was a shame that we had to come to an end, because Simon certainly had a lot to inform us about. Here was another person passionate about his role in life, basically holding the health services in Worcestershire to account for the people paying the bills, namely us patients. They seem to be doing a good job of monitoring performance and highlighting problems or delays.

When Simon added that WAHT was unable to complete the training of some surgeons as they could not get the required experience of robotic surgery, it seemed to give the impression that the hospital trust was still operating in the medical dark ages. It's hard enough to attract staff to hospitals, but then you find the issue compounded because the trust cannot actually complete the training of the consultants of the future.

Mark Howard

CELEBRATORY MOOD AT KIDDERMINSTER EVENT

Just days after the Pershore meeting the announcement that robotic surgery would soon be available at the Alexandra Hospital had a palpable effect on the large crowd of well over 100 attendees at the KWPCSG meeting at Kidderminster Town Hall on April 19th. Rory himself was present centre stage with lights flashing and Union Jack in hand (not waving – see Paul Markall's article on page 15).

Fundraisers Ian Jukes (arriving straight from Birmingham Airport) and Brian Waites addressed the packed hall before Adel Makar (WAHT Urological Cancer Lead and KWPCSG President) and Lisa Capaldi (WAHT Consultant Oncologist) talked about the problems of the recent few years and the great potential for the trust in the coming years. Linking the procurement of the Da Vinci robotic surgical machine with the development of the medical school at the University of Worcester, Mr. Makar enthused those present but also reassured them that open surgery would still remain an option.

It was great to see so many present after the Covid lockdowns, and the committee now hopes that numbers will now increase for the meetings in Pershore and for the Coffee & Chat events.

Peter Corbishley



Adel Makar, Mary Symons and Lisa Capaldi



Packed audience at Kidderminster Town Hall



FUNDRAISING



With an 80th. birthday on the horizon (September 9th.) veteran fundraiser Alan Jones-Bratt has decided to mark the occasion with a series of events that would seriously task someone half his age. Alan, who is an honorary member of KWPCSG, has raised substantial funds for our group over a number of years.

Alan's fundraising in the West Midlands goes back almost 40 years and includes running from John O'Groats to Lands End (1985), running across Ireland (1986) and running the length of the River Severn (1999). His older brother, Don, encouraged him to become an ultra-runner and together they completed over 50 marathons, including 7 London Marathons.

Fundraising became an important part of his life, and the recipient charities are linked to conditions experienced by his 4 elder brothers. Dennis died aged 50 of Motor Neurone disease, Stanley (aged 82) of diabetes, Don (aged 88 and for many years his running mate) in 2020 with Alzheimers, and finally Ivan (aged 86), who had prostate cancer, from a chest infection in January this year.

As a devoted West Brom supporter, Alan was one of the founder members of the WBA Supporters Golf Society, raising £ 32,000 over the 12 years he ran the group.

His challenges start in late August and involve three sports – walking, bowls and golf. Together they form the AJB 80x80 Challenge 2022 and the number 80 features prominently. Here's his itinerary:

Bowls: 80 ends of bowls each day at:

- Malvern Indoor Bowls Centre (August 22nd)
- Stourport Bowling Club (August 23rd)
- St. Dunstan;s Bowling Club (August 24th)
- Bromsgrove Indoor Bowls Club (August 25th)

Next comes golf, with 27 holes on each of 3 days, starting with:

- Wharton Park (August 29th)
- Ombersley (August 31st)
- Bewdley Pines (September 2nd)

Finally, Alan has planned 20-mile walks on 4 consecutive days (you do the maths!) to complete his challenges, which comprise:

- Bridgnorth (September 4th)
- Cannock Chase (September 5th)
- Worcestershire Way (September 6th)
- Millennium Way, Warwickshire (September 7th)

As Prostate Cancer UK is one of his 4 charities, we would urge you to support Alan with a contribution to: www.justgiving.com/crowdfunding/alan-jones-bratt

Alternatively, you could contact him at ajb.42@btinternet.com

These will be his final charity events, so do get along to one or more of the venues mentioned to support him one last time.

Best of luck, Alan!



Alan Jones-Bratt

CATHEDRALS MARATHON COMPLETED

It was June 2019 when all four Howard brothers last got together, the location being Krakow in Poland. During the trip I informed them that I had been referred to the hospital under the two-week suspected cancer protocols. The Covid Pandemic put an end to the annual family gathering. On one occasion three of us managed to connect, but there was always one brother missing. That was why Southwell Minster was so special, it was the last cathedral to complete my list of 42 English cathedrals and also the first time we had all met together since Krakow.

We stayed in Lincoln and made a long weekend of the event. A trip to Newark and a day spent in Lincoln itself was topped off by the day in Southwell. It started out as a grey overcast day. First, we took part in a guided tour, which was fascinating as we learnt about the Minster's past and its becoming a cathedral in the 19th century. We finished the tour and headed to the cafe for the obligatory coffee and cake. Returning to the minster we found it bathed in brilliant sunshine along with a clear blue sky. A walk around the remains of the Archbishop's Palace provided an opportunity for some photographs with every one taking pictures in the gardens. Walking around to the cathedrals west front we took the opportunity for some more photos, some of these I will treasure for the rest of my life.

I felt honoured to be accompanied by my brothers as I finished my quest and will be forever grateful to them for bearing with me over the last 3 years.



Brothers Chris, Mark, Phil and Tim Howard outside Southwell Cathedral

VALE HARMONY CONCERT DONATION

A generous donation of £1000 was made to Prostate Cancer UK following the recent Spring Sing Concert at Pershore Abbey. The hosting organisation, Vale Harmony, has an all-male group called the A Cappella Fellas who performed in the concert alongside the 10-times UK champion barbershop chorus, the Great Western Chorus of Bristol.

Chris Frayne, the chairman of Pershore-based Vale Harmony, said, 'It was great to be back on stage in front of a live audience and particularly good to be able to make some money for Prostate Cancer UK, our chosen charity for this year.'

ROBOTIC SURGERY SAGA

WHAT IS ROBOTIC SURGERY?

The Da Vinci robotic system has become the ubiquitous method for prostate cancer removal, first in the US, then throughout Europe and the UK. It is less invasive than conventional procedures and lacks the awkwardness of laparoscopic (keyhole) surgery.

Manufactured by California-based tech giant, Intuitive, the system is used in a range of surgical procedures, but its highest impact has been in urology, where it has a market monopoly on robot-assisted radical prostatectomies (RARP) i.e. the removal of the prostate and surrounding tissues to treat localised cancer. In 2003 fewer than 1% of surgeons used RARP in the US, By 2014 the number had risen to 90%.

The prostate's proximity to the blood vessels, muscles and a fragile web of nerve bundles that control erectile and bladder function demands extreme surgical precision in its removal, a procedure that is generally recommended if the disease has not yet spread. Whereas an open patient needs to be cut from naval to pubic bone in order to access the prostate, a robot-assisted procedure requires a few small abdominal incisions.

The Da Vinci comprises three main components. The 'tower' has 3 arms equipped with instruments such as forceps, hooks and needle drivers. A fourth arm holds a camera capable of 15 times magnification. The console is where the surgeon sits a few metres from the patient. Finally, a separate cart contains image-processing equipment (see photos on front cover).

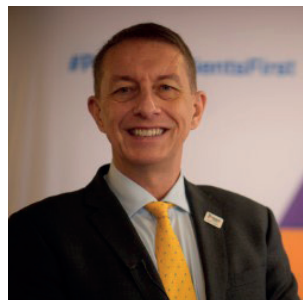
Matthew Hopkins : view of WAHT CEO

Matthew Hopkins, Chief Executive of Worcestershire Acute Hospitals NHS Trust, says: "This exciting development is a vital part of our plans for the future of our services and our hospitals. It is a further demonstration of our commitment to providing the best possible experience of care and outcomes for our patients.

"I would like to thank all the colleagues who are working so hard to bring robot assisted surgery to Worcestershire for their determination and for their focus on putting patients first.

"I also want to thank all our fundraisers for their generous support – and for their patience because it has taken us longer than originally hoped to get to this stage, not least because of the Covid-19 pandemic.

"There is a lot of work still to be done before the first patient can receive their robot assisted surgery at the Alexandra Hospital, but we remain on course to have the service up and running before the end of this year."



Matthew Hopkins

END IN SIGHT

Adel Makar's Urologist's View

It is a fact that I started Rory the Robot programme about 12 years ago before any such facility was available in the Midlands (East or West).

This was part of a huge plan to overhaul and reconfigure cancer services in the Worcestershire area and the wider West Midlands region.

I was honoured to lead the team that developed and implemented the vision, "The Worcestershire Cancer Strategy 2010- 2015," that was adopted by the then Worcestershire PCT and culminated in my most prized achievement of securing circa £ 30 million of government funding at the height of the financial crisis.

With meticulous planning and round-the-clock hard work, the team I am proud to have led founded, procured, built and commissioned our fantastic Worcestershire Oncology Centre as a state-of-the-art sub-regional centre of oncology, culminating in the Royal opening in 2015. This has already transformed these services for Worcestershire cancer patients and further afield forever, bringing it up to the 21st century.

For various reasons, some of which are fully understood, and some are frankly less so, we hit an impasse when it came to the Rory project.

Over the years, I was supported by many wonderful people from Worcestershire's finest to progress the project at every level. They became disillusioned by this impasse about three years ago.

I did ask them not to lose the faith and asked them to be patient.

The fact that Worcestershire has excellent Oncology and Urology services, excellent general practice, an excellent prostate cancer support group and a knowledgeable, generous population, meant that it was only a matter of time before the Rory project becomes a reality.

As I explained in various talks over the years, we need to understand that this is only a cog in our fight against cancer in general and prostate cancer in particular. Not every patient will be suited for this technology, but a large number of them will.

The important thing is that acquiring this technology is sending a loud and clear message that we are here to stay and we will be able to attract the bright and good of the next generation healthcare professionals to join our teams for the best benefit of our patients.

The promise that we made all these years ago that every cancer patient in Worcestershire will get state-of-the-art, world-class, end-to-end services as near to where they live as possible is still as relevant and as true now as it was then.

We are making huge strides, not least because of all your support and patience.

We have achieved a lot, but much more is still being done. The work to improve will never stop.

Adel Makar

(Urological Surgeon, Urological Cancer Lead, President of KWPCSG)



Adel Makar

The Fundraisers' Stories

1. Ian Jukes

While still recovering from his radical prostatectomy operation in July 2012, Ian Jukes approached his surgeon, Adel Makar, and Penny Venables (CEO) and offered to head a group willing to fundraise for a surgical robot for the Worcestershire Acute Hospitals Trust (WAHT). The first attempt, started in 2008 and chaired by well-known estate agent, Andrew Grant, had been paused so that fundraising in Worcestershire for medical purposes could concentrate on breast cancer and the Haven Unit project.

Although Ian was working full-time, he accepted the challenge and gathered together a team which included members of Worcestershire Ambassadors, Paul Markall (current treasurer of KWPCSG) and, in the following year, Brian Wilkes. They started the fundraising with £5000 already in the fund having been raised previously, set themselves a target of £ 1.6 m and were running an appeal with a name chosen

thanks to a suggestion from a Redditch news reporter, so the Rory the Robot Appeal (usually referred to as Rory Appeal) was launched.

The Rory Ball was the first major fundraising event planned in 2014 for the Bank House Hotel in Bransford. At that event, Chris Tidman (now the 2nd. CEO of WAHT that Ian had been working with) announced that £300,000 would be sufficient for him to take it to the WAHT board and trigger an order for the robot.

Alongside the prestige events, which included golf days at the Worcestershire Golf Club in Malvern, there were numerous days when volunteers would stand outside supermarkets and garden centres all over the county in all weathers, inviting customers to contribute to the fund. Donations were also made by private individuals as well as charitable groups such as local Freemasons, Rotary and Round Table.

Momentum was achieved and money began to roll in thanks to the unstinting efforts of so many. In 2016 an evening with Ian Botham and BBC TV presenter, Nick



l to r: Paul Markall, Brian Wilkes, Ian Jukes

Owen, organised in conjunction with the Worcestershire Ambassadors, raised over £60,000.

On March 10th. 2017 at a major event hosted by Worcester Bosch and involving representatives of 50 county businesses, plus Worcester MP, Robin Walker, Lisa Thompson, the Director of Communications at WAHT, confirmed that £ 315,000 had now been raised and that the trust had been given the green light. The robot acquisition process was now in its procurement stage.

That day could arguably be viewed as the highpoint of the Rory campaign until Matthew Hopkins' press release – almost 5 years later – on March 25th. 2022. Michelle McKay had been parachuted in to run the trust as the 4th. WAHT CEO Ian had had to liaise with. Mounting debts, headline-grabbing civil court cases involving negligence and negative inspection reports had put the trust on the back foot. Committing to robotic surgery was expenditure of little relevance to crisis management.

'The can was being kicked down the road.' Ian went on, and the collective feeling was that the appeal was beginning to unravel under political pressure. Objections were being raised about the additional costs of installing the robot at the Alexandra Hospital in Redditch (e.g. floors would need to be strengthened). First Karen Lumley, the MP for Redditch, then her successor from 2017, Rachel Maclean MP, fought hard for the project to go ahead and to protect

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the appeal, which on June 10th. 2019 had reached £451,277.49 but which was now in danger of collapse.

On April 29th. 2019 a letter from David Loughton, Chair of West Midlands Cancer Alliance, to Rachel Maclean stated that the compromise way forward suggested by the WAHT in November 2018 suggesting an alliance model with University Hospital Coventry and Warwickshire. This would be for Worcestershire patients opting for robotic surgery to be treated by WAHT surgeons, but with those surgeons having to travel to Coventry to conduct the operations. This letter confirmed that the WAHT's second submission of November 2018 for a surgical robot had also failed, as had the first business case when submitted in April 2017.

Once these decisions became public, Ian found himself in a terrible position, trying to reassure donors and sponsors that all was not lost, that their money was ring fenced and in safe hands within the WAHT charity account and that it would not be used for other NHS purposes. The tide had now turned, and the appeal organisers set about damage limitation. In a statement letter read out during the emergency meeting by Ian

Jukes and dated May 30th. 2019 Ian stated, 'I must advise you that future fundraising is now on hold, as I feel I cannot, in good faith and conscience, commit to further fundraising.'

From 2012-19 Ian had been the only chairman of the appeal. The machinations of 2017-19 had taken its toll on his health, and he was being treated for clinical depression. He resigned from his role, with Nicky Langford, Community Fundraising Officer at WRH who had been working alongside Ian since April 2017, taking on the additional work. In 2020 Ian retired and he and his wife, Tina, now spend their retirement living in Gibraltar.

When we met during a short visit back to the UK in April, Ian, who is now 67, commented on the statement released by Matthew Hopkins (the 6th. CEO of WAHT he had communicated with). His final words to me were, 'I am delighted that at long last the decision has been made to install the robot which will greatly benefit men and women in Worcestershire and that all the hard work by everyone involved has not been wasted.'

Peter Corbishley

2. Brian Wilkes

When his brother was diagnosed with prostate cancer in February 2015, Brian Wilkes decided to have a PSA test. Although he had no symptoms, he also tested positive and opted for radiotherapy at the new Oncology Centre at Worcestershire Royal Hospital. Later that year he decided to show his gratitude for his successful treatment by joining both the Rory Appeal group and the KWPCSG committee.

Much of his life post-university had been spent working for Shell International, but, having retired from Shell several years earlier, Brian was working part-time at the Morrisons store in Bromsgrove. It was logical, therefore, that he was tasked with fundraising for the appeal group primarily in the retail sector.

With a target of £ 40,000 to be raised before the end of 2016, Brian started by giving a presentation at the head office of Morrisons in Bradford. Though committed to a designated national charity campaign, Morrisons' senior management gave their permission for him to start collections in the 11 stores in Herefordshire and Worcestershire.

First, however, Brian trialled the project with collections at Waitrose stores. The first Morrisons store chosen was in Droitwich where he raised over £ 1000 in one day. In March Morrisons Foundation awarded the Rory Appeal £ 25,000 – their maximum grant to a single charity. The collections ended with generous donations at the Redditch store in December, boosting the total for the year from the retail sector collections to £ 15,585.

But that wasn't the final word, because, after a meeting at the Alexandra Hospital in December which brought together leading consultants and surgeons from WAHT with the CEO of

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GETTING THE PROJECT OVER THE LINE

STEVE GOODYEAR : DIRECTOR OF SURGERY's VIEW



Steve Goodyear

Steve Goodyear was born in the North East of England and raised in County Durham. He went on to study medicine at Leicester University before completing his MD at Warwick University. From 2008-14 he was a registrar specialising in vascular and endovascular surgery on the West Midlands circuit on a pathway to qualifying as a consultant. In 2014 he gained his first appointment as a consultant with the Worcestershire Acute Hospitals NHS Trust (WAHT). He and his fiancée and their 4 year-old son live in Bromsgrove.

In January 2020 Steve was appointed as the Divisional Director of Surgery. The outbreak of the Covid pandemic just two months later meant, however, that his ideas were put on hold until July when Covid numbers fell significantly. Now, however, he was in a position to tackle one of the key issues affecting surgery in Worcestershire, namely the fact that no robotic surgery could be performed in its hospitals.

Figures which Steve quoted from the national audit relating to prostatic surgery for 2019-2020 are startling:

- 89% of PC patients opted for robotic surgery
- 5% received laparoscopic surgery (i.e. keyhole surgery)
- 6% received open surgery i.e. radical prostatectomies

In addition, he noted that 10% of the national numbers for open surgery were performed in Worcestershire.

The benefits of robot assisted prostatic surgery compared to open surgery are well established and include a shorter stay in hospital, reduced post-operative pain and reduced risk of side effects such as impotence and incontinence. But with no robotic surgery available in Worcestershire, local men needing prostatic surgery faced (and still face) a journey to Wolverhampton, Coventry or Cheltenham to access this service, causing further inconvenience and distress at an already worrying time.

Recruitment within the Urology service remained challenging, in his opinion 'intrinsically linked with the uncertainty surrounding the delivery of robotic surgery within Worcestershire,' resulting in heavy reliance on very expensive locum surgeons to deliver an effective service. Steve added, 'It was clear that commitment to delivering Robotic Assisted Surgery was therefore key to ensuring the sustainability of the counties' Urology team.'

As previous business case proposals had failed to gain the support of local- and NHSE Specialist Commissioners, it would require a different approach to convince stakeholders that the project should be allowed to proceed. Highlighting the inequalities of access to robotically assisted surgery (RAS) within the West Midlands region (and nationally), emphasised by the Covid-19 surgical backlog of patients awaiting planned procedures and the clinical advantages of RAS for patients, the Trust and the Urology service, the team got approval in late March and set about implementing the strategic decisions.

Critically, the purchase order has now been signed and the Da Vinci Xi robot is now being built. Preparatory construction work at the Alexandra Hospital in Redditch is due to start in the next two months and last about 6 weeks. The work includes the reinforcement of the first-floor operating theatre number 6 and the creation of extra storage capacity. It is hoped that the first patients opting for RAS will be treated before the end of 2022.

Now to the sums. The robotic machine costs £ 1.6m, but maintenance, servicing, team-training and digital contracts adds considerably to this figure. It is expected that the financial outlay over the first 7 years of robotic surgery will be approximately £3.5m. Money will be received by the trust for every RAS procedure for prostate cancer and for partial nephrectomies (removal of part of the kidney) but not, as yet, for other surgical procedures e.g. for colorectal and gynaecological cancers. Steve added that 'future expansion of RAS into these areas is inevitable when funding allows, and particularly exciting for our surgical teams.'

Steve is very excited about the prospect of WAHT finally being able to offer the 600 or so men in the county diagnosed each year with prostate cancer the opportunity to opt for state-of-the-art robotic surgery in Redditch. It also means that the embryonic medical school launched at the University of Worcester will be able to access in-house RAS facilities which will greatly boost its potential to attract medical and nursing students. Suddenly the vision of the 'Alex' as a centre of excellence has come one major step nearer.

Peter Corbishley

Simon Adams : Healthwatch Worcestershire Perspective

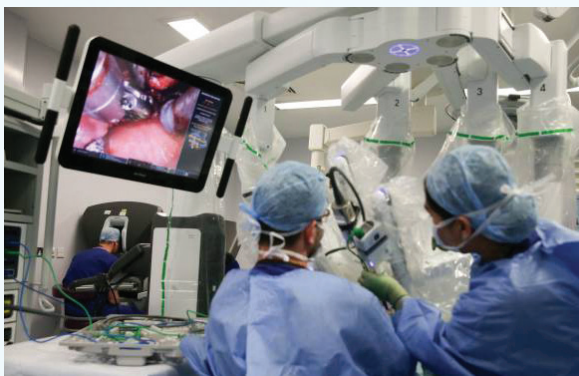
One of the ongoing priorities within Healthwatch Worcestershire's current Business Plan is establishing local access to robotically assisted surgery (RAS) for patients in Worcestershire, and therefore we were pleased to support Worcestershire Acute Hospitals NHS Trust's recent decision, which we are cautiously optimistic will see the introduction of RAS in a Worcestershire hospital. But first why Healthwatch Worcestershire and what do we do?

The Health and Social Care Act 2012 created 'Local Healthwatch' as an independent champion for all who use publicly funded health and social care services and required the County Council to put in place arrangements for a local Healthwatch in Worcestershire.

Healthwatch Worcestershire is a not-for-profit organisation that provides the statutory local Healthwatch services in Worcestershire. Those services can be summarised as:

- **providing advice and information about services and how they can be accessed**
- **gathering the experiences of those who have used health and social care services or of those who care for those who have, and use those experiences to make recommendations to the NHS and County Council about how services could be improved**
- **enabling local people to monitor the quality of health and social care services**

One of the ways in which Healthwatch Worcestershire involves local people is through its Reference and Engagement Group (REG), which the Prostate Cancer Support Groups in Worcestershire are members of. The REG helps Healthwatch Worcestershire decide priorities for its business plan, and access to RAS in Worcestershire - for reasons outlined below - has featured in Healthwatch Worcestershire's business plan since the Rory the Robot Appeal was launched.



continued over

Therefore, Healthwatch Worcestershire has been engaged in the debate surrounding the local provision of RAS for prostate cancer patients by Worcestershire Acute Hospitals NHS Trust for some years now. That engagement has included listening to local cancer support groups, engaging with Worcestershire Acute Hospitals Trust and representing the West Midlands Local Healthwatch Network at the West Midlands Cancer Alliance.

NHS England, as opposed to Herefordshire and Worcestershire's NHS Clinical Commissioning Group, holds the responsibility for commissioning or paying for RAS. In attending the Cancer Alliance Board, Healthwatch Worcestershire has participated in the Alliance's Urology Task and Finish Group which has provided insight into NHS England's approach to developing and managing access to RAS.

Bringing all the information together, Healthwatch Worcestershire's business priority to establish local access to RAS for patients in Worcestershire has been driven by the following:

- **improvement in outcomes for patients**
- **improvement in the use of NHS resources locally and delivering value for money**
- **ensuring the resilience of urological services in Worcestershire in the mid to longer-term**
- **addressing processes within NHSE that frustrate the improvement of outcomes for patients**

Each of these issues was addressed in detail by Healthwatch Worcestershire in the written support provided to the Acute Trust in its decision to invest in a robot, and we therefore welcomed the decision by the Trust but still believe at the time of writing that the issue of financing surgery as opposed to the purchase of the robot requires changes within NHS England (the full written support is available on Healthwatch Worcestershire's website or in printed form by contacting Healthwatch Worcestershire).



Simon Adams
(CEO Healthwatch Worcestershire)

Brian Wilkes continued...

Morrisons, two £ 10,000 private donations brought the 2016 total to just over £ 60,000 and the cumulative total to £ 270,000. Also present at the meeting was a Mark IV Robotic Surgical Machine supplied for the day by the manufacturers.

In the Supporter Magazine June 2017 issue Brian signed off an article with the words, '... this machine will be installed by July (2017) as the Appeal has raised over the £ 300,000 required to obtain the approval of the NHS.' With the momentum for the appeal at his height and all but one of the county MPs canvassed regularly by Brian offering their full support for the project all seemed to be on course.

What happened between mid-2017 and the disbandment of the Rory Appeal committee in mid-2019 has been documented in Ian Jukes' article. Brian feels strongly that the churn of CEOs in WAHT contributed to the failure to see this project through. More dynamism and conviction, he felt, were needed at senior management levels to take on the vested interests of neighbouring trusts in the West Midlands, who relied on the steady stream of H&W prostate cancer patients having to seek robotic surgery out of county.

'Now is the time to be really professional in the approach we take, in conjunction with other professional partners, not only to maximise the highlighting of the pre- and post-operative urology services available in our counties and beyond, but also to combine these new modern urology services with the established excellent oncology facilities we already have in WAHT.'

Peter Corbishley

3. Paul Markall

It was in 2006 – 7 years after retiring as a process engineer and production manager at Cadbury Bournville – that Paul Markall was diagnosed with prostate cancer. After 18 months of surveillance and a rising PSA Paul opted for radiotherapy at Wolverhampton.

In 2011 Paul took over as treasurer of KWPCSG. It was a year later when, following an evening as guest speaker at Kidderminster Town Hall, consultant urologist Adel Makar asked if the Support Group would help raise funds to purchase a surgical robot. Later Ian Jukes (Chairman) of the Rory Fundraising Committee asked Paul if he would join the Appeal Fund team.

Once the artwork and a name for the robot had been agreed, Paul set about creating a Rory mascot for awareness and fundraising events from bits and pieces he had unearthed in his own garage. Rory Mark 1 was launched in 2012, soon, however, to be superseded by a smarter and more elaborate Rory Mark 2 made up of:

- redundant cycle taillights (eyes)
- seed boxes sprayed silver (body)
- extraction ducting (legs)
- sink outlet piping (arms)
- old computer parts
(other 'hi-tech' stick-on bits)

Rory was soon earning his keep as a popular addition to the fundraising team in



Rory and friend in a Morrison's supermarket

supermarkets and at other events across the county. 'Children loved being photo'd next to Rory,' said Paul, 'and that meant parents felt obliged to contribute to our collections.'

Paul recalled an incident in a Morrisons supermarket when a young lad aged 7-8 in school uniform asked Paul, 'Is that your robot?' 'Yes,' Paul replied. 'Does it talk?' 'No.' 'Does it walk?' 'No.' 'I've got one at home and mine does,' the boy continued, concluding with the perfect put-down, 'Not much of a robot, is it?'

On another day at the Morrisons store in Droitwich a lady in her 80s approached Paul and Rory with a full trolley. When asked about the reason for the fundraising, Paul explained that money donated would go towards robotic surgery for prostate cancer. Looking down disparagingly at Rory Mark 2 she retorted, 'I wouldn't let that thing anywhere near me,' leaving before Paul had a chance to explain to her that Rory was only a mascot, not the real thing.

Returning to the history of the fundraising, financial goalposts were constantly being moved by the Trust management during our fundraising activities. When WAHT went into special measures, there were several meetings with the CEO of the Trust and Sir David Nicholson (Chairman), but little progress towards the date for the procurement of the robot was being made. Political infighting involving NHS England, Cancer Alliance and, as we believed, West Midlands hospital consultants, protecting their own vested interests and voting down the WAHT proposals to purchase a robot for Worcestershire, prolonged the frustrations.

Despite the setbacks Paul quoted Adel Makar's words back in 2017 – 'It will happen.' He refused to lose faith and hopes that Matthew Hopkins' press release in March means we'll get the project over the line.

So, what happened to Rory Mark 1? 'He became a scarecrow and now resides at Leapgate Activity Centre.'

Peter Corbishley

4. Nicky Langford



Nicky Langford

On leaving college in May 1983 Nicky Langford started work for the NHS as a junior clerk in the Kidderminster and District Health Authority. Almost 40 years later she is still working for the NHS; latterly she was employed as the PA to both the Chair and the Chief Executive Officer of the Worcestershire Acute Hospitals Trust (WAHT) following the merger in 2000. In April 2017, she moved to a resurrected post in the Charity arm of the Trust as the Fundraising Officer for the Rory the Robot Appeal. This reflected the Board's decision that an extra push was needed to get the project over the line. Nicky raised over £100,000 in her first 12 months, working closely with Ian Jukes and through events she organised across the county.

'Going into 2018 the outlook was still positive, but unfortunately some of our major fundraisers were concerned about the lack of progress, were starting to lose faith and most put a hold on fundraising efforts until some positive news was forthcoming about the future of the project, she said.'

In the meantime, trusts across the country began to invest in fundraising teams who would create new community partnerships and build new partner relationships. So in July 2019 the Trust appointed Jason Levy as its newly created Head of Charity to drive all aspects of charity activity. In September 2020 Sophie Burt took over from Jason and the charity has since developed and grown into a team of four.

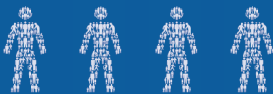
'With the Rory Appeal paused,' she continued, 'pending a decision when robotic surgery could be introduced in Worcestershire, I got my teeth stuck into new projects and appeals as the charity team expanded.'

Nicky explained, 'These included the Wellness Garden appeal at the Alexandra Hospital and, more recently, the highly successful SABR Appeal (see page) where KWPCSG and its linked organisations played a major role in raising the £24,000 required in just a matter of weeks'. Nicky has also been developing partnerships in the community. Most recently charity partnerships have been agreed with Bristol Street Motors, DHL and 13 The Emporium. She works closely with community groups, such as Lions and Rotary, and supports Individual fundraisers in the community who are undertaking various challenges.

Nicky wanted to reassure all those who had been involved in fundraising activities for the Rory Appeal or who had donated privately that 'every penny raised in the Rory account is ringfenced for robotic surgery. There are no administration or staffing costs deducted from this fund which now stands at £488,000.'

The decision to proceed with the procurement of the robotic machine caught Nicky by surprise after months of having to manage the expectations of increasingly disenchanted donors. 'After several years of uncertainty this is fantastic news for the people of Worcestershire,' she said, adding that she'd 'like to take this opportunity to sincerely thank all contributors and fundraisers over the years for their valuable and dedicated support.' Will more fundraising be required? 'We're awaiting a decision whether this will be the case.'

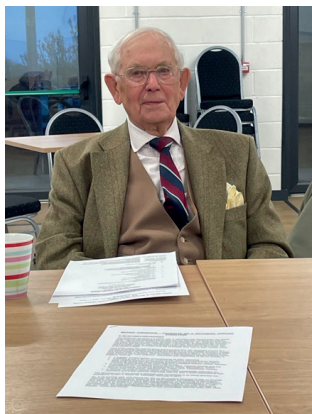
Peter Corbishley



MEMBERS



EDDIE RUDGE



Eddie Rudge

I was born in Birmingham in 1930 at the height of the Depression. War broke out in 1939 and just two years later I moved to King Edward's Grammar School Camp Hill. At that time the leaving qualification was the School Certificate, which one needed to get a job with a bank or accountancy practice. Unsure of what I wanted to do at that age, I joined an insurance company, conscious of impending military service at 18. In 1948 I opted for the R.A.F .

Because I had no intention of staying in the service, choices were limited, so I became a clerk and was duly posted to Germany in 1949. At that time Germany was in a terrible state, still badly damaged and under the control of the Allied Powers. After demobilisation I joined Lucas in the accounts department. When I became aware that the company secretary had a much bigger office than the chief accountant, I decided that the secretarial role was the one for me.

I duly qualified as a Chartered Secretary and left Lucas for a position with G.K.N as Company Secretary to a subsidiary, Birfield Extrusions, in Birmingham. There was ample opportunity for travel within the group involving trips to most European countries as well as the United States and Japan.

As a senior executive I was able to delegate most routine accountancy matters, and it was suggested I may wish to become a magistrate. This I duly did, and as I retired from full time work at age 60, I continued as a magistrate until the retirement age of 70. By then I had become Chairman of the Sutton Coldfield Bench. Since that time I have continued travelling, with several trips to Australia.

BEING A JP

All criminal cases begin in the magistrates' courts, with about 1.5 million cases being dealt with in these courts annually. Magistrates deal with three kinds of cases:

- summary offences (less serious cases such as motoring offences and minor assaults).
- either way offences (e.g. theft or handling stolen goods). A defendant can insist on their right to trial in the Crown court before a judge and jury.
- indictable only offences such as murder, manslaughter, rape and robbery which must be heard eventually in the Crown Court.

For cases decided in the magistrates' court, magistrates can impose a prison sentence of up to six months. While magistrates are not social workers, the people before them often need help and sometimes treatment, which the court provides by involving social workers and probation officers. Justices must be over the age of 25 but must retire at 70. Justices are unpaid.



WHEN I WOKE UP ONE MORNING



Earlier this year I woke up and was immediately aware of a sensation that had eluded me for the past 30 months. I had thought that a certain part of my anatomy was beyond help. Just short of three years on, hormone therapy, radiotherapy to the prostate and 11 months on second line hormone therapy would surely render the area inoperative, but, no, it happened – if only I could remember what my brain was imagining in those moments before I woke!

I went back to sleep but thought about it later in the day. Did it mean anything? Had the treatment stopped working? I was due to see my CNS the following week, so I put the matter on the back burner for a few days.

The side effects of treatment have never really been discussed with my medical team. I just assumed that that part of life was over. In a sense I was cursed on two fronts: the hormone therapy reduced or destroyed my libido, while the radiotherapy was just the finishing touch leading to a high probability of erectile dysfunction.

I turned up at the hospital the following week and was informed that my CNS was not available. I would have to be nurse assessed in the Rowan Suite prior to collecting my supply of abiraterone tablets. Anyone who has collected tablets or had treatment in the Rowan Suite will know that it is not an area where you can hold a private conversation. You are surrounded on both sides by patients undergoing infusions for a catalogue of different cancers. The nurse asked, 'Is everything okay?'

There was no way I was going to open with, "Well, the other morning I woke up with an ----." I could visualise the other patients in the room all spluttering into their tea, turning and staring at me. This was a time for decorum, which meant I left with the question unasked.



Later that week I had an appointment at my GP surgery for my latest Prostag injection (hormone therapy). I took the opportunity to ask the question. After first giving the nurse my permission to have a chuckle if she saw fit, to her credit she maintained her composure and kept a poker face. Before giving the injection, the nurse asked if I knew what it was for and why it was being given. I replied, 'Yes, to reduce / prevent production of testosterone and slow down the cancer growth.'

The nurse then added that there were occasions when some patients turned up for Prostag and had no idea what it was, or what it was trying to do (surely someone has taken their eye off the ball here). Alas, again the nurse, having no specialist knowledge in urology or prostate cancer, could not answer the question. Two attempts, two failures.

Having found their support invaluable previously, I decided my next attempt should be to contact Prostate Cancer UK. Strangely, I have found it easier to talk to women about my problems and would far rather discuss an extremely personal matter with them rather than with another man. I rang the freephone helpline number with some apprehension, saying to myself, "Please don't let it be a man that answers." The telephone was answered. "Prostate Cancer UK, you are speaking to John, how can I help?"

There was a deathly silence as my brain screamed, "Aaargh!," then the conversation started. I asked the question. There was a second deathly silence as "John" thought about the question, wondering if someone was winding him up and wasting his time. After a few minutes of pleasant chat, the conversation ended, the less than reassuring answer being. "It happens sometimes."

This piece, with its amusing element, was written to demonstrate the problem that occurs if you fail to get the answer to a simple question. It gains a momentum that ultimately assumes far more importance in the eye of the sufferer than the actual medical consequences. We need a reliable and robust system that allows men to contact someone with knowledge of prostate cancer, its symptoms and side effects of treatment, when they have an issue to discuss.

I have since told my brothers and their wives about my predicament. They found it highly amusing.

Mark Howard



WHY THE RADAR HEADER? AN EXPLANATION

My entire working life was spent working in the radar field, first when training in the army, then with Plessey Radar and finally with National Air Traffic Services (formerly a division of the Civil Aviation Authority). From my radar station at Great Dun Fell in Cumbria I could watch aircraft 200 miles away entering the holding pattern at Heathrow Airport. However, I never noticed the cancer growing in my own body until it was too late!



MEMBERS



A GP's RECOLLECTIONS OF PROSTATE CANCER DETECTION 50 YEARS AGO

In my early days of practising medicine, prostate cancer was a disease which sometimes shortened a patient's life but more often was found at post-mortem. Patients would come to see you with urinary problems and the only tool at your disposal was a rectal examination.

Digital rectal examination (DRE), like any other skill, becomes a useful tool only after a certain number of years of practice. Urologists are very good at this. In those early days, we used glass syringes and metal needles which had to be re-sterilised for further use. We have come a long way since 1963.

As many of you already know DRE is not a very pleasant experience and the examiner can only feel part of the prostate gland viz the part which projects into the rectum.

The laboratory test of prostate specific antigen was developed around 1971 after several researchers discovered the protein in semen and then gradually developed the blood test. Medical treatment in any speciality which includes investigations is heavily reliant on evidence-based data and, therefore, it can be difficult to persuade the medical profession to embark on testing or treatment which does not have a sound basis. This is the case for routine PSA screening.

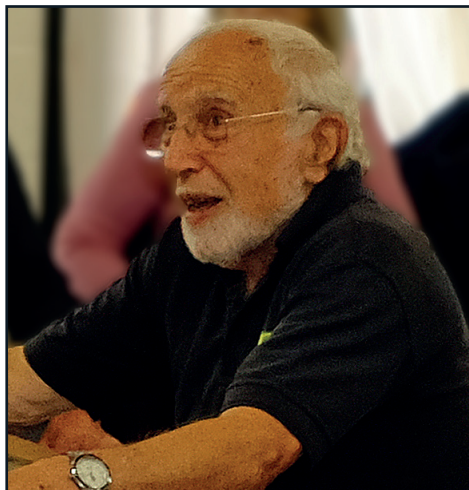
As you know, the interpretation of the PSA can be difficult, and I won't list all the pros and cons here. Suffice to say there are two camps in the GP world. Firstly, there is the doctor who will do a PSA test willingly and counsel the patient by telling him all the pitfalls of the test and explaining it is only

one part of the jigsaw. If the PSA result is shown to be raised for his age group, further investigations and referrals may be necessary.

The second doctor will take the more academic view, stating that, as there are no urinary symptoms, there is no need for the test, but hopefully a DRE will be performed. My personal view is that the first doctor is correct.

In my 40 or so years of practice I have had many surprises in all areas of medicine. It does no harm to say, "I don't think there is anything to worry about, but I will just check one of two things."

In fact, one could ask the doctor how he/she is going to make a diagnosis of prostate cancer without a pointer from a PSA test. There is really no answer to this, unless a scan for some other reason shows secondary spread of the disease.



Dick Herbert

I think the word is getting around that a patient over 50 or with a strong family history of prostate cancer is entitled to a PSA test. Prostate cancer is a silent disease and benign prostatic enlargement produces identical or no urinary symptoms. Fortunately, more sophisticated scanning techniques are becoming available which may render the biopsy obsolete. There is also some optimism that a better blood test is on the horizon.

Most GPs are trying to do the best for you and are directed by policy-makers such as NICE. Screening, I believe, will become routine in the near future when a more accurate test is available.

It was in 1963 when I qualified as a GP, and I retired over 20 years ago. Looking back, it does feel we have come a long way in the detection and treatment of PC, but there is still work to do.

Dr. Dick Herbert

REPAIR SHOP ON HOLD

Sadly, we could not find enough members to form a viable group for the 'Repair Shop' we highlighted in the March magazine. Andrew Smith from Pershore had kindly offered up to 36 hours of his time (6 sessions @ 6 hours) to create a course exclusively for our members starting in late April.

Andrew, who runs UNIQ Furniture, is devoted to upcycling i.e. making new furniture items out of old ones or from good quality wood which he has been gifted, often from schools. We hope to persuade him to relaunch the course in 2023, but we need to hear from members who may be interested but couldn't manage the dates this year. If you have any interest in joining such a course, please contact me on editor@kwpcsg.co.uk.

TACKLE REGIONAL EVENT

Tackle, the umbrella organisation of the country's 90-plus PC support groups, held its first live West Midlands regional conference on May 16th. at the Westmead Hotel in Hopwood, near Birmingham.

Representing KWPCSG were Gordon Kingston, Peter Corbishley and Chris Marsh and his wife . The programme was varied and well organised, with Aidan Adkins (Solihull) and Tackle acting Chair, Steve Allen, assisting Sarah Gray (National Support and Development Manager) with the presentations and addresses.

It was hoped that the 10 support groups represented will work more closely together in future, sharing ideas and resources to improve the awareness of prostate cancer.



Di Fox
Co-Founder and Physical Activity Instructor



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MEDICAL



ROBOTIC SURGERY REPORT

According to the findings of researchers who examined data relating to patients recovering from bladder cancer, robotic surgery accounted for significant improvements in recovery times and post-operative complications.

Until now there has been little published data comparing traditional open surgery with keyhole robotic surgery involving patients who needed their bladder to be reconstructed after the removal of a tumour (cystectomy). The survey's conclusions were published in the journal JAMA.

The conclusions included:

- 77% reduction in dangerous blood clots after surgery
- 31% reduced chance of a patient having to be readmitted to hospital within 3 months
- average length of stay in hospital reduced from 10 days (open surgery) to 8 days (robotic surgery)

The study involved 338 patients, 169 of whom underwent open surgery and the other 169 robotic surgery. In terms of the effectiveness on cancer recurrence and length of survival there was no difference between the two procedures.

'In this study we wanted to establish if robot-assisted surgery, when compared with open surgery, reduced time spent in hospital, reduced readmissions and led to better levels of fitness and quality of life,' said Professor John Kelly from University College London, one of the authors of the study. 'On all counts this was shown.'

The authors concluded that the NHS should make robot-assisted surgery standard for a complex cancer operation. The results indicated that such surgery should be an option for all patients. 'Whole swathes of the country,' Professor Kelly continued, 'are behind the curve on this (doing robotic cystectomies)the perception of open surgery as the gold standard for major surgeries is now being challenged for the first time. We hope that all eligible patients requiring major abdominal operations can now be offered the option of having robotic surgery.'



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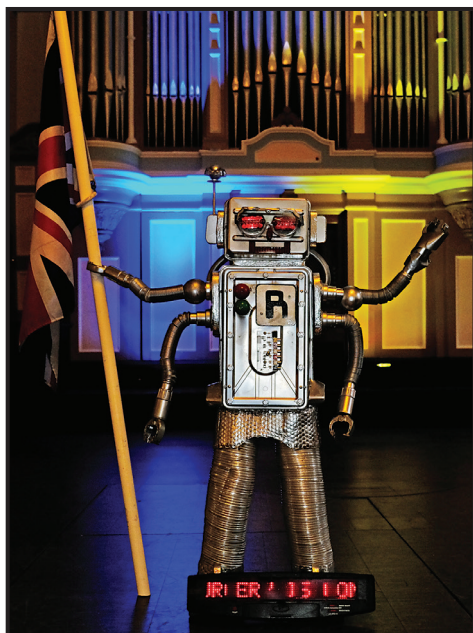
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allan-morris.co.uk

KIDDERMINSTER APRIL MEETING

As reported on page 5 the open evening on April 19th. was very well attended, with over 100 attendees. Such numbers are almost unique to Kidderminster, with few other prostate cancer support groups across the country able to attract anywhere near these numbers. It speaks volumes for the loyalty of the members, predominantly in the north of the county, who regularly attend all the events organised by Mary Symons and others.

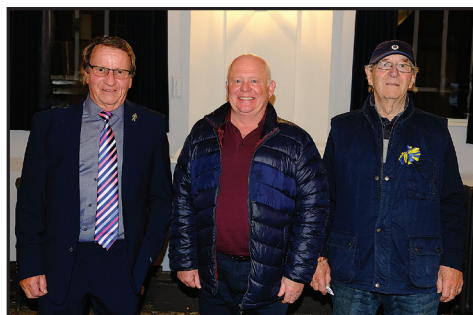
Ray Rogers, our resident photographer, was a busy man on that evening and has supplied us with a number of photographs of the speakers and, taking centre stage, Rory the Robot. Here are some of the ones from that evening.



Rory the Robot mascot with plenty to smile about



Gordon Kingston (chair, SWPCSG) and Mary Symons (acting chair, KWPCSG)



Reunion of The Three Musketeers (fundraisers Paul Markall, Ian Jukes and Brian Wilkes)



Mary Symons addressing the members

CALENDAR OF EVENTS 2022

SOUTH WORCESTERSHIRE PCSG

Wychavon Civic Centre, Queen Elizabeth Drive, Pershore WR10 1PT

Tuesday 14th. June (doors open 6.30 pm for 7.00 start)

PANEL DISCUSSION

Panel: Dr. Chris Perks GP (primary care)

Dr. Lisa Capaldi (consultant oncologist / acute care)

Simeon Greene (National Cancer Alliance Forum / prostate cancer patients)

Hybrid event / accessible via the website (see page 5)

DROITWICH COFFEE & CHAT

Gaudet Luce Golf Club, Middle Lane, Hadzor, Droitwich Spa WR9 7JR

Friday 15th. July (10.30-12.00)

Free coffee and cake to all members, non-members and partners

KIDDERMINSTER & WORCESTERSHIRE PCSG

Kidderminster Town Hall, Vicar Street, Kidderminster DY10 1DB

Tuesday 19th July 2022 (doors open at 7.00 p.m. for 7.30 p.m. start)

Speaker: Dr. Stephen Allen, retired anaesthetist and Chairman of Tackle

Subject: Current Treatment Pathway

A very popular speaker to our group with a vast knowledge and a wonderful sense of humour

FITNESS WITH DI FOX (VIA ZOOM)

EVERY MONDAY MORNING (09.30-10.30)

Go to www.kwpcsg.co.uk for login details

PERSHORE PLUM FAYRE

Bank Holiday Monday 29th. August (11.00-15.00)

Visit the SWPCSG information stall and tombola hub!

SOUTH WORCESTERSHIRE PCSG

Wychavon Civic Centre, Queen Elizabeth Drive, Pershore WR10 1PT

Wed. 12th. October (doors open 6.30 pm for 7.00 start)

Speakers to be announced

KIDDERMINSTER & WORCESTERSHIRE PCSG

Kidderminster Town Hall, Vicar Street, Kidderminster DY10 1DB

Tuesday 18th October 2022 (doors open at 7.00 p.m. for 7.30 p.m. start)

Speakers to be announced