NEWSLETTER NO 30

different Strokes
Support for Younger Stroke Survivors

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Different Strokes has recently produced a hard-hitting report, A Bleeding Shame, which stresses the unnecessary suffering which is being caused by long waits for scans.

A Bleeding Shame is available for download on the Index page of our website, www.differentstrokes.co.uk.

The following article gives additional data, and originally appeared in The Daily Mail. It is reproduced with permission.

THE STROKE VICTIMS WHO DON'T HAVE TO DIE

More than 2,000 people a year are needlessly dying as a result of stroke, or being left disabled by failings in the NHS, warns a Parliamentary watchdog.

Less than half of stroke patients are cared for in specialist units designed to improve recovery and barely one in 1200 gets clot-busting treatment which can save lives, says a report from the National Audit Office.

Most of those with a suspected stroke wait two days or more for a brain scan to diagnose the condition – but ideally, they should have a scan within three hours. Yet £1.2million a year is wasted on giving patients scans after the time they could have benefited, says the report.

There are 110,000 strokes a year and a further 20,000 'mini-strokes' – called transient ischaemic attacks – in England, with 300,000 people living with disabilities as a result. One in four strokes affects those under 65 and the proportion is growing, Karen Taylor of the NAO said strokes cost the economy £7billion a year, with a direct cost to the NHS of £2.8billion.

This is more than the £1.9billion annual cost of coronary heart disease, according to figures from Oxford University researchers published today.

They say in The Lancet that the toll of premature death and disability from strokes has now overtaken heart disease.

Stroke patients stay in hospital 28 days – four times longer than heart victims.

The NAO report says two thirds of stroke patients get into a specialist unit at some point while in hospital, but just two out of five, spend more than half their stay there and half receive little or no rehabilitation later.

Miss Taylor said: The NHS is failing patients from diagnosis to rehabilitation. There are blockages at

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Inside this issue:

April '06

Research

IF YOU REALLY WANT TO GIVE UP SMOKING THEN DO IT!

Research by British Scientists shows that smokers who decide to quit immediately, without making plans about how or when, are more likely to succeed.

"Contrary to what experts had previously believed, the idea that you have to plan your quit attempts ahead of time isn't necessarily true," said Robert West, a professor of psychology at University College London.

West and his colleague Taj Sohal questioned 1,900 current and ex-smokers in England about their efforts to kick the habit. They discovered that nearly half of all attempts to quit were spontaneous.

Smokers who decided and stopped immediately were also 50 to 60 percent more likely to succeed. West, who reported the research in the British Medical Journal, said the findings do not imply that planned attempts to quit are counterproductive.

But the results suggest the state of mind and motivation of the smoker is important for how successful the attempt to quit will be.

West urged smokers who have not managed to quit to keep trying.

"The number of times you have tried to quit in the past isn't related to how likely you are to succeed in the future. It's another roll of the dice," he added.

Published 30 January 2006.

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many points in the process when a fast response reduces the risk of death and disability.

But GPs, ambulance trusts, accident and emergency departments, radiology departments and stroke teams rarely provide an effective, integrated emergency response to stroke. There is evidence of some improvements, but it is patchy. The report says most hospitals have the capacity for a CT scan within 24 hours of a stroke patient's admission – which is essential for treatment to start – but most wait more than two days.

In Australia, clot-busting drugs are prescribed for almost one in ten patients. In Britain, it is below one in 100. Achieving rates in line with Australia could save £16million annually, with more than 1,500 patients fully recovering each year who would not otherwise have done so, says Miss Taylor. The lives of a further 550 patients could be saved if they were looked after in specialist units, which are either too small or not offering a range of optimal services, says the report.

It says patients who have suffered a mini-stroke are at 40-50% risk of having a major stroke in the following four weeks. Specialist surgery could prevent 200 such strokes and save the NHS around £4million each year.

All mini-stroke patients are supposed to be investigated within seven days, but only one third gets to a special clinic and the waiting time is two weeks.

Jon Barrick, Chief Executive of The Stroke Association charity said 'huge sums' are being spent on stroke care which could be better used to save lives, reduce disability and on prevention.

Care Services Minister Lisa Byrne acknowledged that more could be done.

"I have asked for work to begin on a new strategy which will deliver the newest treatments and improve the care stroke patients receive."

STROKE RESEARCH NETWORK

Background
The Stroke Research Network (SRN) was established in June 2005 by the Department of Health (DH) as part of its UK Clinical Research Network (UKCRN) initiative and DH is investing £20 million in the SRN over five years. A consortium from Newcastle University, The Newcastle upon Tyne Hospitals NHS Trust, Birmingham University, Glasgow University, Nottingham University and Oxford University have established the Co-ordinating Centre for the SRN which is based in the Clinical Research Centre, Newcastle upon Tyne and is headed up by Professor Gary Ford, Clinical Research Centre Director and Consultant Stroke Physician at Newcastle's Freeman Hospital.

Key Events
The last few months have been very busy for the SRN and it has achieved a number of important milestones including its official launch at Churchill College, Cambridge immediately prior to the Stroke Association's 10th Scientific Conference in September, the establishment of six of the network's Clinical Studies Groups (CSGs), all of which have now met at least once and the appointment of key Co-ordinating Centre staff including the SRN's Assistant Director/General Manager, Mrs Sine Littlewood. The network has responded to key consultation documents such as Best Research for Best Health, and has a published editorial entitled 'Research and development in stroke services' in the 11 February 2006 edition of the British Medical Journal in response to the November 2005 National Audit Office report 'Reducing Brain Damage: Faster access to better stroke care'. The SRN is working with the UK Stroke Forum and will be holding a series of meetings at the next conference in Harrogate in December this year.

Patient and Carer Involvement
The first meeting of the Patient and Carer Involvement Working Party hosted by The Stroke Association took place in London on 16 January. The meeting was chaired by Dr Helen Rodgers, SRN Deputy Director, and was considered very productive by all who attended. A number of members from the Working Party, including Christina Meacham, the Chief Executive of Different Strokes, represented the group at various SRN CSG meetings which took place around the BASP (British Association of Stroke Physicians) conference on 7 February in Bournemouth. The next Working Party meeting will take place in May.

Local Research Networks
A significant development for the SRN is the recent announcement that following a call for applications to establish SRN Local Research Networks (LRNs), eight proposals have been successful and these LRNs will begin to operate from 1st April this year

2006 is likely to be another busy time for the SRN and we are looking forward to meeting the challenges and maximising the opportunities this exciting initiative provides!

For further information about the Stroke Research Network, please see our website www.uksrn.ac.uk

SRN Co-ordinating Centre
Newcastle upon Tyne
February 2006

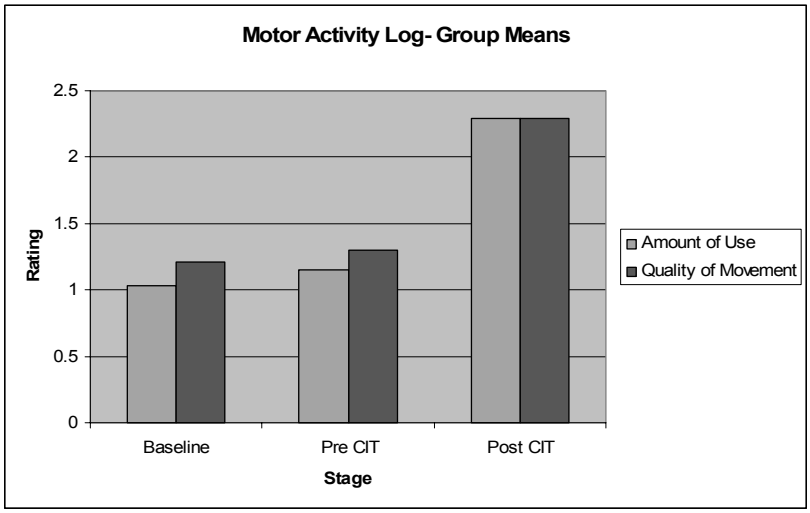
LOOK OUT FOR DETAILS OF THE NEXT DIFFERENT STROKES CONFERENCE, LIKELY TO BE ON 7th OCTOBER 2006

Research

Hemiplegia Rehabilitation Research Programme

The Clinical Neuroscience Research Team (CNRT) at the University of Surrey is conducting a research programme on constraint-induced movement therapy (CIT).

CIT is a rehabilitation program for people with poor recovery of arm function after brain damage. In its original form, the treatment is given for two weeks, during which participants wear a splint and sling device to restrict their unaffected arm during 90% of waking hours. This results in the forced use of their affected (weaker) arm. Additionally, participants attend daily sessions whereby the affected arm is trained to perform movements for many hours each working day.



Previous research conducted in both the US and Europe has shown that the treatment, given in this form, can help to improve movement ability and arm use even many years after the stroke. The research team at Surrey University aims to study variations of the original form of CIT. The effects of the therapy will be studied both with and without wearing the constraint and will compare shorter daily training sessions. In addition to movement tests and questionnaires, the study will also use brain recording measures to investigate any changes. It is believed that CIT may work by encouraging flexible working of the brain, so the movement is taken over by another brain area from that damaged by the injury. By using MRI scans to measure functional brain activity and EEG recordings that measure localised brain activity we can investigate this possibility.

In our initial findings participants have reported improved movement in their affected limb after CIT. In one questionnaire ('Motor Activity Log'), participants were asked to rate how often and how well they used their affected arm in their home environment. As the graph shows, participants used their affected arm much more often after the treatment. This suggests the improvements in arm function were achieved through CIT.

The team is currently looking for more participants for the CIT study. We are also looking for healthy volunteers for other projects designed to further increase our knowledge of brain injury. If you would like further information please contact Caroline Cooper (Research Officer) on 01483 682877 or email cit@surrey.ac.uk.

Our Team website address is www.surrey.ac.uk where you will find more information on our work.

A new way to make money for Different Strokes

THAT DOESN'T COST YOU A PENNY!

If you use the internet, you can raise money for Different Strokes by making http://www.everyclick.com/uk/ your home page. (To do this, go to http://www.everyclick.com/uk/, click Tools on the top toolbar of your computer, click options, and at the top where it says Home Page, click the button which says Use Current Page). Every time you do an internet search using Everyclick, you generate a bit of revenue to help us keep our services running to support more stroke survivors.

Make everyclick YOUR home page now!

RESEARCH IDENTIFIES THOSE AT RISK OF SECOND STROKE

People who have narrowed arteries in the region of the brain where a first stroke has already occurred are at substantial risk from having a second stroke.

A stroke is a potentially fatal event in which oxygen-rich blood flow to the brain is restricted, often because of an obstructing blood clot. Blood clots can form in or around a vessel as a result of coagulation (the blood's natural tendency to clump and stick), the narrowing of arteries, or both.

Researchers from the University of Pennsylvania School of Medicine have identified the narrowing of the arteries (stenosis) in the head as a major risk factor for stroke in individuals who have already had a first stroke.

The researchers' findings came as part of a larger study known as the Warfarin versus Aspirin for Symptomatic Intracranial Disease (WASID) trial. Using patient data from the WASID trial, the researchers evaluated five clinical factors that seemed likely to contribute to a second stroke. These factors included the original type of event (e.g., stroke), location of vessel, percent stenosis, treatment with medications, and time from the qualifying event to enrolment in the study.

The results of the study showed that severe stenosis (which affects greater than 70 percent of the vessel's diameter) in close proximity to where the original stroke occurred was associated with substantially higher risk of a secondary stroke. Displaying recent symptoms and the female gender were also found to be factors that increase the risk of a subsequent stroke.

"We need to be more aggressive in the treatment of these high-risk patients," explained Scott Kasner, MD, lead author of the Circulation study and Director of Penn's Stroke Centre, in a recent press release. "Stenting and angioplasty in the brain are promising treatments for intracranial stenosis, and this study identified the target group for a new trial comparing these treatments with traditional medical therapy."

HealthCentersOnline, Inc. January 31, 2006

BRAIN CHANGE IMAGES MAY HELP IN STROKE CARE

Damage caused by stroke can affect regions in the brain far removed from the site of the actual injury, according to researchers.

These new findings may eventually lead to devices that can help stroke survivors overcome some of the effects of these injuries. A stroke is a potentially fatal event in which oxygen-rich blood flow to the brain is restricted, often because of an obstructing blood clot.

Researchers in St Louis used brain scans to show that damage from a stroke sometimes causes brain activity in one side of the brain to become hyperactive to overcompensate for the injured side. This condition, known as spatial neglect, can cause individuals to ignore one whole side of their body, or fail to perceive objects of the left of right side. By focusing on this brain hyperactivity, researchers may one day be able to develop transcranial magnetic stimulators capable of evening out brain activity in the left and right sides. These devices could reduce the hyperactivity in attention controlling centre of one side of the brain, restoring normal attention and reducing spatial neglect.

“We normally don’t consider changes in function beyond the site of brain injuries,” explained Maurizio Corbetta, M.D., the Norman J. Stupp Professor of Neurology at Washington University School of Medicine in St. Louis and lead author of the paper, in a recent press release. “Our findings suggest that looking for functional changes beyond the injury site is critical to understanding the behavioural deficits caused by injury and assessing the options to accelerate recovery from those deficits.”

The study was recently published in the online edition of Nature Neuroscience. October 2005.

Profile—Diane Ford

Four years ago Diane Ford seemed to have it all. Fit healthy and happy in her job, she had a close circle of friends and two grown children she doted on—Lesley, now 21, and James (23). Then, at the age of 39 she suffered a stroke, and in an instant the life she had known and loved was taken from her. Partially paralysed, housebound and unable to speak or walk properly, she was plunged into a deep depression for over two years.

Friends and family visited, and her devoted boyfriend, Andy, never wavered, but often she just wanted to be alone. Now, five years on, the gloom has begun to lift, allowing Diane to start reaching out to fellow sufferers, by organising self-help classes in her native Moray, in Scotland.

Days of despondency and darkness, she admits, still occur on what has been a long and emotional road to recovery, but offering hope to others is now what drives her on. "I had a very busy lifestyle before the stroke. I'd been living in St Andrews for around two years working at nearby RAF Leuchars as a personal learning advisor. I had a lot of friends and would often go to Dundee University and my son was in the RAF. Then suddenly everything was cut short." On an evening walk along the St Andrews sands with her mum, Rita, Diane collapsed and lost consciousness. She was out cold for 20 minutes while Rita frantically looked for help. An ambulance was called and she was rushed to Ninewells Hospital in Dundee. "The ambulance crew thought I was in a really serious condition but at the hospital I was told I'd just suffered a migraine and should see my doctor about it the next day." Diane never did make that appointment because unknown to her a blood clot time bomb in her neck was already ticking.

She'd had a Transient Ischaemic Attack (TIA) or a mini-stroke—a warning that a full attack could be on its way.

"They'd put me on a drip in the hospital and I soon returned to the happy-go-lucky individual I'd been before. I thought I was fine, but when I got home from hospital about midnight Lesley asked me if I'd been drinking because I was slurring my words. My mother kept saying I must have had a stroke but I thought she was talking nonsense. Then about six o'clock in the morning I got out of my bed to go to the bathroom and I don't remember too much more after that."

"I had suffered a full-blown stroke. I lost everything. My mind was gone and I couldn't speak or walk."

Rushed to hospital on a Friday, her official diagnosis was delayed for four days after she moved during the initial MRI scan. Diane then spent two months recovering, and asked to be moved from Ninewells to Raigmore in Inverness to be closer to Andy, a health and safety officer at RAF Kinloss. "I eventually moved in with him and he moved a bed downstairs for me", says Diane, who was initially

confined to a wheelchair. "When I got home I was disorientated, confused, tetchy and ended up being very depressed for two years at least. My daughter would come and visit along with my son and mother, but I didn't always want them there. I could see the light at the end of the tunnel quite early but I was taking 10 steps forward then 9 back. Every time I made a bit of progress I was plunged back into depression and started to wonder why this was happening to me."

After two years, thankfully, Diane's thoughts started to clear. "I began to accept that this was how I was going to be from now on. I knew I had to get on with my life."

Last September she decided to seek help from Different Strokes. "I'd been in touch with them on and off, but there came a point when a few other young stroke survivors I'd met through Chest, Heart and Stroke meetings wanted to form a group of our own, but were getting nowhere, so I e-mailed Different Strokes for help." With start-up funding provided by the charity and NHS Grampian, Diane is organising a group to provide a social and keep-fit outlet for Moray stroke survivors under the age of 60.

Today she walks with a stick and a limp, suffers from stress-induced spasms in her right side and admits her memory is still hazy. But helping and mixing with those with similar stories has given her focus – and hope. "The whole thing was soul-destroying at first. I could open up but wasn't always able to put what was on my mind into words. Andy was here for me every step of the way but there were times I just didn't want to be near anyone else. My muscles also became wasted very quickly. And it wasn't like I was living in a big city where you can get regular physiotherapy.

There was nobody who could really help. I went from being a lively bubbly person to being this depressive tyrant I wouldn't wish anyone to be around. I used to feel so alone just sitting in the house. Now I can see there are other people out there in the same situation I was. It's really wonderful to go out and see my condition isn't going to last forever, that there's life after a stroke."

Anyone interested in joining Diane's group can contact her on 01542 810268 or email moray@differentstrokes.co.uk.

Websites

This is an excellent website sponsored by Marks and Spencers which provides free detailed access information for disabled people across the UK.

They state 'we believe that society disables people by not making goods and services accessible to all. Their detailed access information will empower you to judge for yourself which hotels, cinemas, restaurants, solicitor's offices, pubs, train stations – all kinds of shops and services, are accessible to you'.

DisabledGo access guides to goods and services have been specially designed to answer the everyday questions of disabled people, their assistants, carers, family and friends.

Founded by Gregory Burke, a wheelchair user, DisabledGo is the product of years of extensive research and consultation with disabled people and organisations. Developed by disabled people for disabled people. DisabledGo empowers you to make direct, anonymous enquiries about particular venues, and judge whether they will be accessible to your individual needs.

For example, you can find out whether a cinema offers wheelchair access, an accessible toilet, and a hearing loop; whether a hotel has a vibrating fire alarm; on what side of a museum's steps the handrails are on; if a solicitor will make home visits, or if a café offers its menu in large print.

Best of all, thanks to their sponsors, this service is free!

Every public venue and business listed in their guides has been assessed by DisabledGo researchers. So if you need to find an accessible pub, accessible shop, accessible hotel, or accessible cinema in a town or city you would like to visit, try using DisabledGo's detailed information to decide what is accessible for you. www.disabledgo.info

Amazon-type rankings come to the NHS.

There's lots of official information about the NHS available on the Internet—which Trust got 2 stars and, if you're persistent and have a mind like a ferret, what the MRSA infections rate is. But what people often want is to find out what other patients thought of local services. If I've got to go and see someone about my [diabetes] then it would be nice to know how previous patients with diabetes rated the service at a particular hospital. After all you can go on the 'net nowadays and read how people rated their holiday or their camera, why not the NHS?

Patient Opinion is a new website where you can do just that. Patients can share the story of what happened to them at a particular hospital, or you can rate a service and see what others thought of it.

Patient Opinion now covers all hospitals in England and by March will be able to accept stories and ratings of many private sector providers and mental health services as well.

Patient Opinion is free to use and is on a not-for-profit basis. It aims to make the collective wisdom of patients available to other patients and to the NHS. So go and log on now, or if you haven't got access to the Internet but still want to share your story phone 0845 113 0012 and tell us what happened to you or someone you care for.

After all, this is our NHS—let's make it better!

www.patientopinion.org.uk

MENTAL CAPACITY

If you, or a member of your family, has had issues with mental capacity (not being allowed to take decisions about your own well-being, medication, treatment or finances) you might like to visit a new website.

The Making Decisions Alliance successfully campaigned for new legislation on mental capacity for England and Wales and was very influential in shaping the Mental Capacity Act 2005.

You can visit the website at www.makingdecisions.org.uk or if you don't have access to the Internet, they can be contacted via The Mental Health Foundation on 020 7803 1100.

BENEFITS INFORMATION

For disability living allowance, incapacity benefit and other benefits claims, renewals and appeals, access benefits and employment guides **plus** many previously confidential DWP documents.

www.benefitsandwork.co.uk/index.htm

Find out more about incapacity benefit, income support for people incapable of work, disability living allowance, attendance allowance, and carer's allowance.

Motability

In the UK, over 1.5 million disabled people qualify for the Higher Rate Mobility Components of Disability Living Allowance and over 17,000 qualify for the War Pensioners Mobility Supplement. What a disabled person chooses to do with that money is entirely up to them.

Currently, 400,000 disabled people have chosen to have their allowances paid to the Scheme to meet the cost of having a car, powered wheelchair or scooter through a contract hire of hire purchase arrangement.

The Scheme works only because it brings together a number of essential elements:

- Θ The Government (Department for Work and Pensions and Veterans Agency)
- Θ Motability (the registered charity empowered by its Royal Charter)
- Θ Motability Operations (owned by the UK's largest banks); operating the car Schemes on a not-for-profit basis
- Θ Route2mobility Ltd ("r2m"), a privately owned company which operates the powered wheelchair and scooter scheme
- Θ Manufacturers of cars, powered wheelchairs and scooters
- Θ Car dealers and dealers in powered wheelchairs and scooters
- Θ Specialist vehicle adaptation companies
- Θ Insurance and roadside assistance providers

Cars are supplied new from Motability accredited dealerships and customers can choose from over 20 car brands. There are more than 3,500 Motability accredited car dealerships across the UK and a national network of accredited retailers of powered wheelchairs and scooters. The Motability Scheme also provides a small number of used cars through hire purchase.

How the Motability Scheme works

There are four main ways in which Motability can turn your mobility allowance into the travel solution for your needs.

- Θ A new car on a three-year contract-hire lease
- Θ A new or used car on hire purchase, over a term of two to five years
- Θ A new or used powered wheelchair or scooter on hire purchase over a term of one to three years
- Θ A new or used powered wheelchair or scooter on contract hire lease for up to three years

Most Motability customers choose contract hire as they find it's the best option to obtain and pay for a brand new car. They like the convenience of a single, regular payment that includes comprehensive insurance, maintenance and breakdown cover.

If you would like to receive any publications relating to the Car Scheme, please contact Motability Operations on 0845 456 4566. For publications relating to the Wheelchair and Scooter Scheme, please contact route2mobility on 0845 60 762 60.

You can also request this information by completing the Information pack request form on the Motability website: www.motability.co.uk

Another option

If you are disabled, there are Vat advantages you may not be aware of. Notice 701/7 from HM Revenue & Customs will indicate what is available, http://customs.hmrc.gov.uk. Basically if there are items you require to aid your daily life that are specifically for you as a disabled person then you may fulfil the criteria.

Zero VAT on a new car is available if a wheelchair is used some of the time, and the car is adapted pre-purchase e.g. with a steering ball. Remember if buying a car to get a copy of the zero vat clearly stated, as you can then save VAT throughout the time of ownership for parts, servicing, tyres, etc (and servicing doesn't have to be from the main agent).

There are many other items included such as boats, home extensions, and specialist equipment, etc, which come under this scheme.

It is important to read the VAT document EXTREMELY carefully to ensure you are eligible: their helpline can be unclear (our informant told us that when he rang the helpline several times he was told different answers about his eligibility). Interpretation is part of the game.

You must sign a document of declaration, and there are examples supplied at the end of the notice701/7, or you can write your own. Remember if you make a false statement, they can and will claim the money back, so be very clear with your info.

The person who brought this scheme to our attention ended by saying "when I bought my new car the dealer knew all there was about Motability, and hardly anything about this notice, and I ended up educating them about this, so **don't be knocked back if they say no; be persistent, as this is YOUR VAT RIGHT**!"

The government's green paper 'A new deal for welfare: Empowering people to work' has now been published.

There is a promise of harder times ahead for existing claimants, with a more frequent personal capability assessment regime, compulsory work-focused interviews and spot checks. Below we set out how it appears the system will work for individual claimants.

Getting a sick note

To begin a claim, as now, you will need medical evidence, usually in the form of a Med 3 (sick note) from your GP.

Employment and Support Allowance

If you are still in work you will be able to claim statutory sick pay under a new simplified system which does away with the need to wait three days before being eligible and no longer links separate periods of sickness together.

Once your statutory sick pay is exhausted, or from the outset if you aren't in work, you will apply for the new Employment and Support Allowance (ESA) instead of incapacity benefit or income support. ESA will be means-tested for those who have not paid sufficient national insurance contributions and will be paid at two rates, depending on whether you are assessed as having a condition so severe that you are never likely to work again or not.

Your eligibility for the new benefit will be assessed under the PCA, but you may also be assessed by 'other health professionals' in relation to your capability for work.

Which group?

If you are eligible for ESA the decision maker will then decide whether you are one of the majority who is expected to return to work in the short or medium term and is thus eligible for the Employment Support component of ESA or whether you are unlikely ever to work again and should receive the more generous Support component.

The Employment Support component will be paid at a higher rate than the current long-term rate of incapacity benefit, but age related and dependants additions will be abolished. You will not receive the Employment Support component unless you draw up a personal action plan 'focused on rehabilitation and eventually on work related activity'. Claimants who do not participate in 'suitable activities' will have their benefits reduced in a series of 'slices' until they are down to basic Jobseeker's Allowance levels.

There will be a right of appeal against benefit reductions and the appeal process is to be 'improved'. If you have a condition that varies on a daily or weekly basis, or which worsens and then improves again, the non-medically trained personal adviser will 'agree appropriate action which reflects these variations.' when drawing up your action plan.

Reserved circumstances

People with the most severe conditions will receive the Support component of ESA and will be known as the 'reserved circumstances group'. People in this group will not have to draw up an action plan or undertake work related activity and will 'receive more money than they do now'. This group will not be the same as the current 'exempt' group however. At the moment people with one of a list of severe conditions, such as blindness, are automatically exempt from the PCA. Under ESA your entitlement to the Support component will be based not on having a specific condition but on how severely that condition affects you.

Annual reviews

Reviews of your incapacity will normally take place at intervals of not more than 12 months - the maximum under the current rules is three years. In addition, a new 'dedicated team' is to be created which will carry out random checks on claimants which may lead to them being called in for another personal capability assessment.

Existing claimants

The green paper says that 'The benefits structure and conditionality requirements outlined above will only apply to new claimants. Existing claimants will remain on their current benefit level'. However the DWP intends to 'work more proactively' with existing claimants 'balancing their responsibilities to prepare for a return to work with the need to treat them fairly'.

For more information and to read a full report on the impact of the green paper, visit the Benefits and Work website: www.benefitsandwork.co.uk where you can also voice your opinion in the discussion forum.

Regions

Here are some pictures of members of the Woking Different Strokes group, who had a very enjoyable 'flight' on the London Eye in March last year, and in October they tried their hands at sailing and had a lovely morning with Sportability at Frensham.

If you've got a story you'd like to share with the readers of the Different Strokes Newsletter, send it with pictures to newsletter@differentstrokes.co.uk or to the address on the front cover, and we'll consider including it in a future issue.

REGIONAL REPRESENTATIVES

REGION	COORDINATOR	E-MAIL	TEL NO:
Anglia	Mike Ripley	mike@differentstrokes.co.uk	01206 241 100
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North West	Denise Morrice	denise@differentstrokes.co.uk	01325 287 296
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Northern Ireland (South)	Jessica Perry	jessica@differentstrokes.co.uk	07890 288604
Scotland	Loraine Boyle	loraine@differentstrokes.co.uk	0141 942 4556
South East	To be recruited		
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Wales	Diane Parrish	diane@differentstrokes.co.uk	01686 420 365

WOULD YOU LIKE TO HELP DIFFERENT STROKES KEEP COSTS DOWN?
We can send you the Newsletter by email
If you would like to receive future issues 'virtually' please send a note to newsletters@differentstrokes.co.uk

CLASSES AND CONTACTS

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