



# Herefordshire Disability United Network News

SPRING 2018

Cancer Awareness



We welcome articles from individuals and organisations to promote their stories or interests.  
Please contact the Editor..... details on the back page.

## Editorial:

### You choose

Use your green token in store to vote for one of the three local good causes.

#### Previous winners:

- |                         |      |
|-------------------------|------|
| 1. Green Token Giving 1 | £500 |
| 2. Green Token Giving 2 | £200 |
| 3. Green Token Giving 3 | £200 |

#### Did you know?

You can nominate a cause that you would like to see us support in the local community.

**NOMINATE**



### Good news for HDU

We are extremely pleased to have been chosen by ASDA in Hereford to be part of the Community Green Token scheme, which is run by the ASDA Foundation, to give support to local communities.

From **1st April to 30th June**, when you shop in Hereford ASDA, and are given a green token, HDU will be one of the three charities which you can support.

By placing the token in our HDU slot at the shop, you will be helping us financially. The charity with the highest number of tokens receives £500, and the other two will receive £200 each.

**HDU is a charity run only by volunteers, with the help of donations or grants. Please support our future work by placing your tokens in our slot at ASDA.**

I know many of us will have been touched by the death of our colleague Dawn Lewis who sadly passed away on 17th February from lung cancer. Dawn was prominent and proactive in raising the profile of mental health, and campaigning for better understanding and acceptance of the stigma it seems to bring.



Dawn set up a local support group encouraging anyone with an interest to get on board. This is the logo and cutting from her website:

The Mental Health Reference Group (MHRG) emerged from a public meeting held by Herefordshire Primary Care Trust (PCT) entitled "***Do You Have an Interest in Mental Health?***", which was held at The Kindle Centre on 3<sup>rd</sup> March 2008. Dawn set up a monthly support session at the Kindle Centre, and when finances were tight, she'd foot the bill too.

Dawn knew only too well the tolls mental health has on the family, as she struggled to gain support for her son whose wellbeing was often compromised. This in turn brought much stress to her life, which she battled to the end.

Respect Mental health and those it affects.

**The Editor**



## HDU newsletter contents and information

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

HDU is run by people with disabilities for people with disabilities. It was started in January 2011, and has grown to be an acknowledged organisation representing service users, and their families fighting for a better future and understanding.

HDU take part in consultations to highlight issues that affect persons with disabilities.

Our networking is effective with representation via public sector officialdom, providers and the third sector, local and national businesses to improve their practices and policies.

We are a democratic, non sectarian, non party political organisation, stimulating discussion to improve outcomes for disabled people.

We anticipate the next HDU event will be on  
**Mental Health**

in memory of  
**Dawn Lewis and her good work in this county**

Watch our website for details

[www.herefordshiredisabilityunited.org.uk](http://www.herefordshiredisabilityunited.org.uk)

Or email :  
[chair@herefordshiredisabilityunited.co.uk](mailto:chair@herefordshiredisabilityunited.co.uk)

### **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.

# Hope Support Services for young people



When someone in the family is very ill, younger family members can find the uncertainty particularly hard to deal with. Studies show that their mental health can be damaged long before bereavement occurs.

When the focus of attention is on the patient, young family members can become

marginalised, confused and angry. This can lead to issues such as disengagement with education, family members and peers, and can lead to anti-social behaviour, drug-taking and other unhealthy coping mechanisms.



Hope Support Services is the UK charity set up to help those struggling to cope through this traumatic situation.

Hope's preventative support is available from the moment of diagnosis and for as long as it is needed, regardless of the outcome for the patient.

It aims to provide a safe space for young people to be around others who understand what they are going through, get away from what can be an extremely stressful home environment, offload their worries to a friendly and supportive listening ear and take part in a range of confidence and skill-building activities whilst learning and sharing healthy coping strategies.

In Herefordshire and Gloucestershire, Hope delivers a comprehensive face-to-face service which offers a range of support including regular youth sessions where young people can be around others who understand and take part in therapeutic and diversionary activities (such as crafts and cooking),





## When family members are affected



Also, “Hope on the Road” trips which allow a break from a tough home situation ,(many of our clients are young carers) and confidential one-to-one support. Young people can chat to a trained Youth Development Officer to share their concerns, ,and create bespoke actions plans to work towards building resilience and becoming autonomous, in being able to cope with their feelings and tackle any issues that they are

experiencing.

Nationally, Hope also offers a free, safe online support service which is available for young people aged 11-25. Hope Online aims to reflect the services provided regionally and offers a range of support which young people can choose from to generate a tailored support package.

Hope Online includes a peer support community via a closed Facebook group where young people can share experiences and coping mechanisms, bespoke support group chats for those with similar needs or experiences (e.g. a 14-16s group for those going through the stressful GCSE period) and private one-to-one sessions via a variety of platforms including Skype, email, Facebook, phone and text.



All of the elements of the online service are facilitated and monitored by a team of trained online support workers.

**For more information or to refer someone to Hope get in touch via email: [help@hopesupport.org.uk](mailto:help@hopesupport.org.uk),**

**Telephone 01989 566317**

**Or visit our website at [www.hopesupport.org.uk](http://www.hopesupport.org.uk)**

# Medscape

Cancer patients who exercise regularly while undergoing adjuvant therapy appear to be more physically active years after their treatment ends. In addition, in cancer patients who participated in an exercise program during therapy, there was a tendency toward less fatigue over both the short and long term, according to new findings.

"The take-home message is that offering exercise during cancer treatment is recommended and has beneficial short- and long-term health effects," said lead author Anne M. May, PhD, an associate professor of epidemiology at the University Medical Center in Utrecht, the Netherlands.

She was speaking at a press briefing held in advance of the upcoming Cancer Survivorship Symposium (CSS) Advancing Care and Research, in Orlando, Florida, where the results will be presented.

May noted that this study is the first to show that patients who are physically active during cancer treatment maintain higher levels of physical activity over the long term, which is highly beneficial for their health and well-being.

She explained that these results come from the long-term follow-up of the PACT trial, a Dutch study that investigated whether exercise during chemotherapy can reduce treatment-related side effects, including cancer-related fatigue.

"Cancer-related fatigue is one of the most distressing side effect of treatment," said May, "and it can persist for many years after treatment. That is the reason why we studied whether exercise for people during treatment with chemotherapy would prevent patients from developing severe fatigue."

## Study Details

The PACT study was a two-armed, multicenter randomised controlled trial that compared an 18-week supervised exercise program to usual care among 204 breast cancer patients and 33 colon cancer patients who were undergoing adjuvant treatment, including chemotherapy.

Patients were randomly assigned to receive either usual care or a supervised exercise intervention that included 60 minutes of combined moderate- to high-intensity aerobic and strength training twice a week, plus 30 minutes of home-based physical activity 3 days a week.

The team previously reported short-term benefit from the exercise program, noting that patients in the intervention arm experienced less fatigue than those in the usual-care arm (*BMC Medicine*. 2015;13:121).

## How exercise can help

### Now, the team reports results from the 4-year follow-up.

A total of 128 patients were included in the follow-up (intervention, n = 70; usual care, n = 58). Fatigue and physical activity levels had been assessed at baseline, at 18 weeks post intervention, at 36 weeks post baseline, and at 4 years post baseline.

May and her colleagues found that cancer patients in the intervention group experienced less physical fatigue at 4 years compared with patients in the usual-care group (-1.13, 95% confidence interval [CI], -2.45 to 0.20; effect size [ES] = 0.22), but this did not reach statistical significance.

Patients in the intervention group also engaged in significantly higher levels of moderate to vigorous total physical activity (141.77 min/wk: 95% CI, 1.31 - 281.61; ES = 0.22) after 4 years compared to those in the usual-care arm.

Patients who had participated in the exercise program reported engaging in moderate to vigorous physical activity 90 minutes a day on average, compared to 70 minutes a day reported by the usual-care group.

"We think that offering exercise during cancer treatment, including chemotherapy, should be recommended, as it has beneficial short- and long-term effects on health," May concluded.

### Consistently Shows Benefit

A growing body of evidence [supports](#) the premise that regular physical activity may play a protective role and decrease the risk for many types of cancer, and that it may also help temper the adverse effects of treatment. Studies have demonstrated that exercise regimens benefit cancer patients both [when](#) they are receiving active therapy and [afterward](#).

At the press briefing, moderator Timothy Gilligan, MD, FASCO, a medical oncologist at the Cleveland Clinic in Ohio, pointed out how consistent the literature is regarding the benefits of physical activity. "Nutritional recommendations seem to change every year, but if you look at the research on exercise, it consistently shows many positive benefits for health," he said.

"We want to get people to exercise, so it is interesting here that we saw a long-term effect on people's physical activity level," said Gilligan.

*The study was supported by grants from the Dutch Cancer Society, the Dutch Pink Ribbon Foundation, and the Netherlands Organization for Health Research. The authors have disclosed no relevant financial relationships. Dr Gilligan has a relationship with Wellpoint.*

**Cancer Survivorship Symposium (CSS) Advancing Care and Research.  
Abstract [99](#), presented February 16, 2018.**



# Knitted Knockers



Knitted Knockers are a UK charity that knit and crochet breast prostheses for women that have undergone a mastectomy or lumpectomy.

Ladies that have undergone surgery are provided with silicone breast prosthesis by the NHS, which some ladies have found to be uncomfortable, heavy and may rub against the scars left after surgery, causing rashes and pain.

At Knitted Knockers UK we want women to know that there is a lightweight, 100% cotton alternative that takes the form of a real breast and is soft against the skin and is breathable.

Each Knocker is **Made with love and filled with hope**, and we provide them **FREE OF CHARGE** to those ladies who need it.

We have a team based around the UK who are experienced in knitting and crochet. They give their time voluntarily to handcraft each knocker to each personalised request.

The UK group started two years ago by Joanna Dervisoglu, from Birmingham, who had knitted for the parent group in the US. She had received a request from Kay Coombes in Somerset who had had a double mastectomy after being diagnosed with breast cancer in 2011. The pair realised there was a huge need for the volunteer scheme this side of the Atlantic.



Our Aqua Knockers are also popular and allow ladies to swim in confidence. Each one is handmade using a soft acrylic yarn and stuffed using shower scrunchies. Knitted Knockers UK trialled these knockers with the support of 60 ladies who tested them during various water sports from swimming and paddle boat racing to simply relaxing in the

hot tub. Feedback revealed they were comfortable, lightweight and looked very natural under swimwear. Ladies also found they dried quickly.



## Details from their website

### What happens when I place a request?

All requests come into Knitted Knockers UK via our website using the request form. We aim to respond to your request within 72 hours.

Your request is then placed on our Knitted Knockers UK Orders Group.

The order is then picked up by one of our volunteers.

Our wonderful volunteers then knit or crochet the order.

The completed order is then forwarded to you via Royal Mail or will be hand delivered. The package will have a return address label on as follows.

Knitted Knockers UK, PO Box 779 SOUTHPORT PR8 9QJ. This is in case of non delivery or returns.

### How long until I receive my Knitted Knockers?

Within the UK. Please allow 28 days for your Knitted Knocker(s) to reach you. If after 28 days you have not received them please let us know via the request form.

Outside the UK. Please allow 42 days for your request to reach you. If after 42 days you have not received them please let us know via the request form.

### Can I choose a colour?

All our Knitted Knockers are made by volunteers. Knitted Knockers come as standard in a pastel, white, cream or beige colour on the fronts and knitters choice on the backs. However, you may choose a different colour of your choice. Please state this on the form. All colours subject to availability.

### Style

We have two styles of cotton knockers available. Knitted and Crochet. Each can be made with or without a nipple.

Knitted Knockers available in all sizes, please add your bra size to the order form.

We advise to only request crochet in sizes as the chart suggests. Please add your bra size to the order form.

Knitted knockers are more popular and are suitable for both mastectomy and lumpectomy, and are softer than the crochet style and will mould to the shape of your bra. Crochet knockers are a more fixed shape and are not suitable for lumpectomy.

### I have allergies, will the knockers be suitable for me?

All our knockers are made using 100% cotton yarn.

They are stuffed with polyfibre filling. (Same filling used in toys).

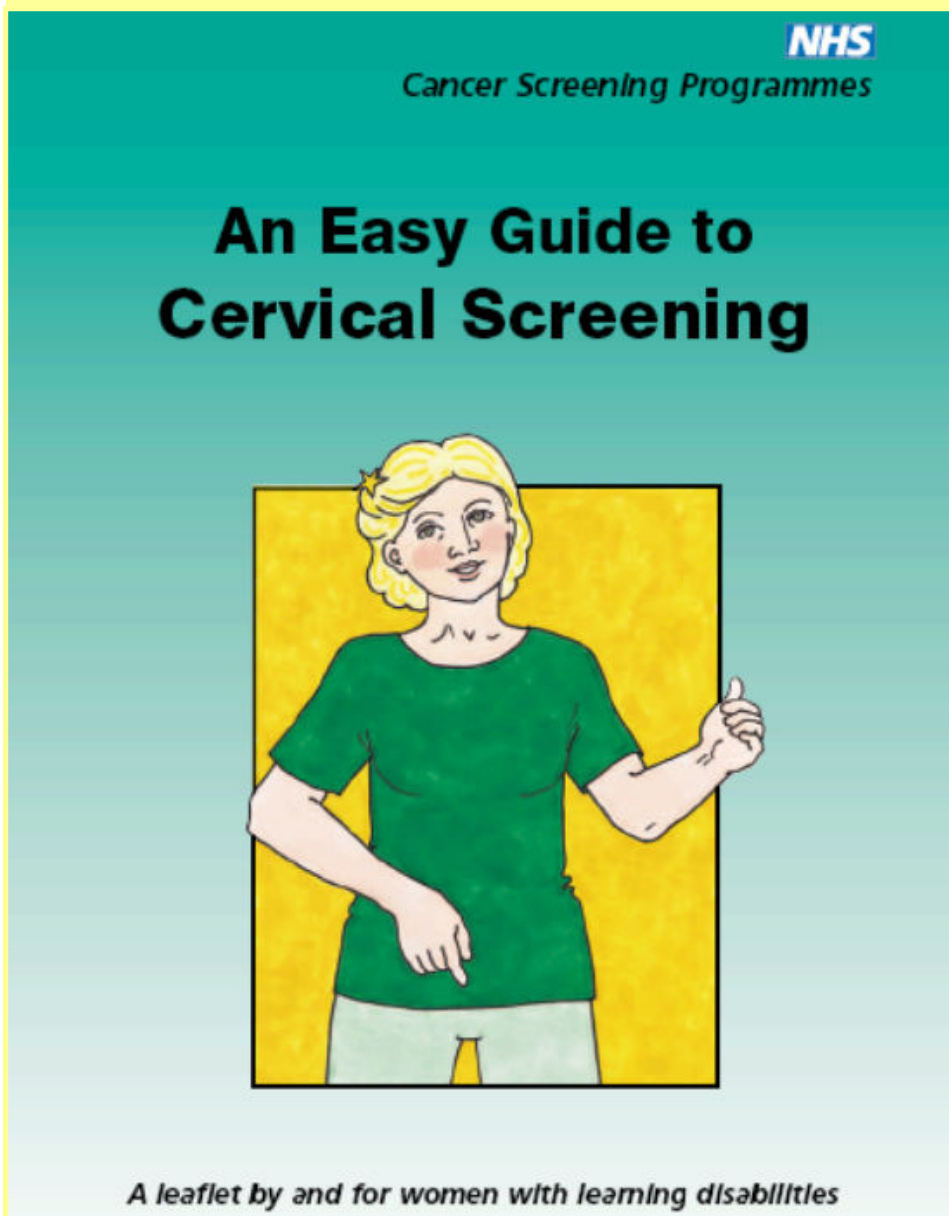
**<https://www.kkukciowix.com/request-knockers>**

Knitted Knockers, (the charity) were winners of the 2015 Voluntary Arts Epic Award. The Epic Awards were set up in 2010 by Voluntary Arts, to promote, support and champion the voluntary cultural sector, throughout the UK and Republic of Ireland. Radio features have also been broadcast on BBC Scotland, and on Radio 5 Live.

## Cervical cancer

**Cervical screening isn't a test for cancer, it's a test to check the health of the cells of the cervix.**

Most women's test results show that everything is normal, but for around 1 in 20 women the test shows some abnormal changes in the cells of the cervix. Most of these changes won't lead to cervical cancer and the cells may go back to normal on their own. But in some cases, the abnormal cells need to be removed so they **can't** become cancerous. About 3,000 cases of cervical cancer are diagnosed each year in the UK. It's possible for women of all ages to develop cervical cancer, although the condition mainly affects sexually active women aged 30 to 45. The condition is very rare in women under 25.



NHS  
Cancer Screening Programmes

### An Easy Guide to Cervical Screening

*A leaflet by and for women with learning disabilities*

This eight page leaflet is an easy read version. The pictures and words in this leaflet have been chosen with the help of women with learning difficulties.

Copies can be ordered via :  
08701 555455. or email:  
dh@prolog.uk.com

There is also a ten minute audio recording explaining all aspects of cervical screening using the "What happens next" process.

*I would encourage those who work with females with a learning disability to understand the importance of Cervical Screening. They may need a comforting support worker just to attend the appointment.*



## Cervical Screening, the process

The outcome of finding abnormal cells from a cervical test, is approximately 6 out of every 100 women tested. Abnormal cells are NOT cancer, but could develop into the condition if left untreated.

There are two types of abnormal cells, **Borderline** and low grade **Dyskaryosis**.

**Borderline** abnormal cells will be tested for the virus **Human Papilloma Virus**. If the virus is not present, there is a low risk of developing cancer before the next cervical test, in 3/5 years time (according to age). If the virus is present a woman would be advised to have a **Colposcopy**, an examination of the cervix when the consultant will use a magnifying glass to see the lining in more detail which takes around 15 –20 minutes.

**Dyskaryosis** is not cancer, nor is it harmful in its own right. It refers to some mild changes in the appearance of the cells that normally cover the surface of the cervix (the neck of the womb).

**A Colposcopy** reveals how much of the cervix contains the abnormal cells and how serious they are. This is usually carried out at an outpatients clinic at the hospital, where a sample of the cells may be taken (biopsy). If the sample proves to show abnormal cells, they will be removed, (often during the Colposcopy). About half the people who have a Colposcopy are found to have abnormal cells. Various treatment procedures are offered.

**The most common treatment is large loop excision of the transformation zone (LLETZ). It:**

- ◆ involves removing the abnormal cells using a thin wire loop that's heated with an electric current
- ◆ can be carried out at the same time as a Colposcopy
- ◆ is usually done while you're awake – [local anaesthetic](#) is injected into the cervix to numb it during the treatment
- ◆ doesn't usually need an overnight stay in hospital

**LLETZ is also called loop diathermy, loop cone, loop biopsy or loop excision.**

Since the NHS began mass screening of women in 1988, the number of women with cervical cancer has been reduced from 4,100 a year to 2,300 by 2010, saving many lives.

**Stay safe and encourage all women 25 and over to be screened**

**<https://www.nhs.uk/conditions/cervical-screening/results>**

## Massage therapy with students at



### RNC students working with the local community

The Massage and Complementary therapies department work with many local community based charities.

The charities either come here or we go to them. We use our On-site chairs and foot massage chairs offering a variety of massages. These real live situations provide an opportunity for the students to gain invaluable therapeutic experience.



**Cancer support group - Craven Arms** – these ladies love a bit of pampering.

**Herefordshire Carers, Affinity, Parent support group, Marches Family network  
Hansel & Gretel club (supporting special needs families in Wyre forest)  
Cirencester Polo Club**

We work closely with local groups who support carers in the community, again they either come to us or we go to them. We support their annual carers at Hereford Town providing On-site, Indian Head Massage, Reflexology and foot massage.

**Parkinson's group** – they are very regular attendees.

**Stroke Association** – we provide support for both patients and carers.

**Triathlon club run** – we provide pre and post event massage.



# The Royal National College for the Blind



**Vision Links (Hereford) & Sight Support (Pontypool)** – we regularly support local low vision organisations.

**Wyre Forest Gentleman carers respite days** – this is one of our favourite days, we offer respite to the lovely gentlemen of the Wyre forest, we have their women for the day and they get a break.

**St Martins Church Hall and St Michael’s Village Hall** – where we help with local fundraising.



Contact details are:

**The Royal National College for the Blind**

Venns Lane, Hereford, HR1 1DT  
Telephone: 01432 265725 extension 3219

Direct line: 01432 376352  
Fax: 01432 376628

Web: [www.rncb.ac.uk](http://www.rncb.ac.uk)

# Prostate Cancer

**In the UK, about 1 in 8 men will get prostate cancer at some point in their lives.**

## What are the symptoms of prostate cancer?

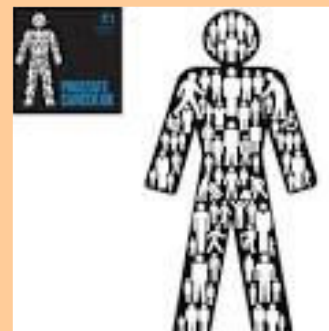
Most men with early prostate cancer don't have any signs or symptoms.

One reason for this is the way the cancer grows. You'll usually only get early symptoms if the cancer grows near the tube you urinate through (the urethra) and presses against it, changing the way you urinate (pee). But because prostate cancer usually starts to grow in a different part of the prostate, early prostate cancer doesn't often press on the urethra and cause symptoms.

If you do notice changes in the way you urinate, this is more likely to be a sign of a very common non-cancerous problem called an enlarged prostate, or another health problem. But it's still a good idea to get it checked out.

### Changes include:

- ◆ difficulty starting to urinate or emptying your bladder
- ◆ a weak flow when you urinate
- ◆ a feeling that your bladder hasn't emptied properly
- ◆ dribbling urine after you finish urinating
- ◆ needing to urinate more often, especially at night
- ◆ a sudden urge to urinate – you may sometimes leak before you get to the toilet.
- ◆



If prostate cancer breaks out of the prostate (locally advanced prostate cancer) or spreads to other parts of the body (advanced prostate cancer), it can cause other symptoms, including:

- ◆ back pain, hip pain or pelvis pain
- ◆ problems getting or keeping an erection
- ◆ blood in the urine or semen
- ◆ unexplained weight loss

These symptoms can also be caused by other things that aren't prostate cancer, like prostatitis (infection and swelling of the prostate), diabetes, or some medicines. But it's still a good idea to get any symptoms checked out by your GP so they can find out what's causing them and make sure you get the right treatment if you need it.

### Why might I have prostate tests?

Your GP might suggest having tests if you have symptoms of a prostate problem. Prostate problems can cause urinary symptoms, such as needing to rush to the toilet or needing to go more often than normal.

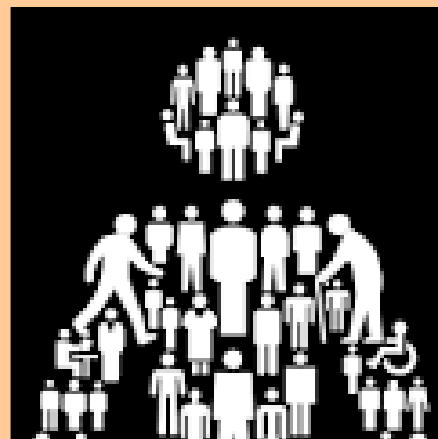


# Prostate Cancer UK

## What tests are done at the GP surgery?

There is no single test to diagnose prostate cancer. There are a few tests that your GP can do to find out if you have a prostate problem. The main tests include:

- ◆ a urine test to rule out a urine infection
- ◆ a prostate specific antigen (PSA) blood test
- ◆ a digital rectal examination (DRE)



Before you have these tests, your GP should explain what they involve and talk you through the advantages and disadvantages. They can help you understand more about prostate cancer and your own risk of getting it. It's up to you whether you have the tests, so make sure you've got all the information you need, and give yourself time to think it through.

After you've had the tests, your GP will talk through the results with you. If they think you may have a prostate problem, they'll make an appointment for you to see a specialist at a hospital.

## What tests are done at the hospital?

At the hospital you will see a specialist, who will usually be a urologist or specialist nurse. You may have another PSA test or DRE. The specialist will look at your:

- ◆ PSA level
- ◆ DRE results
- ◆ risk of prostate cancer
- ◆ general health

They might recommend another PSA test at your GP surgery in the future. Or they might recommend further tests, including:

- ◆ an MRI (magnetic resonance imaging) scan
- ◆ a prostate biopsy
- ◆ a CT (computerised tomography) scan
- ◆ a bone scan - with or without X-rays.

If you're worried about these tests or would like more information, speak to your doctor or nurse. Or you can speak to a Specialist Nurse on: **0800 074 8383**

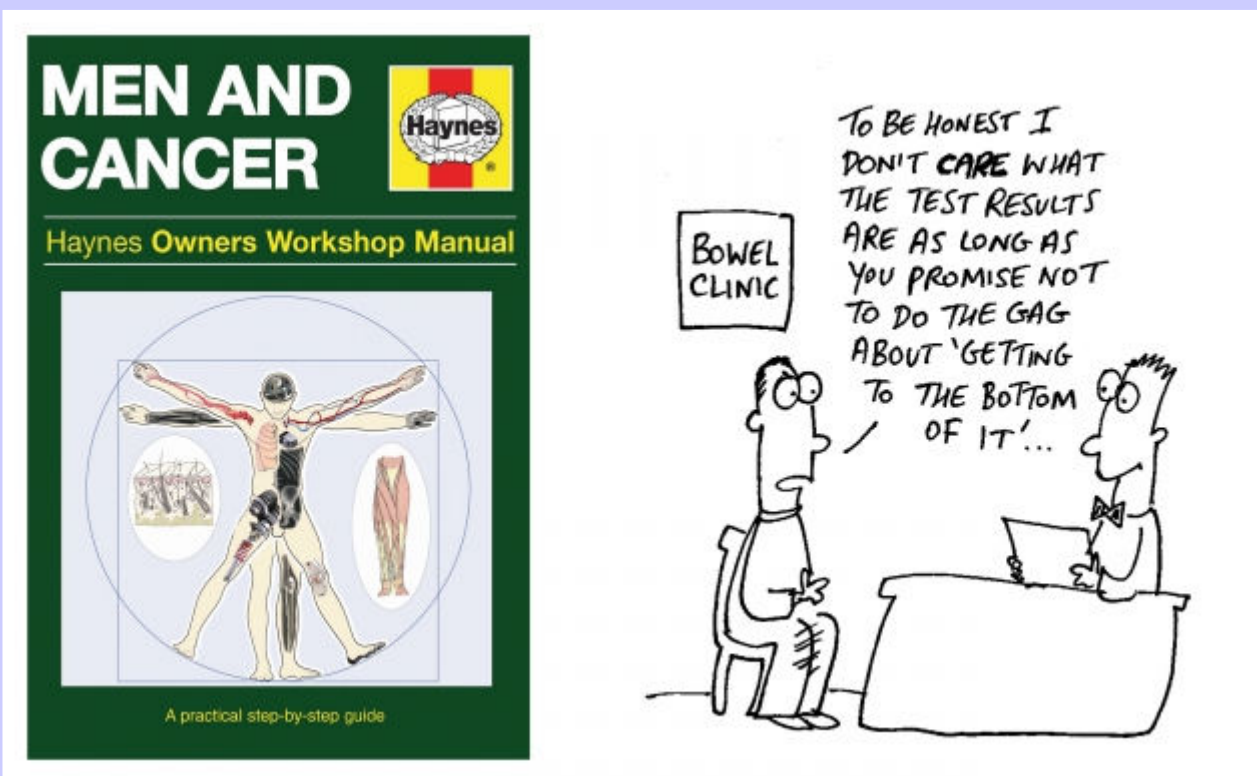
**There is more comprehensive information on this topic on the following website, from which these details have also been taken.**

**<https://prostatecanceruk.org/prostate-information>**

# Men and Cancer

The information and pictures in this article are taken from:

<https://www.menshealthforum.org.uk/men-and-cancer>



Of the cancers that men and women 'share' (that is, all the cancers except the sex-specific ones and breast cancer, which is very rare in men), [men are 56% more likely to develop one of these cancers and 67% more likely to die.](#)

In truth, men are more likely to look after their cars than their own bodies. Not least with regular MOT checks.

Much the pity because many cancers can be prevented and most treated successfully if caught early. We need a Male MOT check and here it is for cancer. It arms you with the information you need to keep your body humming like a finely-tuned engine, so you can reduce your risk and, where possible, prevent cancer.

It also gives you the tools to notice early warning signs that need to be checked out, so that little problems don't become big problems.

The 36 page full colour A5 booklet, written by Dr Ian Banks with cartoons by Jim Campbell is full of simple, practical heart health tips that will reduce your cancer risk. (The cartoon on this page is by John Byrne.)



# Male Cancer Awareness

Men's Health Forum mini manuals: men's health made easy.

## Full contents list

- Introduction
- Reducing your risk of cancer
- Detecting cancer early – some DIY checks
- Prostate cancer
- Bowel cancer
- Lung cancer
- Skin cancer
- Testicular cancer

The Men's Health Forum is a member of the [NHS England Information Standard](#). This manual has been peer-reviewed by our team of medics led by Dr John Chisholm, the Men's Health Forum's chair of trustees. You can have confidence that this is a reliable source of quality evidence-based health information.

There are humorous cartoons which accompany each different cancer definition in an attempt to make it more “male friendly”. The Men's Health Forum can also be contacted by phone on: 020 7922 7908

## Male Cancer Awareness Week 2018

The 10th Orchid Male Cancer Awareness Week will take place from the 9-15 April 2018.

This important annual campaign is an opportunity to raise awareness of male specific cancers – prostate, testicular and penile cancer – and to provide practical advice, support and information on the detection, diagnosis and treatment of these diseases. Throughout Orchid Make Cancer Awareness Week a range of activities will be taking place.

Check out their website;

<https://orchid-cancer.org.uk/news/male-cancer-awareness-week-2018/>

You can also speak to a nurse on the National Male Cancer Help line

# 0808 802 0010

## Benefits for those terminally ill

**Unfortunately there will be some people who become terminally with cancer, and these details might be useful.**

### **Which benefits do special rules apply to?**

The main benefits for people living with a terminal illness that are covered by the special rules are:

- [Personal Independence Payment](#) (PIP), which is for people aged between 16 and 64, who have a disability or health condition, and need help with daily living or getting around
- [Disability Living Allowance](#) (DLA), which is for children aged under 16 who need help because of a disability or health condition (previously DLA was also for adults)
- [Attendance Allowance](#), which is for people aged 65 or over who need help because they have a disability
- [Employment and Support Allowance \(ESA\)](#), which is for people who are ill or disabled and unable to work or need help to work
- [Universal Credit](#), which is for people who are on low income or out of work.

### **Who qualifies for these special rules?**

If you're living with a terminal illness, your claim for certain benefits might be fast-tracked and paid at the highest rate.

This is usually if your death 'can reasonably be expected' within the next six months. If your death could reasonably be expected at any time in the next five to ten months, you may still qualify.

It's often very difficult to predict how long someone might live for. If your doctor or nurse hasn't talked with you about how long you might live for, you can still ask them about supporting your claim under the special rules.

### **What if I live longer than six months?**

If you live longer than six months following the claim, you can carry on claiming under the special rules. Awards are normally made for three years and will be looked at again after this time if you live longer than originally expected.

### **Personal Independence Payment**

You don't have to wait for the three-month qualifying period to get [Personal Independence Payment](#) (PIP). You'll automatically qualify for the enhanced rate of the PIP daily living component. You won't automatically qualify for the mobility component but a decision about it may be quicker. When you start the claim for PIP, you'll be asked questions about your mobility. This should speed up the decision on the mobility component and ensure you don't have to complete another form. If you do qualify for this separately, you don't have to wait for the three month qualifying period for it.

## Fast track system

### Disability Living Allowance (DLA)

You don't have to wait for the three-month qualifying period to get [Disability Living Allowance](#) (DLA). You'll automatically qualify for the highest rate of the DLA care component.

You won't automatically qualify for the mobility component. But, if you do qualify for this separately, you don't have to wait for the three-month qualifying period for it.

### Attendance Allowance

If you qualify, you don't have to wait for the six-month qualifying period to get [Attendance Allowance](#). You'll automatically qualify for the higher rate of Attendance Allowance.

### Employment and Support Allowance (ESA)

Your claim for [Employment and Support Allowance](#) (ESA) can be fast-tracked. You'll also be put in the 'support group' of claimants. This means you will be paid a higher rate of ESA and will not have to meet work-related responsibilities to keep getting the benefit in full.

Most people don't get any money for the first seven days of their claim. But if you qualify, you will be paid for these days.

### Universal Credit

If you claim [Universal Credit](#) you must normally wait around six weeks for your first payment. If you claim under the special rules, your first payment should come one week sooner.

If you're living with a terminal illness, you will not have to meet work-related requirements (such as attending work-focused interviews) to keep getting Universal Credit in full. Your Universal Credit will be paid at a higher rate, as a 'work capability amount' will be included in your award.

### How do I make a claim under the special rules?

If you're claiming under the special rules, you will be asked to send a factual statement from your doctor to the relevant government department when you make the claim. This is called a DS 1500 report. Your doctor or consultant should have copies of these forms, and will be able to fill one out for you before sending it to you or directly to the relevant government department.

(<https://www.gov.uk/browse/benefits>).

Information in these two pages has come from the Marie Curie website

<https://www.mariecurie.org.uk/help/support/benefits-entitlements/living-with-terminal-illness/>



## Useful Contacts

### **NHS Herefordshire Patient Advice and Liaison Service (PALS)**

The County Hospital, Hereford  
Mon-Fri 8.30-4.30  
Office Tel No: 01432 372986  
Mobile Tel No: 07825 681801  
Email:  
makingexperiencescount@wvt.nhs.uk

### **Equality and Human Rights Commis- sion**

Freepost RRLL-GHUX-CTRX, Arndale  
House,  
Arndale Centre, Manchester, M4 3AQ  
Tel: 0808 800 0082 Website:  
www.equalityhumanrights.com

### **RADAR, now at Disability Rights UK**

12 City Forum, 250 City Road, London,  
EC1V 8AF  
Tel: 020 7250 3222 Minicom: 020 7250  
4119  
Email: enquiries@disabilityrightsuk.org

**NHS Direct Tel: 111 (free service)**

### **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 Here- fordshire**

Social Services Adult Duty Desk  
Office hours 9am - 5pm  
**Office Tel No: 01432 260101**  
Out of hours: 0330 1239309 adults  
01905 768020 children

### **Macmillan are in Hereford**

**No appointment necessary. Come  
and talk to our friendly specialists.**

**Wednesday 28<sup>th</sup> March  
9am to 4pm**

**Outside My Coffee Corner,  
Old Market, Newmarket Street  
HR4 9HR**



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