

**Herefordshire  
Disability  
United**



# **Network News**

December 2012



**Spotlight on the Liverpool Care Pathway**

**Latest on Carers' Charges from the Council**



This has been a changing time for the committee of Herefordshire Disability United as Roy, our Webmaster sadly passed away suddenly on 17th October.

Roy was seen as “the face of HDU” as without his years of experience and knowledge the group would not have been initiated. When we moved to Herefordshire in 2010 there was a distinct lack of united support groups which is why we aimed to change what was on offer by introducing HDU.

Roy had proudly set up the website using “html code” and not a software package you could buy off the shelf (lack of funds). It was his endeavour to ensure those with sight impairments could still access information, so that with their own computer software, as individuals hovered the mouse over text, this could be read aloud to them.

Roy had never used this system before, and it took a huge amount of concentration and tenacity, reading books and picking up tips from sources on the Internet. He always said that just keeping up to date with the ever increasing amount of news relating to disability and health matters was a full time job.

From mid-September to mid–November the content of the website did not change. Roy wasn’t feeling very strong and then when cancer suddenly appeared and ate through his body this prevented anything more being done by him.

I was only too aware that to let his work go to waste would be a terrible loss, and so one day in the first week of his illness in hospital, I asked him to give me some guidance on continuing the website. I printed off 24 pages of code (which just related to the News Page on the site), and spending an hour’s terrific focus he explained some of it to me. That was the last time he could apply his brain to such a degree.

On 6th November I successfully uploaded my first batch of information. There is much more to learn and do, so please be patient whilst I try without his guidance.  
Sylvie Nicholls (This is also my first solo effort of our magazine)

Don’t forget, we welcome articles from individuals and organisations to promote their stories or interests too. Please contact the Editor; details on the back page.

**Latest from Herefordshire Council press release...21st November**

**Proposals to charge carers for support services have been scrapped as a result of a consultation into fairer charging for adult social care services.**

**From December this year, adults who pay towards the cost of their adult social care services will pay revised prices that cover the cost of the service as subsidies will disappear.**



About

## Herefordshire Disability United

Herefordshire Disability United is an organisation that has been developed to voice the concerns of disabled people and to provide a platform where disability issues can be raised and policies developed.

Herefordshire Disability United (HDU) is an organisation run by people with disabilities for people with disabilities. It was started in January 2011 and its objectives are:

To promote the interests, welfare and social inclusion of disabled people living in Herefordshire by facilitating the following:

- Fostering understanding among policy-makers and practitioners of the needs and aspirations of disabled people.
- Taking part in consultations to make aware issues that affect persons with disabilities
- Raising awareness and debate on disability issues, stimulating the engagement of disabled people within that debate.
- Providing a platform where matters of concern to disabled people can be raised and policies developed.
- Making representations to public sector organisations, voluntary sector organisations, local and central government and local and national business to improve their policies and practices.
- Exchanging information with organisations providing services for disabled people, co-operating with but independent from such organisations.
- Providing information and sources of advice to disabled people.
- Combating discrimination on the grounds of disability by promoting equality of opportunity and a positive image of disabled people.
- Being a democratic, non sectarian, non party political organisation.

## HDU Contents

### Local News

Press release on Social Care charges  
Page 2

The “Yes I Can Club” - page 15

Shop Mobility - page 6

### Features

The Liverpool Care Pathway  
Pages 8– 11

5th December Open Meeting info  
Page 4

Open Meeting Report from 26th Sept  
pages 12– 14

Fashion clothing, Wheeliechix - page 7

### Information

Accessible Transport Survey– page 5

Lloyds Banking group - page 5

First Stop Advice Line - page 7

The Good Care Website– page 6

Useful Contacts - page 16

Next Open Meeting - page 16

**Editorial or advertising queries:** Contact the editor on 07817 473813 or email [info@hdu.org.uk](mailto:info@hdu.org.uk)

**Contact: Herefordshire Disability United** welcomes any feedback on Network News, or any of the services it provides.

**Disclaimer:** The views expressed in Network News are not necessarily those of Herefordshire Disability United.

## Advocacy support available from two agencies seen below

Just two examples of Advocacy agencies in Herefordshire should you need help



### **Onside Advocacy**

Onside has 20 years experience of delivering independent advocacy to vulnerable and excluded adults.

We are delighted to have been awarded 3 years funding by Herefordshire County Council to provide an advocacy service across the county. Advocacy provides confidential, independent 1-1 support to people who use adult social care services.

Our advocates support adults to express their views and make their wishes known to others. A key element of the support is to ensure people are connected to the right support, advice and services. Support can be on a range of issues including access to services, health, housing, aids and adaptations and finance.

To find out more about us please phone 0844 248 9 248 (charged at local rate) and a member of our Gateway team will be able to talk to you about advocacy in more detail.

Linda Clarke



### **Advocacy Service.....Ray Danenbergs**

The Advocacy service provides assistance for people who need support to speak up for themselves. This could extend to letter writing, speaking up on the client's behalf or making representations on a range of issues to official bodies.

Having recently worked for 10 years for the Hereford Peoples' Advocacy Network, I am trained to help and support people in need.

My work is specialised in that I have extensive experience in supporting and helping elderly people, although this service is not exclusive to the elderly. I take the time to get to know my clients, respect their wishes and support their interests.

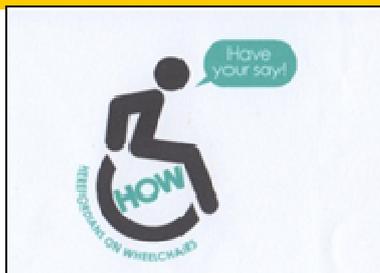
My time and effort will be given to the client free of charge, funded by Kidwells Law Solicitors.

#### **Pro Bono Service**

Should legal advice be required the matter may be considered under the Kidwells Pro Bono scheme. This is a scheme set up by Kidwells to provide free legal advice and support for cases where the client may not otherwise be able to afford this service.

Each case will be individually assessed and the client thereafter advised whether we are able to take their case.

## Feature.....Accessible transport survey & Lloyds Bank disability programme



Herefordshire Wheelchair User group are conducting a survey on accessible transport for wheelchair users. They are asking for details in any area of the county in which you travel.

Please advise of both good and bad incidents on buses, taxis and trains. Jim Lawes, Chair of the group is collecting the data.

If you wish to send it by post: Contact Jim Lawes, 43, Park Street Hereford, HR1 2 RD  
By email requesting a survey form then contact: [sylvia.nicholls@btinternet.com](mailto:sylvia.nicholls@btinternet.com)  
This survey will be running through 2012/2013

Has anyone had personal experience of the “improvements” which Lloyd’s Bank say they are providing for their disabled customers? See below and inform the editor

### **Lloyds Banking Group launches its Customer Disability Programme**

Lloyds Banking Group launched its Customer Disability Programme November in Westminster with the support of The Minister for Disabled People, Esther McVey MP and The Shadow Disabilities Minister, the Rt Hon Anne McGuire MP.

Lloyds Banking Group has committed to providing innovative technology to make banking easier including:

- ◆ Launch of sign language and text services for deaf customers
- ◆ Roll-out of talking cash machines
- ◆ Introduction of a specialist colleague helpline to provide expert support for customer-facing staff
- ◆ Improved recording of disabled customer needs
- ◆ Training programme for customer-facing colleagues

The launch follows a year of engagement and information gathering through customer focus groups and research with several disability groups such as Disability Rights UK and the Alzheimer's Society to gain a clear understanding of customers' needs and how the Bank can adapt to address them.

Liz Sayce, the CEO of Disability Rights UK, says:

"We value highly working in partnership with Lloyds Banking Group and commend their commitment to their disabled staff and customers. We thank them for their continuing support of Radiate - our network of disabled leaders - and look forward to continuing this partnership.

We are delighted Lloyds is sponsoring the parliamentary launch event for Disability Rights UK - where we will continue with our work to peel back the barriers faced by disabled people."

## Feature...Services for Independent Living (SIL) run Shop Mobility in Hereford



SIL now run the Shop Mobility site in the Maylord Centre, Hereford, and as with many Shopmobility outlets charge for using the equipment. Obviously being a member brings reward. If you use the facility regularly, then you pay £10 for an annual subscription.

#### Members Hire Charge

Up to 4 hours

Manual Chair	£0.75	£1.50
Electric wheelchair	£1.25	£3.50
Power chair	£2.25	£4.50

#### Non-Members Hire charge

Up to 4 hours

Manual Chair	£0.75	£1.50
Electric wheelchair	£1.25	£3.50
Power chair	£2.25	£4.50

Staff are happy to discuss charges for holidays, group membership or long term arrangements.

SIL welcome new volunteers to assist with the daily running of this new project. If you are interested then contact Eyvonne Dight on 01432 432166.

**The Good Care Guide Website**  
**Contact: [info@goodcareguide.co.uk](mailto:info@goodcareguide.co.uk)**

#### Information taken from their website

The Good Care Guide website has been developed by [My Family Care](#) and [United for All Ages](#) with other national bodies and charities. Both organisations work for better care for all ages, helping parents get good childcare and helping older people and their families get good eldercare.

As consumers of care, you should be able to air your views about the care you have used and you should be listened to. Your views about care providers from the quality of care and staff to the facilities and surroundings and of course value for money can help other people choose care. Access to good advice and information is critical to making difficult decisions about care.

Due to the aging population more families have to pay for care themselves and are demanding better care.

This site initially covers childcare and eldercare in England. Coverage will be extended across the UK in due course.

Feature... information sharing on what might be important to you

**FirstStop Advice line available: 0800 3777070  
Mon-Fri 9.00am– 5.00pm**

FirstStop Advice is an independent, free service offering advice and information for older people, their families and carers about housing and care options in later life. It is led by the charity Elderly Accommodation Counsel (EAC) working in partnership with other national and local organisations.



The Department for Communities and Local Government has sponsored FirstStop since 2009 and supported its expansion during 2011 and 2012. The service spans housing, care, finance and rights and is delivered through their website.

- ◆ Care & support- in your own home, in specialist housing or in a care home.
- ◆ Housing— Services to help you manage well at home and maintain independence, information about moving somewhere more suitable.
- ◆ Finance— paying for care including benefits and allowances, Council and NHS.

**Fashionable clothing for females using wheelchairs  
From: [www.wheeliechix-chic.com](http://www.wheeliechix-chic.com)**

Many ladies who use wheelchairs to get about often find that fashionable clothing can be an issue, as what appears wonderful in a shop window or catalogue can be ill -fitting when transferred to someone in a wheelchair.

I have recently discovered a company called “WheelieChix-Chic who have gone that extra mile to bring trendy styles and fabrics to the more discerning wheelchair user.



The company does use some models who have disabilities and was set up by a wheelchair user called Louise Summerfield. The site states that they are seeking new models so if you are in the 18-45 years age range and size 8-12 you could approach them. (Clothing is available in other sizes too). The statement also advises that if you are a plus size model this may not exclude you as from time to time they need different size models too. If you are interested you need to email: [modelling@wheeliechix-chic.com](mailto:modelling@wheeliechix-chic.com)

Herefordshire Disability United cannot endorse products from this website we just provide information. This model is a paraplegic with upper arm muscle bulk and the dress fabric is soft and easy to accommodate her physique.

# The Liverpool Care Pathway

## From personal experience with Roy, my husband

The Liverpool Care Pathway (explanatory leaflets are available on-line, one for carers and the other for professionals) is something I had personal dealings with since my husband Roy was placed on this when in the later stages of palliative care at Gloucester hospital. There are many concerns currently reported in the media by those whose loved ones have followed this pathway, but I would like to offer another observation.

Just to set the scene, Roy has for 28 years dealt with the severity of Spinal Muscular Atrophy (SMA) as it took his freedom, and use of limbs, but the speed at which Liver Cancer took hold meant there was no resilience left to fight this painful end. Roy felt a prisoner trapped in a useless body and treatment for cancer was not an option. After careful discussions with both the ward doctors and the palliative care doctor, we agreed on 8<sup>th</sup> October the Liverpool Care Pathway was the way forward. A syringe driver just under the skin of his leg would permit a cocktail of drugs to ensure pain would be controlled over 24 hours each day, and this would be topped up orally as necessary according to discussions both with Roy and myself. Being that previous medication had given hallucinations (ants crawling on the walls) we had agreed a different mixture of medication but insisted that Roy did not wish to be a zombie.

The following morning at 7.30 when I arrived to wash and change Roy, (which I did on a daily basis as he preferred this to the nurses) Roy was in a deep sleep and when trying to speak any speech was slurred and language undecipherable. This caused concern to me and upset for Roy as he desperately wanted to communicate. I spoke to the staff twice about Roy's condition, and when I left for a break over lunch thought that on return he may have come round more from this sleepy mode. By 2.30 pm there wasn't any change so I asked to speak to the palliative care doctor citing my frustration and that of Roy. I reiterated that Roy had asked not to become a zombie and this action was unacceptable. A short while later the doses were halved, and by the following morning Roy was able to hold a normal conversation and was not in pain.

For a few days Roy plateaued but was aware he was being offered paracetamol every four hours. I queried this with the staff, and was told that the palliative doctor had said to offer top ups as required. I asked Roy if he knew why he was taking paracetamol, and he didn't know.

## Is this the type of palliative care which you could accept for your loved one?



Roy agreed he wasn't in need of top up medication but as he was being offered them thought he should be taking them as part of the regime and hadn't questioned why himself. I approached the nursing staff who then asked a doctor to see us, who realised we were in command of the situation and the paracetamol was dropped.

Roy continued to eat, drink and hold intelligent conversations with everyone he met for several more days whilst he awaited his mother's visit on 12<sup>th</sup> October (from Ipswich). Everyone was most caring and the staff were very respectful of Roy's dignity and gentle in approach. For all food and drink, interventions were time consuming. When I wasn't at his bedside, Roy required someone to feed him or hold a straw to his mouth to access drinks.

Daily change of the bedding was the most painful time for Roy. Lack of flesh at the base of the spine had caused a graze which did not heal and a padded dressing allowed some pressure to be alleviated. However just the motion of turning his body caused immense shooting pains described as like pouring lemon juice on an open wound.

Although Roy's body was quite skeletal from the SMA there was considerable fluid build-up in his limbs from the cancer making it extremely difficult to turn Roy on either side just to wash him, or refresh the bed. I was usually around for a considerable time during each day, and would cradle Roy towards me whilst nurses made his body more comfortable. The pain from these sessions brought fear for the next such occasion which he dreaded.

Having seen his mother for what was to be one final meeting, Roy decided he wanted to depart this life. He had already expressed this several times before, but was now quite adamant. So on 15<sup>th</sup> October, (exactly one week after starting the Liverpool Care Pathway), we entered into deep discussions initially between ourselves and then with the palliative team and ward doctors. Roy asked for his medication to be increased so that he could spend the majority of the time asleep. He knew he couldn't ask for his life to be taken, but could no longer deal with being locked in without the ability to have any choices. Each day was being spent lying on his back listening to the whirl of his air mattress and watching daylight come and go with the changing shifts of medical staff. Food was just a possible tasty break, but for what purpose.

Medication was increased as requested with the option of top ups as and when he felt them necessary. Roy asked for me to wait until he was feeling the effects and talked about essential things to be done. I wrote down sentences to be spoken to his family and friends so that he was able to express his feelings for all to know.

Neither of us knew if this might be the last time we could communicate in any detail, but just in case we went through the process. I returned home for a couple of hours break before starting my afternoon vigil.

On return later Roy was sleeping, but responded to my presence. He wanted to speak briefly about a couple of things but there wasn't the mental aptitude as early in the day. At tea time he took a few spoonfuls of soup, I then refreshed his mouth, settled him down for the night and made sure he was comfortable. We kissed and said goodbye and I left for home.

The following day 16<sup>th</sup> October Roy was completely different. His deep laboured breathing indicated another level of consciousness as he didn't respond to either my voice or touch. The ward doctor came to speak with me, and I questioned whether Roy's medication had been added to or was his illness taking over? Listening to Roy's breathing he felt Roy was slowly slipping away and advised of what to expect. Timings being difficult to anticipate we accepted that it may well be within the next 24-36 hours, which I was prepared for.

Finally on 17<sup>th</sup> October Roy passed away peacefully. I was contacted by the doctor as this occurred whilst I was away from the hospital. I returned and spent some time with Roy, gathering belongings and saying goodbye. Roy had made his final choice of leaving this life and at last his suffering was over.

For Roy the Liverpool Care Pathway enabled him to not suffer in the turmoil in which his body existed. Treatment could do nothing for his mental state and may only prolong him in agony with no quality of life. We realised that it was best to have enjoyed a good life together, and know the end was in sight for him.

**This is from the  
front of the  
Daily Mail**

Cash incentive for NHS trusts that meet  
targets on Liverpool Care Pathway

**HOSPITALS  
BRIBED TO  
PUT PATIENTS  
ON PATHWAY  
TO DEATH**

## Conclusions drawn from this personal experience

I would like to draw a few conclusions /pointers as to how one might interpret the role of the Liverpool Care Pathway:

- ◆ You should be aware that the average time for being on the Liverpool Care Pathway is 33 hours
- ◆ Once taken this path, usually sustenance is not part of the regime and for many is not required
- ◆ Maintaining a vigil every day meant I was almost totally involved with Roy's care and able to intervene when we felt it too hurried or inappropriate
- ◆ Patients without relatives/ Carers on hand may well be pushed further down the pathway at a speed which medical staff find acceptable, but you find hurried
- ◆ One needs to challenge and ask questions and not be afraid to stand up for what you believe in
- ◆ Question the medication doses remembering your loved one is the priority not your personal desire to extend their life at all costs
- ◆ Don't be manipulated into situations you are not ready for.
- ◆ Being open and honest with yourselves and medical staff aids better understanding and prevents anxiety at a delicate time
- ◆ Daily matters become unclear and muddled when you are upset, and conversations may be misinterpreted or misunderstood
- ◆ Food and drink may be withdrawn as the body cannot tolerate what is offered but this is sometimes mistaken by relatives as being unkind or neglect
- ◆ Drips to aid fluid intake may eventually be removed as the body is unable to retain them

Chronicled by Sylvie Nicholls on a daily basis

## Open Meeting Report from 26th September

**Becky fights back**

Becky Beckington and Pickles took the stage to talk to the meeting on aspects of sight loss. Becky introduced herself as a 45 year old Ledbury-born resident, who has one daughter and two grandchildren. Before her visual impairment developed, she had been a Patisserie chef for Aardman Animations (the makers of Wallace and Gromit). A routine eye test in the early 2000s revealed problems. In 2003 she was diagnosed with Retinitis Pigmentosa. She was told this information

with no consideration at all of the impact such a diagnosis would have. This inherited condition eventually results in blindness, and there is no cure.

Becky was registered blind in 2009 and became very depressed and emotional after being diagnosed. She had no support, and was not told by anyone what help there was. Eventually, 22 months later, she got Disability Living Allowance, but to achieve this she had to enlist the support of her MP, and really fight.

During an emotional and courageous presentation, Becky relived the struggles she had endured. She recalled now vulnerable, dependent and lonely she had felt. Social workers and others failed to signpost her to sources of support, and did not appreciate the practical difficulties that were hampering Becky's life. These include the challenge of identifying which keys open what, how to avoid trips and falls, how to unlock toilets for disabled people (she eventually discovered that there were 'radar keys' she could use). She wondered if there could be a 'one-stop shop' contact which was specially equipped to support people with all the useful information needed to help them out of such difficulties.

Then she contacted Guide Dogs for the Blind in 2011, and Pickles the black Labrador arrived. Becky says he has transformed her life and given her confidence to get out and do things again. She is now busy and undertaking various voluntary activities to help disabled people.

**Stagecoach West**

Ben Cole, Stagecoach West's commercial officer, outlined the company's mission, strategy and recent development especially related to use of the company's buses by disabled people. He said their investment strategy included Disability Act compliance, and that they were passionate about passengers and helping them to have good journeys. For example, their 33/32 service, launched in 2011 between Hereford and Gloucester, is now up to 90% low-floor buses. Drivers on all their services have to train in disability awareness, including social inclusion. An arrangement with the National Star College allows students to experiment on Stagecoach buses to increase people's confidence about using bus transport.

## Open Meeting Report continued

There have been 64 new low-floor buses introduced since 2008, and the company will be investing £8.9 million in more low-floor buses, including many on Hereford routes, starting in January 2013.



Ben agreed it would be helpful to announce on timetables which buses were 'easy access', but added that factors like traffic, diversions, weather etc mean this would not always be 100% reliable. He said there was a phone number to check on the daily situation, but an audience member said this did not work. It would also be hard to guarantee that an advance booking for a disabled person would be reliable due to the same variable factors as above. He told the group that buses were only legally insured to carry one

wheelchair.

Wheelchairs take precedence over pushchairs, legally but drivers can only ask, not insist that, pushchair owners collapse them to make room for a wheelchair.

A suggestion was made that an explanatory notice in the wheelchair area of the bus could help clarify this for passengers. He agreed that there would have to be much more extensive use of social media in future to inform people about timetable changes, and that their email update service was already heavily over-subscribed.

### Vision Links

John Eden, the new CEO of Vision Links, explained that his advocacy background meant that he was very interested in providing practical help, advice and signposting, as Becky had suggested earlier, for people with visual impairment. They aim to provide early help and long term support for people with sight loss, as well as promoting their inclusion, and advising organisations to adapt to meet the needs of visually impaired people. He said their office in Widemarsh St had a resource centre which included equipment such as talking clocks, remote controls for use with visual impairment, magnifiers, and a talking microwave in their special kitchen area which can be used to acclimatise those recently affected by sight loss. He acknowledged that disorientation was a big problem with and that they knew they were only reaching 15- 20% of people who needed support.

Blind and visually impaired people can discuss their particular needs at the resource centre, and the lounge provides a haven in the city centre. Vision Links also runs clubs at outreach centres to combat isolation and loneliness.

Vision Links' kitchen is available for people to try – it features talking kettles and microwaves, etc – and anyone is welcome to visit and have a go. John said the organisation gets no national funding and has to rely on its own fundraising resources. He aims to employ an advocacy worker as soon as possible

Open Meeting Report continued—Psychological implications for sight loss

**Psychological implications for sight loss**

Lennox Adams, of the Royal National College for the Blind, started his presentation with a short history of society’s and science’s attitudes to psychological issues surrounding blindness and visual impairment. He showed that it was only after World War 11 that psychologists began to research the psychological effects of blindness. Much of this focused on clinical aspects rather than therapeutic measures (treatment and prevention). He also showed that there are still many negative attitudes and Misunderstandings in society that do not support the healthy psychological adjustment of visually impaired people.

Lennox then outlined the main issues:

Feelings	Denial	Shock	Resentment Bitterness Anger	Feelings of Inferiority Low self- esteem	Anxiety Depression Grief	Suicidal thoughts
What people said	“Doctors can cure Every- thing these days”  “It will be gone in a few days	I have always managed other Illnesses, Why can’t I manage this one?	Why me?  “It can’t be happening to me!  “It’s not my fault”	I’m no good at anything; I can’t even walk round a room without bumping into something	“How will I manage?”  “I will never be able to show my face in public again”	“It’s not worth going on”

Lennox brought the issues to life by asking participants to rate whether they felt various types of coping mechanisms were positive or negative, and whether different types of adjustment mechanism were hard or easy to achieve.

He explained ‘adjustment’ as the stage beyond ‘coping’, where adjustment marks a permanent change. Types of adjustment include acceptance, trust, positive avoidance, minimisation, independence, control, denial, resentment, shame, isolation and helplessness.

Some secondary issues include: fear of harm from the environment, problems with social contact, problems in conversations, involuntary mannerisms that can accompany visual impairment, integration, fear of the equipment associated with

If you are interested in a workshop on the “ psychological implications of sight loss”  
Please contact Sylvie Nicholls...details on back cover

## Information...A new club for those with communication difficulties after a stroke

### “The Yes I Can Club”

Often following a stroke the phrase “Yes I Can” is probably the one least expressed, negativity and shock set in whilst you cope with the new set of Circumstances life has given.

However the birth of the Communication Club specifically aimed at those with speech loss or communication difficulties following a stroke should change the mindset into positive action.

For a start we meet at a football club not a medical institution and this creates a convivial environment for

friendly banter. With the support of John Swan (clinical lead speech and language specialist from the Hillside Strike unit and Sue Rennie of the Stroke Club, participants chatter to the level of their ability and encourage each other on with patience and understanding.

After three monthly sessions (second Friday of each month) the name has been chosen by the attendees, ‘The Yes I Can Club’, and this is truly what each member believes. It doesn’t matter what level or method of communication individuals start with, they will discover new techniques for improvement even after a few years.

**The “Yes I Can Club” meet at Hereford United Football Club 2.30– 4.00pm Fridays 14th Dec, 11th January, 8th February, 8th March in Radfords Bar Contact Sylvie Nicholls if interested....See back cover for details**



Here are a few pointers which attendee highlighted to aid communication.

- ◆ To engage in conversation, look at the person’s face or sit alongside. Speaking from behind disorientates and makes thoughts harder to formulate for someone with communication problems
- ◆ If sight impairment is also an issue, say then person’s name with whom you intend to speak, and try to be close by when starting conversation
- ◆ Pictures often help no matter how simple. They stimulate especially when trying to understand mood/ situations/ feelings/ objects and are a good starting point.
- ◆ Writing things down may help but takes time
- ◆ A sense of panic adds to frustration when everyday words/ phrases are lost as the mind goes blank, but patience and a calm approach can alleviate panic
- ◆ Telephone conversations might be a long shot, as incredible tolerance and repetition are needed whilst replies are formulated

New Members are welcome to join the club either with or without support/ carer

## Useful Contacts

### **NHS Herefordshire**

#### **Patient Advice and Liaison Service**

Franklin House  
4 Commercial Road  
Hereford  
HR1 2BB  
Office Tel No: 01432 260263  
Mobile Tel No: 07971 315709  
Email: [enquiries@herefordpct.nhs.uk](mailto:enquiries@herefordpct.nhs.uk)

#### **Equality and Human Rights Commission**

Freepost RRLG-GHUX-CTRX, Arndale House,  
Arndale Centre, Manchester, M4 3AQ  
Tel: 0845 6046610 Textphone: 0845 604 6620  
Website: [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

#### **RADAR**

12 City Forum, 250 City Road, London, EC1V 8AF  
Tel: 020 7250 3222 Minicom: 020 7250 4119  
Email: [radar@radar.org.uk](mailto:radar@radar.org.uk)

**NHS Direct** Tel: 0845 4647

#### **Wye Valley NHS Trust**

The County Hospital  
Union Walk  
Hereford  
HR1 2ER  
Tel: 01432 355444

#### **Wye Valley NHS Trust Community Health**

Vaughan Building  
Ruckhall Lane  
Belmont  
Hereford  
HR2 9RP  
Tel: 01432 344 344

#### **Herefordshire Council and NHS Herefordshire**

Social Services Adult Duty Desk  
Office hours 9am - 5pm  
**Office Tel No:** 01432 260000  
**Email:**  
[LocalityAccess-Point@herefordshire.gov.uk](mailto:LocalityAccess-Point@herefordshire.gov.uk)

Up to date information on  
Herefordshire Disability United  
is available on our website.

A provisional date of 20th March 2013  
is our next Open Meeting

**Network News is produced by Herefordshire Disability United,**  
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