

NEWS UP-DATE

September 2011

Dated events

Social Evenings - From January 2011 the Social Evenings which were held at the Alma Centre, will now be held on the last Wednesday of every month at Newtown Community Centre, 123 Durham Road, Stockton.TS19 0DE

Doing anything special these dates? Then why not come and have an evening with us all and enjoy a variety of different events each month. We meet between 7pm-9pm.

Regular events

Drop-In - held at Greens Lane Methodist Church, Greens Lane, Hartburn, Stockton on Tees, Cleveland. TS18 5HP

We meet here 1pm - 4pm every Tuesday and Thursday, (10am to 1pm Friday - suspended until further notice) please check the notices page in the unlikely event that there are changes to these arrangements.

At the Drop-in there are therapists to administer alternative therapies for those of you who would like to try them. There is also a Silk Painting session held on Tuesdays where members have produced some fine artwork. If you're not this adventurous then why not come along and join us for tea, biscuits and conversation instead, we'd love to meet you.

Chat Group - held at Egglecliffe Community Centre, Durham Lane, Stockton on Tees, Cleveland, TS16 0EH

We meet here on the 2nd and 4th Mondays of each month (not Bank Holiday Mondays) between 11:30pm and 1:30pm. Why not come and join us in some general conversation and laughter. Save yourself making dinner later and join us in fish and chips from the local chip shop too!

For more information see our website at <http://www.stocktonmsgroup.org.uk>



Raise money with your Webshop: www.buy.at/Stocktonmsgroup

***** Great offers to help you save £££ *****

Hello

Looks like another summer has come and gone, but don't worry, there are plenty of offers in your Webshop to brighten up your days all the while raising a commission for [Stockton MS Group](#) when shopping via your Webshop!

Click on the images below to go to your Webshop and then visit the 'Special Offers' on the right.



EUROFFICE

Get 20% off Office Supplies, Paper, Furniture and Facilities if you use code **SEPDISCOW20** before 5pm on Friday 23rd September.

Commission: 7%, 15% for new business customers



THORNTONS

Receive a free gift when you spend £20 or more. To claim your free box of chocolates, simply add a 430g box of Premium Collection to your basket and enter code **PC SD** at the checkout.

Commission: 8%



EXPEDIA

New York calling: Book a flight + hotel together before Sunday 2nd October and save up to 30% on selected hotels.

Commission: up to 12% (see 'Retailer A-Z' for commission details)



ASDA

Big brands, low prices - ASDA has great deals on kitchen appliances, laundry and vacuums, computing, gaming, personal care and more.

Commission: up to 8% (see 'Retailer A-Z' for commission details)



PLAY.COM

The Autumn Sale is on with fantastic discounts on a wide range of items. So grab a bargain while you can!

Commission: up to 6% (see 'Retailer A-Z' for commission details)



THE HUT

Get an extra 10% off Box Sets when you enter code **FILMBOX10** at the basket. Hurry, only while stocks last!

Commission: up to 10% (see 'Retailer A-Z' for commission details)



WASHBAG.COM

Get 10% off student essentials such as shaving cream, razors, shampoo and more. Simply enter code **STUDENT** at the basket to receive your discount.

Commission: 10%



ACTIVITY SUPERSTORE

Enjoy September with up to 40% off Experience Days such as a Tour of Wembley Stadium, a family boat trip, a spa escape and much more.

Commission: 15%

Remember, every purchase counts!

Daily pill to prevent or even cure multiple sclerosis in pipeline, doctors claim

A SIMPLE pill to prevent or even cure MS is in the pipeline, doctors said yesterday.

People with multiple sclerosis have much lower levels of brain chemicals called neurosteroids which protect nerve fibres and sheaths, scientists have discovered. And they believe those chemicals could be replaced with a daily tablet.

Experts are ready to start human trials on the pills and hope they could be widely available within seven years.

Research chief Dr Chris Power said: "This is frankly an exciting breakthrough and has huge potential. The role of neurosteroids in the brain has been known for some time but no one thought, until now, that they might play a role in MS."

Dr Power and his team at the University of Alberta in Edmonton, Canada, noticed MS sufferers had significantly low amounts of the neurosteroid allopregnanolone.

Researchers tested 16 patients from Alberta, which has among the highest levels of MS in the world. Around 100,000 in Britain suffer from the condition.

Tests are under way on using it in epilepsy and depression. When mice with MS were treated with the neurosteroid it cut inflammation in the brain and repaired nerve fibres and their protective myelin sheaths.

Dr Power said in the journal *Brain*: "We found the mice showed a 50% reduction in MS disease severity in the brain. We were surprised by our initial discovery that this neurosteroid was present in reduced levels in MS patients and amazed to discover that when we used it as a treatment it had such significant effects. We are talking about it being at least six or seven years away as a treatment but I am optimistic about our chances even though there are a number of hurdles to overcome."

MS Society head of biomedical research Dr Doug Brown said: "This is a very interesting development for a condition where there are limited treatment options and no cure."

There are drugs that slow the progression of MS but after a period the treatment fails.

New guide launched on short breaks and respite

Our new publication [Short breaks: a guide to short breaks and respite for people affected by MS](#) offers high quality information on a wide range of options for people considering short breaks and respite care.

People living with MS have told us they want more choice and control over where and how they access short breaks and respite, including more holiday-style breaks.

The guide explains: how to get funding for a short break, the standards you should expect who can help you get there, hiring equipment, how to get insurance.

It's an essential read for anyone affected by MS who is thinking about taking a break, whether this is in the form of a holiday, respite care or regular activity. You can [download the guide here](#) or order printed copies from our [online shop](#).

Short Breaks and Activities Fund

In addition to the guide, you might be interested in the [Short Breaks and Activities \(SBA\) fund](#) which considers grants for people with MS or their carers who want to take a break. Contact the Grants team on 020 8438 0700 if you live in England, Wales or Northern Ireland, or call 0131 335 4050 if you live in Scotland.

For further support, contact our Short Breaks Information Officer on 020 8438 0799 or email respitcare@mssociety.org.uk.

Time to get your flu vaccine

Don't wait until flu is circulating - protect yourself now.

From Monday 3 October, GPs will be seeing millions of people in at risk groups to have their flu vaccine, Chief Medical Officer Dame Professor Sally Davies today announced.

Flu is a very unpredictable virus. For most it's an uncomfortable illness that can come on quite suddenly and severely. Symptoms usually include fever, chills, headaches and aching muscles as well as a cough and sore throat. But last year over 600 people died from flu and the majority were in clinical at risk groups.

People who are in the clinical at risk group are 11 times more likely to die if they get flu than a "healthy" person - for some groups, like those with chronic degenerative neurological diseases, that risk rises to 40 times.

Clinical at risk groups include those with:

- a heart problem;
- a chest complaint or breathing difficulties including, bronchitis, emphysema;
- a kidney disease;
- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment);
- a liver disease;
- a history of stroke or a transient ischaemic attack (TIA);
- diabetes;
- a neurological condition e.g. multiple sclerosis (MS) or cerebral palsy; and
- a problem with, or removal of, their spleen e.g. sickle cell disease.

The flu vaccine is free to everyone in these groups because flu can be serious for them if they catch it. It is also offered free of charge to:

people aged 65 years and over;

- all pregnant women; and
- the main carer of an older or disabled person.

If you haven't had your flu vaccination by the end of October, get in touch with your practice and make an appointment.

Dame Professor Sally Davies said:

"People often don't think about the flu vaccine until the virus is circulating - but by then it could be too late. It takes five to ten days for the vaccine to take effect so it is important to get the flu jab before flu is about. I'd urge everyone eligible for the flu vaccine, particularly those in the clinical at risk groups, to get vaccinated as soon as they are able. Protect yourself early to minimise the risk of getting flu.

"Flu can be a serious illness - particularly for those in an at risk group. It can result in a spell in hospital, and sadly flu kills. The best way to protect yourself is to be vaccinated."

The Government's Director of Immunisation Professor David Salisbury said:

"About three-quarters of older people get their flu vaccine each year, but only around half of younger people in at risk groups get vaccinated. You are really putting your health at risk if you don't take the time to be vaccinated.

"A ten minute appointment with your GP could save your life."

Warning over disability living allowance shake-up

Ministers must learn the lessons of past welfare changes or risk a proposed shake-up of disability support leaving many in poverty, a charity claims.

The Papworth Trust said 85% of claimants would have to cut back on basics if plans to replace Disability Living Allowance left them worse off.

The poll of 2,000 people also found anxiety over the reassessment process.

The government says DLA is complex and inconsistent and changes are "overdue", but stresses cash payments will remain.

The coalition is planning to replace the allowance, introduced in 1992 to help disabled people cope with the extra costs they face in their daily lives, with a new benefit called Personal Independence Payment (PIP).

Mobility concern

All 3.2 million people receiving DLA at the moment, both those in work and out of work, will be reassessed.

It is expected mobility allowances for those in care homes and the care component of the allowance paid to 650,000 people will be ended, while most recipients will receive fixed-term rather than indefinite payments in future.

Disability rights campaigners are seeking a judicial review of the proposals, part of the government's welfare reform bill, saying ministers have not properly assessed their negative impact.

The majority of people surveyed by the Papworth Trust said that if they were not eligible for PIP - or if their total benefit was reduced as a result of reassessment - they would have less to spend on basic items like food, fuel and transport.

Disabled people's daily costs are typically 25% higher than those of non-disabled people" Some 64% said they would be less independent if cuts left them worse off financially.

Although the government is still consulting on its plans, the charity said the changes risked leaving already vulnerable people further disadvantaged.

"Disabled people's daily costs are typically 25% higher than those of non-disabled people," its chief executive Adrian Bagg said.

"For example, not all public transport is accessible. This means some people have to use accessible taxis to be able to leave their home, which cost significantly more than non-accessible taxis."

The charity said it accepted that all sections of society were facing cutbacks, but that a 20% reduction in spending on PIP, compared with DLA, would leave very few recipients unaffected.

Campaigners are also urging ministers to take on board problems experienced in their shake-up of incapacity benefit when it comes to assessing people's eligibility for the new benefit.

'Inefficient'

Fitness-for-work tests for those on Incapacity Benefit - known as the work capability assessment - have been heavily criticised for failing to differentiate between those with different conditions, and for not preparing claimants for the tests.

Mr Bagg said DLA claimants - particularly those with mental health problems - were "particularly anxious" about the reassessment process and how it would be conducted.

"We urge the government to learn the lessons of the work capability assessment and ensure that if they make this change, the assessment will be fair and the implications clearly explained."

Ministers say DLA has essentially remained the same for 20 years and has failed to "keep pace" with the ever-growing role played by disabled people in society and their rising aspirations.

"We have been clear that disabled people who need support will get it. However, we know that as well as millions of pounds in overpayments, lots of disabled people are being underpaid because of the inefficient DLA system," a Department for Work and Pensions spokesman said.

"That is why we are introducing an objective assessment and regular reviews - something lacking in the current system - to make sure people are getting the right levels of support." While remaining a non means-tested cash payment, ministers say PIP will be simpler to apply for and administer.

The government says spending on DLA has risen by 30% in the past eight years and, even after the changes, projected spending in 2015-2016 would be equivalent to levels in 2009-2010.

www.guardian.co.uk 6 September 2011

No turning back on fit-to-work test

Professor Malcolm Harrington, who is responsible for overhauling the troubled disability benefit assessment process, is "staggered and shocked" at the estimated annual £50m cost of appeals against decisions. He warns that the number of appeals could rise further and admits that the standard of assessments throughout the country remains "patchy".

Harrington is conducting an ongoing review of the much-criticised work capability assessment (WCA) – the new, heavily-computerised system designed to determine claimants' fitness for work. He says some improvements have been made as a result of the first stage of the five-year review process, but stresses that big changes are still needed.

Charities remain frustrated by the slow pace of change to a system that inspires "fear and anxiety among vulnerable people" (according to a recent select committee report), and they continue to call on the government to pause its roll-out of the programme until it is improved. Asked whether the system was now working to an acceptable degree, Harrington's response is very cautious. "The answer to that question, if I can modify it slightly, is: I think the system will be working to a more satisfactory degree soon. Is it working like that all over the country now? No, it's patchy. But it will happen. I'm telling the charities, 'Be patient.' I think things will get better."

In his first detailed interview since taking on the review, the former professor of occupational health at the University of Birmingham, refuses to be drawn on the wisdom or otherwise of pressing ahead with such a vast project to reassess 1.6 million people at a rate of 11,000 a week, using a flawed process.

"People said to me, 'Why didn't you tell the minister to stop and wait until your recommendations go ahead?' That's a political decision," he says. "My view is that the government can decide to do what it likes, in what order it likes. I'll just monitor the situation to see whether it works." Might it have been better to pause and get it right? "Not my decision. I deliberately avoided having an opinion on that," he replies flatly.

Since April, all incapacity benefit (IB) claimants are being reassessed by the Paris-based IT company, Atos, which is being paid £100m to carry out medical tests on claimants to help Jobcentre Plus officials determine whether they are eligible for the replacement benefit, employment and support allowance, or whether they may be capable of working, and therefore eligible only for the lower jobseeker's allowance. The government says the number of people receiving IB has grown too high, and claims the eligibility criteria for the new benefit is tighter. But since the preliminary launch of the WCA in 2008 (for all new claimants), charities and politicians have warned that vulnerable people have had essential payments removed, and there have been numerous cases of individuals with debilitating medical conditions being wrongly judged fit to work.

More than 400,000 appeals have been lodged against decisions not to grant the benefit and around 40% of those have been successful. The tribunals service has had to double the number of staff handling appeals to accommodate the huge volume of complaints, and the cost is estimated to be running at £50m a year.

"I am staggered and shocked, and I think it is a tremendous waste of public money when we could have fixed it earlier," says Harrington. Judges have warned him that they could be handling half a million cases a year, by the end of this year, if improvements are not made, "which is mind-boggling," he says. "But we're doing something [to improve the system]. Maybe we are going in the right direction, we'll see."

Harrington was appointed just over a year ago to make recommendations on how to refine the system. He concluded then that the system was "not broken", but conceded that there was "something wrong with every bit of the process, right from the time that somebody rings up and says, 'I haven't got a job, please give me money,' right through the Atos assessment, right through to the appeals process." He divided the problems into issues that could be fixed immediately, and those that were "too difficult and too consuming to fix now, but could be the programme for year two".

His key initial conclusions were that the process was "too mechanistic, there wasn't enough of the human touch, people didn't know what was happening to them and no one was telling them, they didn't know what the Atos test was," he says.

Last November, Harrington published 25 initial recommendations, which the government promised to implement. Given the scale of the problems with the WCA (and given that the first stage of the Harrington review only attempted to deal with a portion of those problems), charities urged the government to delay the start of the programme to reassess all IB claimants until all the recommendations had been implemented. But Chris Grayling, employment minister, insisted the changes would be in place before the roll-out began in April this year.

Almost 300 welfare rights advisers surveyed by the Disability Benefits Consortium to gauge the impact of the recommendations from the first year of the Harrington review said they have seen little improvement so far.

Improvements were never going to be instantaneous, Harrington responds. "You have a massive number of people going through a huge government department, dealing with a big multinational that has got to see a lot of people. It's bound to take time," he says.

Harrington has sat in on just five Atos assessments – arguably not very many, given the size of the review he has undertaken and the scale of the complaints about the doctors and nurses who carry out the tests. But he is confident that Atos has already improved the computer programme that doctors use as they carry out the tests, and was beginning to improve training of staff.

"The evidence we've had so far is that people are still complaining about atrocious behaviour by certain Atos assessors. But who's going to write in and say, 'It was wonderful. I enjoyed going through the whole process?'"

The second year of his review focuses on refining the criteria that help determine whether people with mental health problems and conditions that fluctuate in severity from day to day (such as Parkinson's or multiple sclerosis) are fit for work. A number of charities have been advising on changes, and Harrington thinks the proposed new criteria represent a real improvement.

Mightn't individuals with an appointment over the next few months be justified in feeling dismayed at the prospect of going through a process that is still being refined?

"What do you want to do? Stop the whole process? And for how long? And when will it be right?" Harrington responds. "There will be people on the wrong side of the improvement. But you can't just grind everything to a halt while you fix things."

Individuals can submit evidence of their experience of the WCA to Malcolm Harrington before 16 September at dwp.gov.uk/consultations/2011/wca call for evidence

Elderly carers 'need more support from GPs'

GPs throughout the UK should be giving more support to carers who are aged over 60, a charity says.

The Princess Royal Trust for Carers says family doctors should offer older carers an annual health check, including screening for depression.

The charity says almost 70% of hundreds of older carers questioned in a survey said that their health was suffering because of their responsibilities.

Ministers admitted that more work needed to be done to help older carers.

More than 600 carers aged between 60 and 94 answered questions for a survey by the Princess Royal Trust.

Just over a third reported having cancelled an operation or treatment because of their caring responsibilities, while half said their health had got worse in the past year.

Crumbling spines

The charity's policy director, Moira Fraser, said: "Carers want to look after friends or family members - but often it's at the expense of their own health.

"We heard about people with crumbling spines, heart problems and cancer. Sometimes people's knees are so worn out they feel as though they can't walk at the end of each day.

"Others suffer from mental problems - such as stress and exhaustion. They worry about the future and have feelings of hopelessness."

She added: "One woman needed an ankle replaced, but she had to put off the operation because it would have meant being in plaster for three months.

"We hear positive words from the authorities. The important thing is for funding to make it through to a local level."

There are thought to be six million carers in the UK. Many of them are over retirement age.

The Princess Royal Trust for Carers wants to see the NHS and local authorities fund training for carers to help them lift other people safely.

Action plan

Professor Nigel Sparrow, a spokesman on carers' health for the Royal College of GPs, said:

"We fully support the recommendations.

"We are in a very privileged position in general practice in that we have a registered list of patients so that we know both the patient and family, allowing us to support the needs of carers."

Ministers in England have published a four-year action plan - Recognised, Valued and Supported - to support carers' mental and physical health.

A Department of Health spokesman said: "Work is under way to address these concerns locally, but clearly more needs to be done to meet the needs of older carers.

"The Department has invested in a number of local sites exploring different ways of providing breaks for carers, and ways in which the NHS can better support carers with more flexible appointment times.

"An evaluation will be published later this year."

Disclaimer

The articles in this bulletin are meant for the sole purpose of information only and do not necessarily reflect the views of the committee.

YOUR JOKES

These are sentences exactly as typed by medical secretaries in NHS (National Health Service) Greater Glasgow

1. The patient has no previous history of suicide.
2. Patient has left her white blood cells at another hospital.
3. Patient's medical history has been remarkably insignificant with only a 40 pound weight gain in the past three days.
4. She has no rigors or shaking chills, but her husband states she was very hot in bed last night.
5. Patient has chest pain if she lies on her left side for over a year.
6. On the second day the knee was better and on the third day it disappeared.
7. The patient is tearful and crying constantly. She also appears to be depressed.
8. The patient has been depressed since she began seeing me in 1993.
9. Discharge status: Alive, but without my permission.
10. Healthy appearing decrepit 69-year old male, mentally alert, but forgetful.
11. Patient had waffles for breakfast and anorexia for lunch.
12. She is numb from her toes down.
13. While in ER, she was examined, x-rated and sent home.
14. The skin was moist and dry.
15. Occasional, constant infrequent headaches.
16. Patient was alert and unresponsive.
17. Rectal examination revealed a normal size thyroid.
18. She stated that she had been constipated for most of her life until she got a divorce.
19. I saw your patient today, who is still under our care for physical therapy.
20. Both breasts are equal and reactive to light and accommodation.
21. Examination of genitalia reveals that he is circus sized.
22. The lab test indicated abnormal lover function.
23. Skin: somewhat pale, but present.
24. The pelvic exam will be done later on the floor.
25. Large brown stool ambulating in the hall.
26. Patient has two teenage children, but no other abnormalities.
27. When she fainted, her eyes rolled around the room.
28. The patient was in his usual state of good health until his airplane ran out of fuel and crashed.

MEMBERS COMPETITION

A £5 prize will be given to the member whose entry has the most correct answers. Even if you do not answer all the questions, send in those you have answered – you could still win!

THE FIRST LETTER OF EACH ANSWER WILL SPELL OUT THE NAME OF A LONDON UNDERGROUND LINE

- 1/ Which naturally occurring substance measures a maximum on the Moh's scale of hardness?
- 2/ Who wrote Rip van Winkle?
- 3/ On the Statue of Liberty how many spikes are there on the crown?
- 4/ Where was the 1998 Winter Olympics held?
- 5/ Who commanded the Confederate armies during the American Civil War?
- 6/ Which semi transparent substance is used for clarifying alcoholic beverages?
- 7/ Which film star has a statue in Leicester Square?
- 8/ How many compartments are there on a roulette wheel?

Name:

Address:

Send Completed Forms To:
Mr D Henderson
74 Windermere Road
Stockton-on-Tees
Cleveland TS18 4LY

All entries to be received by the next social. The winner will be drawn from entries received with the highest number of correct answers.

Answers to last Quiz:

1/ Earth 2/ Lead Piping 3/ Walker (John) 4/ Indigo 5/ Coventry 6/ Kingsley (Ben) 7/ Echo
8/ Sheraton (Thomas) 9/ Bashful 10/ Yew