HWM12 15-Jan-2021 Interview transcription

RB: Ok, they're both recording now. So the first thing I usually go through is this questionnaire which is called the University of Toronto Atrial Fibrillation Severity Scale

HWM12: Right

RB: And it's mostly questions about your atrial fibrillation and how severe it is, as the title suggests

HWM12: Right

RB: Ok. So the first question is your gender - are you male or female?

HWM12: Male

RB: And the year of your birth please

HWM12: 1948

RB: 1948. Are you in AF at the moment?

HWM12: No

RB: You had an ab.. a cardioversion a few days ago, didn't you?

HWM12: Er, yes, just over a week ago

RB: Ok. Um, and then the next question is how do you feel about your life at the present time, on a scale from 1 to 10 if 1 was the worst possible life and 10 was the best possible life

HWM12: Well I filled all these in on the form I sent back to you

RB: Oh I beg your pardon!

HWM12: I mean I might be a little er.. I might be a bit out on the figures between what we say here and what there is on the form that I sent back because I didn't keep a copy.

RB: That's all right, so when I get those I'll keep them and have.. and compare them. But if you don't mind it's very helpful for me to go through these questions over the phone as well

HWM12: Yes alright. So.. say that one again?

RB: If 1 was the worst possible life and 10 was the best possible life, where would you put yourself on that scale?

HWM12: Oh about 8 I suppose

RB: About 8 – oh that's good! What makes it an 8? What's making you feel an 8 at the moment?

HWM12: Well there's not really a lot to complain about is there? I don't have any money worries, I don't have any other illn.. serious illnesses so, um yes, life's good really

RB: That's great, that's great. A lot of people are suffering at the moment with COVID and lot of people are saying they're finding the lockdowns really hard

HWM12: Well it is hard but it's something that we've got to get through with, it's no good complaining about it, is it? You know, it has happened..

RB: No. You're a glass-half-full sort of person then?

HWM12: Sorry?

RB: You're a glass-half-full sort of person

HWM12: Well not normally but in this particular instance yes I am. We will get through it, and we'll be able to get back to semi-normal. I mean we're miles better off than many people in the country, so yeah.

RB: Yeah, you've got to count your blessings haven't you?

HWM12: Absolutely.

RB: Now the next question is on average how does..sorry, How often on average does your irregular heart rhythm occur?

HWM12: Well it doesn't now. It seems to be fine.

RB: That's good. Can you tell me what was happening beforehand?

HWM12: Well I was getting palpitations. There was.. the heartbeat was clearly irregular. Um, it's not completely right at the moment, because if I monitor – take a measure of my heartbeat, time it – er, I can tell that sometimes it's not pumping as it should be. You know, in other words if I feel the pulse, it's not as strong sometimes as it is on other times. Now I had a, some twenty years ago I had an ECG and a walk on the treadmill and my heart appeared to be missing a beat. I could feel it, and I could tell them when it was.. when I was walking on the treadmill I could tell them when it was missing a beat. But um they actually said no it's actually there but it's not pumping as it should be so it feels as if it's missing a beat. It's, so at the moment it's that my heart rate is regular but periodically I can tell it's not pumping quite as well as it should. You don't get quite such a strong pulse sometimes.

RB: Sure ok

HWM12: Perhaps once every 15, 20 beats

RB: Right right

HWM12: I mean without having a proper ECG I can't tell now, can I?

RB: Does that bother you?

HWM12: Um, I'm still above ground, warm and vertical! [laughs] No not really, I mean I was managing fine before, other than being out of breath when it was, when I was in atrial fibrillation. Er,

since that time - and bearing in mind we're going back 20 years – it doesn't really bother me that much.

RB: Right. So you've had AF for 20 years?

HWM12: No no no no. I could tell – well, do you call it atrial fibrillation that it's just not pumping correctly say once every 20 beats?

RB: Oh ok, so you had the treadmill test 20 years ago?

HWM12: Yes

RB: Right, I've got you. And when, when did you actually get diagnosed with AF?

HWM12: Oh it would have been.. about two, three months ago. I haven't got the exact date. But I could tell that it wasn't beating right and I was getting a bit out of breath, so I just booked an appointment with the doctor, went down, told him what I thought was wrong, put me on an ECG and said yes you've got AF.

RB: Right ok. And then they referred you to the Radcliffe did they?

HWM12: Er, they referred me to there yes, and I went for 5 sessions at the JR, um, at the Horton in Banbury, so.. Five separate session I had there, where I had blood tests, ECGs, um.. Yeah. Um well then of course they decided on the cardioversion and I went in on the day we spoke which was the 4th, was it?

RB: Yes I think it was wasn't it

HWM12: The 4th yes

RB: Did they start you on any medicines for your heart?

HWM12: Yes they did. At the moment I'm on apixaban [pause]… You wri.. um you don't need to make a note..?

RB: No it's recording

HWM12: Bisopropol fumarate, amiodarone, and I also take avavastatin, er, I was taking digoxin but was told to stop that two days before I went in for the cardioversion.

RB: Right. And you're still on the amiodarone now?

HWM12: I'm still on the amiodarone, um but er I did notice that my, er, I did a blood pressure test.. oh no it wasn't the amiodarone it was the bisoprolol.. Um I noticed my blood pressure was low and I rang the doctor up and um they reduced the bisopropol fumarate from 10 to 5. Yep, which I'm on now so it's 5mg of bisopropol fumarate. 200mg of amiodarone, what was the other one, um oh and the apixaban of course twice a day

RB: Yeah well it sounds like you've got it all under control you.. between you and your GP

HWM12: Er yeah I think so, I've not heard from him for a while. I was assigned a new doctor, I think it was a trainee doctor um Dr [Name] up at the local [Town] practice. But he has rung a couple of times. He hasn't rung me since I've had the cardioversion, but he did ring a couple of times to see how I was doing.

RB: Oh that's good, that's good. So you've just had one cardioversion?

HWM12: Yes. Apparently it was only one, one pulse and that fixed it

RB: Brilliant! You went back in, that's great. And you haven't been.. you haven't had to go into hospital apart from the, obviously the appointments you've had, you haven't been like emer.. you haven't been hospitalised as an emergency because of your AF?

HWM12: No, no.

RB: No. Ok. I'm just gonna go on to your symptoms now, because you mentioned some breathlessness. The missed heartbeats that you had, we call those palpitations.

HWM12: Right

RB: How often have you been bothered by that in the last four weeks?

HWM12: Er, in the last four weeks? Well not really at all, because I knew I was going in for the cardioversion

RB: Sure

HWM12: And um, we know what the problem is, and I had every confidence it could be fixed. So it's not really bothered me – it's one of those things that's annoying but I'm not sort of laying awake at night worrying about it.

RB: Ok. And shortness of breath, do you get that just when you're moving about or also when you're sitting down?

HWM12: Well previously when, before the cardioversion, um, I try and go out walking most days, and I was getting.. it felt sort of a bit tight in my chest and I just felt a bit out of breath. Similarly if I was just going up stairs a bit quick. And um.. but otherwise that's it really. It didn't stop me walking, well, before I had the cardioversion some of the walks I did was probably, well I know some of them were three miles, so I was still managing that ok. And since the cardioversion I've been going out, well, like this morning done a couple of miles but er didn't cause me a problem, not out of breath.

RB: Brilliant, ok. Um and do you ever get lightheaded or dizzy?

HWM12: Yes I did. This was before the cardioversion and.. because of that I took – I've got a blood pressure machine, an Omron one like they use at the surgery – took my blood pressure reading and it was very low, rang up, spoke to the doctor and they reduced the bisop, um bisoprolol fumarate from 10mg to 5.

RB: Sure – so that sounds like more to do with your blood pressure than your AF

HWM12: Yes

RB: Yeah. Good. And do you ever get any chest pain or pressure in your chest?

HWM12: Sometimes I get a little bit of pressure, but not a great deal

RB: Mmhm, sure. Is there anything in particular that brings that on?

HWM12: Um, not, no.. um well the only time I've sort of got it has been when I'm exercising. And I think some of that was pretty much.. difficult to differentiate a slight pain in your chest with being out of breath

RB: Yeah [laughs]

HWM12: So I don't really know what it is. Sometimes I get a little pain in the chest if I'm sitting down. But I wouldn't call it a pain, it's just a bit of.. discomfort I suppose.

RB: Sure. A bit of a niggle.

HWM12: A bit of a niggle, yeah.

RB: I'm going to go..

HWM12: Is that..? Sorry, go on..

RB: I'm gonna go onto the other questionnaire now, um, which is the one with the various options on. So the first question is about mobility, and the options are: I have no problems in walking about, I have slight problems in walking about…

HWM12: I've got no problems in walking about

RB: No problems. What about self-care – do you have any problems washing or dressing yourself?

HWM12: None at all

RB: Good. Then your usual activities, hobbies, things you do around the house, leisure activities…?

HWM12: I, I can do all the things that I want to do. It's just too cold at the moment!

RB: Sure [both laugh]. Have you had to.. with the breathlessness that you started having with the AF, or even before that when you started having these missed beats, did you change at all the activities that you used to do?

HWM12: Well one of the things.. I have changed in the last year I s.. almost a year, because I used to do the council sponsored walks, the health walks. Of course they've all closed down now so I just go out on my own a few times a week

RB: Sure, sure. But you've changed that because they don't do them anymore, not because you were feeling unwell in any way when you were doing it?

HWM12: No, I just changed it because they stopped. But back during the summer when I was um shortly after I.. well before, but shortly after I'd noticed I used to do um, walk to a certain place and I was doing about 11 and a half thousand steps before breakfast.

RB: Wow

HWM12: So I could walk a fair distance without any bother

RB: Yeah

HWM12: I haven't done that particular walk since. And of course for a while I was a little bit reluctant to go out on my own. Because those long walks I did on my own, and when I realised there was something, um, wrong and I had AF then I was um.. I tend to go out with my wife, just in case.

RB: Yes, in case you feel unwell?

HWM12: Yes

RB: So that you've got someone there to help you

HWM12: Yeah, but it hasn't been necessary, it's a.. it was just belt and braces really I suppose

RB: Yes, sounds very sensible. And do you manage to get out as often, walking with your wife?

HWM12: Yes, we try and get out most days but obviously if its pouring with rain or snowing, we tend not to, we tend to stay in the warm.

RB: Yes. Ok. The next question's about pain and discomfort. Do you have any pain and discomfort at all?

HWM12: What, generally?

RB: Generally, yeah

HWM12: Yeah I've got a painful left knee that's sometimes… Because I've stopped my walking and I don't feel it when I'm walking but certainly going upstairs I suppose it's become more noticeable in the last few years but then, when you get to the age I am you expect to have these things, don't you? So I don't put it down as anything unusual. My wife has had problems for years with arthritis now. She's got two new metal knees so she's fine. You know I'm older than her and I've just got a bit of pain. In fact there has been a family history of arthritis with the brother, sister, mother and I seem to have escaped

RB: Oh ok, you've done, done quite well then. And it doesn't sound like it's holding you back much in your walking

HWM12: No no no no. It's not painful at all while I'm walking. I suppose the additional pressure when you go upstairs, you know, because you're going up on one leg each time aren't you.

RB: Yes that's true – walking on the flat you're ok?

HWM12: Yeah yeah yeah.

RB: Then the next question's about anxiety and depression. Do you ever feel anxious or depressed?

HWM12: Only when you're calling

RB: [laughs] Why's that?

HWM12: [laughing] No nothing at all. I've got nothing to be depressed about really. Ok I get a bit frustrated at times with various things on the projects I deal with and what have you, and at the moment I still run my own business.

RB: Oh ok what do you do?

HWM12: I design and make all sorts of electronic things

RB: Right, oh that sounds interesting. Do you work from home doing that?

HWM12: Yes. I took early retirement, what, 23 years ago. So, er, ever since then…

RB: Right, interesting. And then the last question is about your health today. From nought being the worst health you can imagine to a hundred being the best health you can imagine, where would you put yourself?

HWM12: Oh around 90, yeah around 90 I should think. You know it's just a few niggly things as you get older and things start to stop, you know, don't work as well as they used to [laughs]

RB: Yeah, ok, lovely. So I'm going to move on now to talking a little bit about weight management. Because as you know this study is about AF and weight management, and how we can better help people to manage their weight with AF.

HWM12: Ok

RB: And I know you're taking part in another study

HWM12: Yes

RB: Can you tell me a little bit about that and how you're getting on?

HWM12: It's run by Cambridge Weight Plan or somebody isn't it the name of the company, and I started it on the.. I think it was the.. well pretty much.. I think it was the first of December.

RB: Yeah

HWM12: Um, I'd lost a fair bit of weight on this plan, then of course come Christmas. I wasn't silly but it's surprising how much weight I put on over the few days of Christmas. And I pretty much gave up the alcohol which I would normally have had a few glasses I suppose. But other than that in the period between Christmas and New Year I got back on the diet and um I weighed myself this morning in anticipation of your call and I've lost exactly a stone

RB: That's very good, well done

HWM12: Since I started, yes. It stalled a bit after Christmas and I thought oh no it's not going to end up going down but it appears to be coming down now. So, er, if Christmas hadn't been in the way I'd

have had a lot more but when it comes to Christmas I did tell the lady, the consultant there, that if she thought I was going to give up my Christmas dinner for a milkshake she had another thing coming! [both laugh]

RB: What did she say to that?

HWM12: I think she laughed but, er, you know. I'm determ.. you know I think they're worried that people'll back out of it, um, 'cause she said if I back out she can't replace me on it. So er I'm stuck with it for 8 months but I will go through with it and I know it's in my best interest to lose the weight because it's so easy to put it on and when I retired in '98 I was 12st7, but it crept up. I've, but for the last ten years or so I've been exactly the same weight of about 15st10 which was too much, but er.. And the trouble is my motorcycle jacket has shrunk on the hanger [both laugh] so er I'd like to get back into that

RB: Do you still go out on your motorbike?

HWM12: Er, haven't been out on it for quite a while

RB: Is that because the jacket doesn't fit or for other reasons?

HWM12: No I've got other cars, other toy cars!

RB: Oh you've got plenty to play with then?

HWM12: Oh I've got plenty to do, yes.

RB: Have you ever felt like backing out of the Cambridge diet?

HWM12: Um no not at the moment. I mean the Cambridge diet, these um, shakes and smoothies that they have and the chocolate bars, I mean they are.. they taste very nice actually and it hasn't really been a problem. It's just getting in the swing and trying to drink the 2 and a quarter litres of water every day, which I find quite difficult because I work away for an hour or two then think oh god I haven't had any water. So it's by far the most difficult thing. It's not too.. my wife's you know my wife's sort of joined in with the calorie counting and before dinner in the evenings I get a little list of the.. all the calories and quantities of stuff I've had to keep a record.

RB: Right ok, brilliant. [bump] Oh sorry just dropping my phone there

HWM12: So I've actually kept a complete record of everything I've eaten since, um, 3rd of December. I know I don't have to but it's um interesting to see

RB: Sure. Are you quite a scientifically-minded person? It sounds like it with the electronics and..

HWM12: I make lots of notes and charts and spreadsheets and you know I use them a lot for recording test results and graphs and things so er, it's second nature really to just er try and document things

RB: Ok. Then I'm quite interested in these, these shakes and the way this diet works and how it fits into people's lives

HWM12: Oh right

RB: How do you fin.. before you started on the diet what sort of things did you and your wife eat, and what sort of patterns of eating did you have?

HWM12: Well for a long long time I've always had porridge in the mornings , um, and then lunch time it could be some cereal, it could be cheese sandwich or piece of toast or something. Then we have a main meal in the evenings. And it's never been.. or I've never fried anything so never had a load of fried food. Um, but we've sort of kept a reasonable amount. But of course before um COVID perhaps once a week we might go out to dinner or lunch somewhere and also sometimes we would go out for breakfast. Um but nothing sort of excessive. And then on the alcohol side I probably used to have about you know three pints a week I suppose and maybe a couple of glasses of wine but nothing, nothing excessive. But um I think some of us are just made to be larger than we should be

RB: Yeah I think that's fair comment

HWM12: I worked with a guy once, he was 6', he was thin as a rake, but when he came to work he came with a great big sandwich box with sandwiches, pieces of cake, chocolate bars. And there was me with four crisp breads, piece of cheese and a banana everyday! So there.. it has to be something genetic, you know, in the genetics.

RB: Yeah I think that's undoubtedly true, I do. So shifting on to the sachets, has that been a change for you and your wife because it sounds like you were quite sociable together going out and having meals out, having breakfast out..

HWM12: Oh yeah. Well at the mo.. I mean obviously with the lockdown it hasn't been a problem. But what um the diet sort of calls for is 200 calories in the morning, for breakfast they call it, um 400 for your main meal in the evenings, a hundred extra calories to use as you wish, and um two of the sachets that they provide. Well I say sachets, there are also these chocolate bars that are full of the vitamins and minerals that are about 240 so effectively 700 calories a day plus two of these sachets which is 500 so that's 1200 calories doesn't it? So normally I would have my porridge which I've actually measured everything out to come down to 200, so I'm eating less breakfast than I would otherwise have done. Um and then one of their sachets for my lunch, which as I say are quite tasty. We'll have dinner which um could be I don't know 5, 6 hundred whatever, and then um in the evenings once I get round to actually sitting down I usually have one of the bars which they provide which is effectively the second sachet. So in general I have less than those number of calories because with having the sachets as well it's, it's a bit more difficult to eat everything because I don't feel hungry and I think that, that's the reason – the sachets and everything are filling and um of course with all the water as well. The big problem is the frequent trips to the loo with trying to drink that much water.

RB: Yeah, ok. And do you miss sitting down over an evening meal with your wife, or…

HWM12: We still have our evening meal

RB: Oh ok so you're still sitting down..

HWM12: Yeah yeah, sit down with her every evening and have our evening meal. But one thing we have done is cut out desserts. We would always have a dessert in the evening, whether it be a yoghurt or stewed fruit or um, crumble or anything that she would make because she's quite good with her cooking.

RB: Yep lovely ok. And before you started on the Cambridge diet had you.. were you concerned about your weight? Had you tried to manage your weight in the past?

HWM12: Every year. Every year, January the 1st, I make a chart. It gets to about March and I can see the weight coming off – I've got probably about 7 or 8 charts [laughs] where you can see I've tried, you get so far then something happens, you over-eat for a week or you go on holiday and it jumps up and it, er, you just sort of lose interest. But now there's an incentive. The difficulty is going to be when the trial ends in July, is um maintaining the weight. But hopefully with the regime that I'm in, I perhaps won't be tempted to go back too much. Of course when COVID ends we'll still want to go out and have the odd scone at the garden centre or have breakfast out or the odd meal out. It's just a question of managing it.

RB: You mentioned this lady from the Cambridge ca.. um company was worried that you might pull out of the study, or worried that people in general might pull out of the study – do you feel like that's motivating you to stay in, to make this lady happy? Do you think that's motivating you to lose weight as much as anything?

HWM12: Well, it's.. they don't.. you know yourself and the other people, don't do these studies for, for fun. Ultimately we hope they'll have a benefit for other people and if I've said… usually if I've said I'm going to do something then I do it. So irrespective of what happens, I will continue with this until July unless anything happens sort of serious in between.

RB: Well, thank you very much for doing that. It's interesting as well that that's giving you motivation to lose weight where in the past perhaps come March time.. doing it for yourself hasn't been quite as motivating.

HWM12: Yes. I mean of course the other thing is that as you get older and you realise the health risks attached, and if I can maintain the health and that, if something does go seriously wrong then I've got a better chance of getting things fixed haven't I?

RB: Yeah, absolutely. So in the past when you were going on these sort of January health-kicks, what sort of things were you doing to try and lose weight?

HWM12: Well apart from the walks that we were doing at the time a couple of times a week, the long walks, just generally trying to cut down a bit – perhaps cut out the desserts, um, perhaps not have quite so much for lunch, where I might have had a couple of bread rolls with cheese or ham or whatever perhaps reduce it to one or even less. So it was really a question of to moderate what I'd been eating, cut down on the alcohol and things like that. But there is a limit to how far you can go because you know, life's.. you want to live and enjoy your life, if your always panicky about what you're gonna eat, what you're gonna drink, life's not going to be so good, is it?

RB: No it takes away the fun, doesn't it?

HWM12: It does, I've just got nothing at all in my life to complain about really.

RB: Yeah, ok. How did you feel when you were contacted about the study, were you pleased?

HWM12: Um.. I can't remember really. I suppose I am, I was pleased because er .. it's that extra incentive that it gives you to actually see things through to lose weight. I mean I've set myself a target weight of what I was when I used to commute to London, and er.. if I can get down there I shall be quite okay. I shall have a load of clothes I can get into again!

RB: [Laughs] Clothes from 1998 though, that just won't be quite as stylish any more…

HWM12: No, I don't think those flares'll be any good, do you? [both laugh]. Yes, so what can I say? I was relatively pleased about it. It isn't something that I would have signed up to I don't think just out of the blue. My wife does Weight Watchers for a while and I joined in with that at one time. But it's so easy once you go abroad on holiday, and we've had a few quite long holidays and er.. you get in the swing of eating more than you should

RB: Mmhm, it's difficult to stop when you come back isn't it? You want to keep that holiday feeling going

HWM12: Yes, that's right, yep.

RB: Had you ev.. Before you were asked to join this Cambridge study, had any doctors or healthcare professionals talked to you about your weight at all?

HWM12: Um, several years ago, in fact when I retired, I joined the um.. I think it was the result of when I went to the doctor about something, um about joining the local gym. And we did join the gym, and went there for about 6 months or so, we used to go together, but then my wife started to have serious problems with her knees and had a job to walk, and we.. we both stopped going although I did go for a few months afterwards but at the time it was convenient for me I was the only one and the rest of the place was full of young mums that had just taken the kids to school, and I felt a bit like a pervy! [both laugh] So um, I was just a bit embarrassed I suppose and er that's the reason I stopped going.

RB: Yeah, so if there'd been more people in there more of your own age, would you have felt a bit more comfortable?

HWM12: Oh yeah yeah, think so. But as I say it was a convenient time for me but you know it was just full of all the young mums and er.. and me

RB: And that, when you signed up to the gym was that as a result of a conversation with the doctor or anybody?

HWM12: I believe so… to be honest I can't remember, it may be that we just decided to do it. Um, but um, I know the doctors were offering a voucher but I'm not sure we actually used it, it must have been after then. Because I'm sure we paid for the year's subscription.

RB: When.. if doctors spoke to you about your weight, how would you feel about that? If they said to you oh you know you've got health problems, you need to lose a bit of weight?

HWM12: Um, well I've got to do something, in fact um.. I would seriously take it on board. I think that's the thing – if somebody *tells* you, from a, you know, professional medical people tell you that you've got to do it then I think that has a lot more impetus than you know thinking about it yourself and thinking that yeah perhaps I should lose some weight. But in fact when I go along for my "MOT" each year, er last year the nurse who er you know I think she's a bit of a fitness freak and er she did um say that in the next few years I would have "a coronary event" she said

RB: Did she?

HWM12: Yes

RB: How did you feel about that?

HWM12: Um… I suppose it concerned me a bit, but then it's a long way off, it seems! Um yeah. And of course then um when the idea of the Cambridge plan came up then it was a really good incentive to deal with it. The trouble is, it's all very well them saying "You should lose weight" but I couldn't.. you know it's difficult to find proper sensible advice on how to do this. You know there are all these companies that set up but they're in there to make money. And I did say to the nurse, right, give me a diet plan then, and she said "We don't have any". So you know, going to a company you don't know whether they're.. well, they're all obviously just trying to make money. But in something like this it just seems to me like there could be a diet sheet and they say "Here you go, this is going to be 1200 calories or 1500 calories per day, try and keep to this". But it doesn't happen, you don't get the proper professional advice, and er, in the instance of signing up to this Cambridge diet, they're – although the NHS is paying – they're getting paid so perhaps there's not the same sort of pressure on me as if I was dithering to sign up to their plan and pay money

RB: Yeah, yeah. I think as well one of the reasons the NHS is becoming more interested in these sorts of diets is because of the money we could save long term..

HWM12: Oh yes!

RB: ..by preventing illnesses that are associated with overweight

HWM12: Yep. So, I mean the problems with my knees, I dare say I've been carrying around a lot more weight than I should have and perhaps prematurely wearing them out.

RB: Yes. It's very interesting what you said about the nurse and how there was then no help, because I've heard a similar thing from lots of people, that they've been told to lose weight but there's then no support there. Do you think as a service we need to provide more support for people to lose weight?

HWM12: Well, I mean, you can't p… None of us want a nanny state, you know, where things are going to be enforced on us. But when it come to losing weight, some professional, impartial – I think that's it, it needs to be impartial help – to say look, have a bash at this for a few months, see how you get on. And once you see the weight dropping off then I mean it gives you more of an incentive. So I don't want to say that the NHS should do these things, but if they did I'm sure it would be helpful to lots of people.

RB: Yeah, I'm sure it would. Do you think.. There's an issue of trust there isn't there? Because you feel like you can trust the NHS because they're not making a profit basically, whereas if you go to a private company they're not gonna.. they are so they're maybe gonna push their product on to you rather than what's necessarily best for you?

HWM12: Absolutely yes

RB: If the NHS was even to make recommendations about oh we recommend – for example - Weight Watchers because this has been demonstrated, would you feel happier about, even, paying for a service yourself

HWM12: Um yes, but again Weight Watchers are there to make a profit. I'm not saying that's necessarily wrong at all – we're all in business to make a profit – but um when it comes to your health then I think that if you have some impartial advice then um.. that would be a big incentive and something that you could rely on. You know, just a.. I wouldn't have thought for a health professional it wouldn't be that difficult to suggest sort of 7 days um recommendations for meals that would keep you within the calorie limits. Because for a lot us, we've never really thought about how much we're eating – if we want two mince pies or three mince pies, then we eat three mince pies. And um, it's not until you really start looking and calorie counting that you realise how many calories there are in some of these foods. And how much sugar, how much salt. So I suppose it might be a bit late in the day for me but I have started taking note.

RB: It doesn't sound like it's too late in the day, it sounds like you're doing great

HWM12: Right

RB: And it sounds like, from what you're doing, losing the weight and then trying to keep it off, it sounds like you're gonna…

HWM12: Well the keeping it off's going to be the tricky bit

RB: Yeah. Do you know at the JR there is a service called Here for Health

HWM12: Right

RB Which is a sort of advice centre, which used to be a drop in centre but now obviously you can't drop in because of blinking coronavirus, but you can get referred there and um, it obviously wouldn't be suitable at the moment because you're obviously doing the Cambridge diet, but coming towards the end of that they might be able to offer advice on good ways of maintaining your weight

HWM12: Well I think now I know that, that um once it comes to the end of this there is a maintenance plan. It means one of their sachets a day – because they have different, different levels depending on how much weight they want people to burn, I mean some of the early levels are really serious you know, where you're surviving on a couple of these sachets a day and not much else. But the maintenance one is one of their sachets which obviously they're keen to push, and 1500 calories. And when I think now that's twice as many calories as I'm eating at the moment, you know it doesn't sound too bad. It's just a question of being careful and I think we'll probably do it.

RB: Yeah, that sounds like a good plan. That's all my questions, did you have anything else that you wanted to talk about or tell me?

HWM12: No not really, I think we've mentioned pretty much all of it haven't we?

RB: Well if anything else does come to mind um just you know give me a call or drop me an email as we said

HWM12: I mean otherwise I'm in pretty good health and as I say I'm a quite.. it's just annoying at the moment with the lockdown but otherwise I'm enjoying life and I'm really lucky to have been retired for 23 years! So it um, yeah. Nothing much to complain about really.

RB: Yeah. Can I just end up with a few um sort of housekeeping questions?

HWM12: Ok

RB: The first is your ethnicity – you're British?

HWM12: Yes. White male.

RB: White male, British. Um and your job you said.. are you an electrical engineer?

HWM12: Well strictly speaking I'm retired because I'm going to give up my business this year anyway.

RB: Right so retired electrical engineer

HWM12: Yeah just retired.. electronics

RB: Yeah ok. And what's your.. what level of education did you get to?

HWM12: Um I think it's probably HNC.

RB: So further education

HWM12: Yes. But since then of course I've.. I'm a fellow of one of the.. the IET so there was a lot work I had to do for that

RB: Oh ok. So is that a professional qualification?

HWM12: That's a professional qualification. The IET set all the standards for electrical installations and um various other things. You know in electronics it is the institute to be part of

RB: Ok, so is it like being chartered? Like a chartered engineer?

HWM12: Well it depends on those that had the opportunity to go to university, which is something that I never had. So I had to be sort of self-taught. But when you get to um.. um.. qualification levels you can become chartered engineer, but you can't become a fellow unless you've had a lot of experience with managing people. And running budgets and things. So… there are chartered engineers who are only members of the IET, then there are people like myself who are classed as incorporated, but you can.. but I'm a fellow because I've had all the other management experience prior to joining. So you know there's separate.. well I expect it's the same in the medical profession –

certain people have qualifications in the technical aspects, other people have qualifications in the management, and that sort of thing

RB: Yes exactly

HWM12: So I'm reasonably proud that I'm a fellow of the society. But um just didn't have the opportunity to go to university. Didn't find out about universities until I was about 19, 20. And if I'm honest about it when you're at school some of the exams we had to pay for and I was advised to save my money!

RB: Well you've done very well and whoever advised you didn't give you the best advice there! [both laugh]

HWM12: No complaints

RB: The last question is one that often makes people laugh, and that's about a pseudonym. Because I don't want to refer to people as numbers in my study but I don't want people to be identifiable either

HWM12: Oh I see

RB: So if I was to give you a pseudonym, is there any name in particular you'd like me to use?

HWM12: Not really, I suppose

RB: Any name you really don't want to be called?

HWM12: Sorry?

RB: Is there any name you really don't want to be called?

HWM12: Well I'm sure you'll pick something suitable. You can put Melvyn.

RB: Melvyn?

HWM12: No no I don't want Melvyn. Or Kevin.

RB: How about David?

HWM12: That'll do.

RB: Not too controversial. Alright. Thanks ever so much for you help, and I'll be in touch in a couple of weeks. Alright?

HWM12: Alright, take care. Bye!

RB: Bye bye

[ENDS]