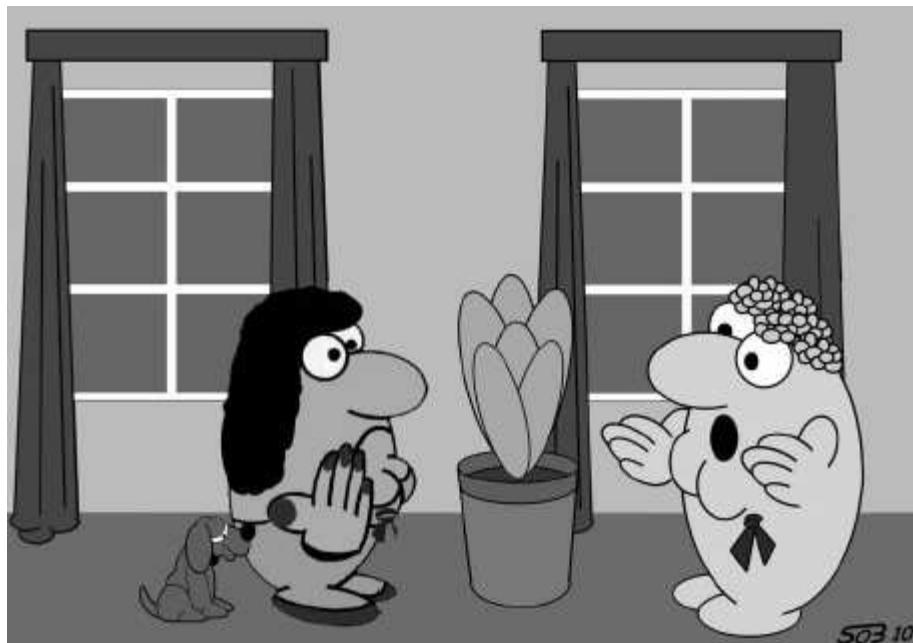


## Welcome to Our June 2013 Newsletter

**A Note from Alex:** Well it's lovely to see that the sun is finally shining and that it's warm too, even though I can't spend much time sitting in the sun, hopefully it's been long enough to boost my vitamin D.

It's with great pleasure that I can tell you that Yvonne Leech won woman of the year, for more details on Yvonne's success please go to page 7. Lastly if you haven't or aren't going to renew your membership this will be the last newsletter that you will receive, so please make sure that you renew your membership as soon as you can, so you don't miss

any of our newsletters and members benefits.



What effect does CFS have on my everyday life? Put it this way, even this plant has a more active life than ME!

With thanks to Invest in ME ([www.investinme.org](http://www.investinme.org)) for their kind permission to reprint this cartoon from the calendar available to download from their website.

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**DISCLAIMER:** Anything expressed within this newsletter may not necessarily represent the views of the editor, the Committee, nor the Bury/Bolton ME/CFS Support Group. Any products, treatments, or therapies featured are for information only and their inclusion should not be considered an endorsement.

## **Dates For Your Diary**

**Longsight Meetings:** Our main meetings, often with guest speakers, are held at Longsight Methodist Church, Longsight Lane, Harwood, Bolton, BL2 3HX, on the third Thursday of each month from 7.30pm until 9pm (except in April, August and December). Entrance is £1, tea, coffee, water, biscuits, etc provided.

**Thursday 20th June: Millercare** Staff from the local Millercare shop will give a talk about various aids and equipment. If anyone has anything in particular they would like them to cover, please let me know (as soon as you can e-mail [maria@mesupportgroup.co.uk](mailto:maria@mesupportgroup.co.uk) or Tel: 01204 575613). Thanks Maria.

**Thursday 18th July: Social** with Bring and Share Supper, these are always popular so make sure you arrive hungry!

**Radcliffe Socials:** We meet informally on the first Wednesday of each month, our next will be on **Wednesday 3<sup>rd</sup> July at 2pm**, at **The Sparking Clog, Radcliffe Moor Road, Radcliffe, M26 3WY**. It has plenty of parking, good accessibility, comfortable seating and is relatively quiet. They serve very tempting chips that we just can't resist! For anyone who does fancy a snack, these start at just £1.50, with main courses from £3.50. We usually meet at the oval table next to the bar.

**Prestwich Socials:** We meet informally on the second Wednesday of each month, our next will be on **Wednesday 10<sup>th</sup> July at 2pm**, at **The Orange Tree, Fairfax Road, Prestwich, M25 1AS**. Everyone and their carers are welcome and we'll put a newsletter on the table so you can find us.

**Yoga Classes:** Are **3:00pm-4:15pm on Tuesdays** at the **Jubilee Centre, Darley Street (off Eskrick St), Bolton, BL1 3DX**. Designed to cater for the average ME sufferer, classes are free and yoga mats are provided. Please wear loose, comfortable clothing. Contact Olivia on 07746 197511, or [olivia@oliviayoga.co.uk](mailto:olivia@oliviayoga.co.uk) for more information. **Our yoga classes are currently being funded by the Comic Relief/Community Fund.**

**Neuro Support Groups:** These groups, run by Greater Manchester Neurological Alliance, provide information, advice and support for people with any type of neurological condition and/or their carers. Call 0161 743 3701 or visit [www.gmneuro.org.uk](http://www.gmneuro.org.uk) for information about meeting times and locations.

**If you are thinking of attending any of our socials, whether you are a new member or a member who hasn't been able to attend for a while, please remember that you can bring along your carer or a friend. We don't bite, but we understand that meeting new people or if you have been house bound for a while, it can be quite daunting going out by yourself and we look forward to seeing you.**

**PLEASE DO NOT WEAR STRONGLY SCENTED TOILETRIES WHEN YOU ATTEND OUR MEETINGS, AS SOME MEMBERS ARE VERY SENSITIVE TO THESE PRODUCTS, THANK-YOU.**



**Supported by:**  
**Health for Bolton and the**  
**Big Bolton Fund via Bolton CVS**



**Funding Bolton's future**

# Bury/Bolton ME/CFS Support Group Meeting

## May 2013

For our May talk, Heather Taylor from the Bolton Neuro Voices Hydrotherapy Project kindly came to talk to us, despite a horrendous evening of rain, thunder, lightning and hail! Heather is a physiotherapist who has treated a variety of neurological conditions, including brain injury, cerebral palsy, multiple sclerosis and ME/CFS.

Hydrotherapy (aquatic therapy) is physiotherapy treatment in water, instead of on dry land. Water provides buoyancy, which relieves the stress on weight bearing joints and allows movement without the impact of gravity. The resistance can also be used to challenge muscles. The physiotherapist uses their expertise in combination with the buoyancy and improved body functioning, to treat a patient and affect how they move, or target specific muscles. Heather noted that hydrotherapy should ideally be carried out in a purpose built and suitably heated hydrotherapy pool, by appropriately trained personnel.

Hydrotherapy can help ME/CFS by aiding in pain relief, easing muscle/joint stiffness, strengthening muscles, and also improve relaxation, well-being and quality of life.

In 2012, Bolton Neuro Voices (BNV) received funding after identifying a big need for hydrotherapy from their own members and those of the Greater Manchester Neurological Alliance (GMNA). Susan Pattison Neurological Physiotherapy and Occupational Therapy Services were chosen to deliver the project, with Heather Taylor as the clinical lead, supported by Lucy Aird. To deliver the pilot study, they used the Bolton One hydrotherapy pool, which is not used much at present. It is fully accessible with a hoist that enables people who are in a bed or wheelchair, to get into the pool. The changing rooms are big and there are disabled toilets. A full risk-assessment took place, as the pool is quite warm (about 34/35°C).

Heather said that they only had 7 weeks to put it together, from planning it, to publicising it. They ran two 5-week courses in 2012, and obtained some great results and feedback from participants. On the success of these, another course took place in January this year, with a view to providing the hydrotherapy service long term, trying to get it as an NHS service.

Participants who wanted to attend registered their interest and a physiotherapist conducted a phone interview to allocate them into groups based on ability. When they attended, they used the feedback given to tailor a programme to each participant and adjusted the group they were in if necessary.

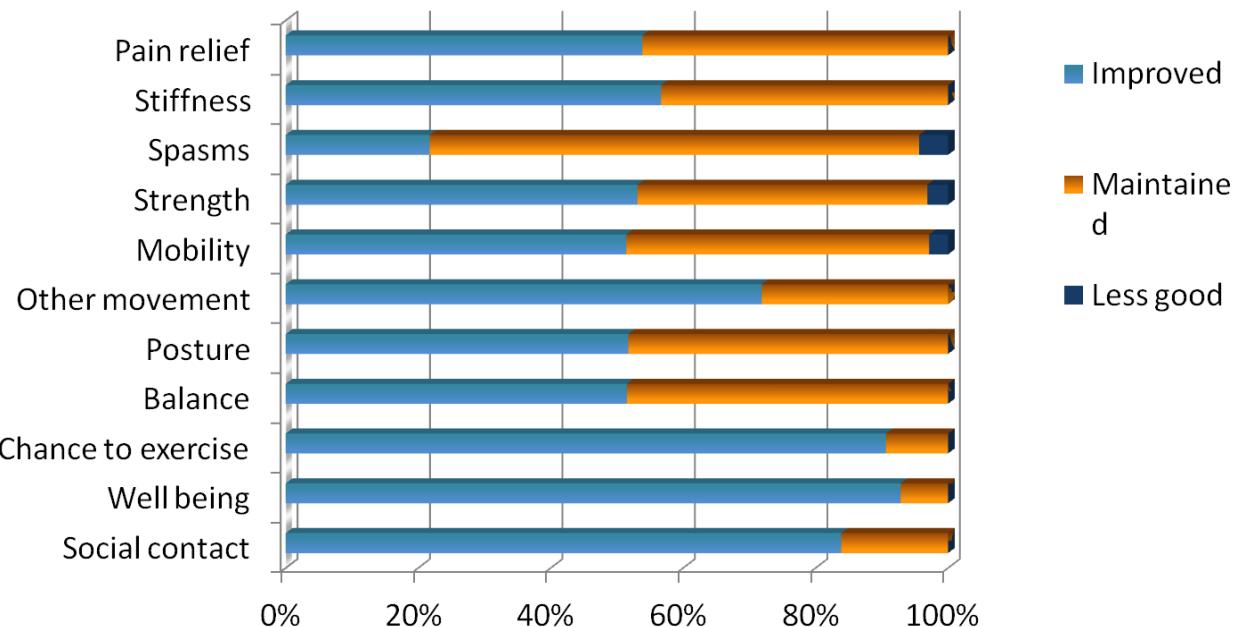
The October 2012 project was run on 5 consecutive Wednesdays from mid-October to mid-November from 12-2pm. Participants had a variety of neurological conditions (25% with ME/CFS and 50% with MS) and were allocated to groups based on their mobility/ability and water confidence. Each group session lasted 20 minutes. Mobility ranged from those who could walk independently, to those who were confined to a wheelchair. Simple movements were used, including both the upper and lower body, side-stepping, as well as changing from standing to lying or gliding, etc. The participants who were less able were in smaller group with more hands-on hydrotherapy.



There were two physiotherapists in the pool as well as two volunteers at the poolside who were very accommodating. A member who attended the sessions said that the team were very responsive to feedback and tailored treatment accordingly.

Heather said that they got a lot more improvement from the ME/CFS participants than they expected (see chart below), especially for pain relief.

As well helping to ease pain, they also found they benefited from easier movement, like getting in and out of cars easier. They also found confidence and well-being was increased, and some friendships were formed - some participants went to the cinema, which they had not done for years! Heather said that interestingly, the MS participants also got a lot of benefit. Many had been told to stay away from heat, or hot baths, but found it helped.



It is hoped that the courses increase participant's confidence to continue independently; with a sheet of exercises they are given. Individuals cannot access the Bolton One hydrotherapy pool independently at present; referrals must be made via the hydrotherapy team in order to use it. The Jubilee Centre (Darley Street, Bolton, BL1 3DX, Tel: 01204 334443) have a pool that is available for people to use, and it is fully accessible with a hoist, etc. The Jubilee Centre is also where we hold our free weekly yoga sessions, Tuesdays 3:00-4:15pm.

For more information on the hydrotherapy project in general, please contact Marie Oxtoby on Tel: 01204 594004 or [oxtoby\\_929@btinternet.com](mailto:oxtoby_929@btinternet.com)

Heather Taylor works for Susan Pattison, Neurological Physiotherapy and Occupational Therapy, 34 Bolton Street, Bury, BL9 0LL. Tel: 0161 764 3799 <http://www.neurologicalphysio.co.uk>

## Update on contact with local Clinical Commissioning Groups (CCGs.)

Over recent months we have been in contact with Bury and Bolton CCGs, as these NHS bodies now commission local health services, including the Bury & Bolton ME/CFS Specialist Clinic based at Breightmet Health Centre in Bolton.

We have given positive feedback about the Service, highlighted the importance of continued access to a Specialist Clinic for Group Members and expressed our concern in case any reduction in funding for the Clinic is planned.

Happily we can report back that both Bury and Bolton CCGs do NOT plan to reduce funding for the Specialist Clinic!

Dr. Bhatiani, Chair of Bolton CCG, has specifically asked the Group to contact him should we become aware of any changes in the Service.

We currently await a response from Bolton CCG to our request that they begin active promotion to GPs and Practice Nurses of the doctor and patient pack developed within the METRIC (ME Education, Training and Resources in Primary Care) Study, in which our Group representatives, Pam Turner and Yvonne Leech participated.

We hope that this education will:

- Assist early diagnosis of ME/CFS and prompt referral to the Specialist Clinic, thus improving condition management,
- Enable GPS and Practice Nurses to provide regular, systematic monitoring of all patients with ME/CFS to optimise symptom control and support patients more effectively (especially as the Specialist Clinic does not have resources to provide long term monitoring).

Melanie Bainbridge & Pam Turner.

## **Poem by Tom Bridge** **Before I got M.E.**

Today, let's go shopping  
But then again, let's not  
I might have the energy  
But I haven't got a lot!

On a good day I can hang out the washing  
And I feel really fine  
On other days I can't even hang  
One towel on the line!

I can easily get into bed  
And drift happily off to sleep  
But when I try to get up again  
I fall on the floor in a heap!

It's afternoon and I seem fine  
Peeling vegetables to make the tea  
But I have to stop and lie down again  
Because I've got M.E.

I pick up the things to clean the bathroom  
But after five minutes, instead  
The tiredness is so bad again  
I end up back in bed!

As I get up once again  
I start to cry and beg  
For all this pain to stop and go away  
Especially in my leg.

No amount of medication  
Can stop this discomfort and distress  
Not even a good painkiller can help  
I really am in such a mess!

Oh, body please stop this nonsense  
Please, energy sapper set me free  
I want to be the person I was again  
Before I got M.E.

## **Nom De Plume. Wild Organic Elderflower Cordial**

With numerous plastic bags rammed hastily into her coat pocket, Grandma would hurriedly get into the car. It was only on these occasions, when he and I had been kept waiting, while Grandma- an early riser- had cleaned the house, attended to everyone's breakfasts, and meticulously wrapped us all a generous packed lunch, that Gramps would rev the car's engine to signify that we were late. Like all of his outbursts, this one would defuse just as quickly as it appeared.

Thinking back now, their cherished three wheeled Reliant Robin must have seemed an improbable fit, particularly as Grandma had to squeeze her ample self into its tiny hand painted fluorescent shell. But despite the eternal tinkering it was subjected to, it never seemed to hinder any of our jolly jaunts.

Despite our souls having benefitted from countless days beside the seaside, we always followed the same comforting routine back home. And it was during these anticipated pit stops where the bounty of the Lancashire hedgerows, all wild and woolly, would unfold itself ready for our picking.

More than making sand castles, receiving a delicious lunch or even holding onto my Gramps' gigantic hands, I loved our lay-by breaks, where we would visit the berry laden bushes to assess their sweet organic offerings. It was not so much the competitive picking we'd all take part in, or the return home with masses of fruit to boast & enjoy. No, it was something much harder to articulate than that, perhaps it is better to explain it as a profound connection back to a time where I indulged in notions of a slower paced, and kinder, even perhaps, a more open community, that on occasion I witnessed my grandparents belonging to.

Issues regarding my fickle health had not yet stifled my every thought or action. Back then there was opportunity to relate to and eat food, rather than be faced with the complex machinations I now have to navigate through. Restraint was not championed in that household. Of course they planned and saved, but they savoured too.

Food fed a tired body. They worked hard honest lives, and the food they ate continually echoed this.

Though as a nation we have little to compare the exquisite and ancient tea ceremony of china, or the vast quantity of sweet buttery delights made to celebrate a marriage, new birth or peace offering marked by an Indian tray of sweetmeats. The English have instead their land and the seasons that scratch away at it.

Though for the allotment holder it is New years' day Potatoes that deliver the first crop on our tables, and May flower that awakens our hedgerows into actions, for me it is the sparkle of tiny elderflowers that tell me the kitchen will soon be a hive of even more activity. Whether it be used in collaboration or standing alone in the limelight, its predictable often self seeded growth fills me with welcome memories and times to come..

#### **Ingredients you will need:**

To make three litres of elderflower cordial, you will need

- Sterilising solution
- 30 heads of elderflowers
- 2kg of Organic fine caster sugar
- 2 organic lemons
- 50g of citric acid

#### **The sterilised equipment you need:**

- A large plastic bowl or fermentation bucket with either its own lid or a clean tea towel
- As many screw-top bottles to accommodate your cordial.
- Large wire mesh spoon
- Large muslin straining bag
- Funnel to fit the neck of the bottles
- Brown card & string tied parcel labels

#### **Method:**

1. On a dry mid morning day, pick young flower heads, where the blooms are open but have not yet started to drop petals or turn brown. These need to be used within the day, or their aroma will change into an unpleasant smell, signifying their unsuitability.
2. Once each flower head has been shook to free any insects, put the elderflower heads into the bowl, along with the sugar and citric acid. Cut each of the lemons in half, squeeze them, and add both the juice and skins into the bucket.
3. Pour two litres of boiling water in and stir until all of the sugar has dissolved. Next cover your brew with a lid or a clean cloth.
4. Leave the bucket in a moderately warm room for three days so its contents can infuse, stir it well once a day.
5. At the end of the third, or beginning of the fourth day, depending on your fatigue; remove and discard both fruit and flowers from the liquor, with a large wire mesh spoon.
6. Now pour the liquid through the muslin straining bag into each of your sterilised bottles, using the funnel, (the bottles can be cleaned and sterilised at an earlier date).
7. Finally label each bottle, with the date it was made and how it should be enjoyed, which for my family, means combining it with cold water, mint leaves and ice. Best to refrigerate once opened and used within six months, though its highly unlikely it'll last that long.

## **Woman of the Year**

"It is our honour to announce that Yvonne Leech, a co-founder and our carers' representative for many many years, has WON Woman of the Year 2013 at The Fusion Awards! The ceremony was held at Blackburn Rovers Football Club on Saturday 1 June. We are delighted that the judges recognised all the hard work Yvonne has done on our behalf! She has done so much for our group and ME sufferers and their families and we are truly in her debt. There will be more details next month!"

# **Parking Changes at Bolton One**

## ***Bolton One Car Park:***

From 29th April, 2013 signs will be displayed in the Bolton One car park detailing the following parking arrangements:

- Those vehicles displaying a blue button parking ticket with a valid Disabled Persons' Badge, will be able to stay on the car park for a maximum stay of 1 Hour and 30 Minutes. No return within 3 Hours.
- Those vehicles displaying a red button parking ticket will be able to use the drop off area for a maximum stay of 20 Minutes. No return within 40 Minutes
- Vehicles are not permitted to park on the access road through the car park.

## ***Other Parking:***

1. At Bolton One In addition to the two car parks below, there are also a limited number of places - 6 for disabled (90 minutes limit) and 12 for drop-off (20 minute limit) - at Bolton One. To access these, approach from the Derby St/Trinity St end and turn left into the car park immediately after turning into Moor Lane at the lights.
2. Multi-storey next to the Fire Station. This can be accessed either via Wellington St or via the small road between the two new colleges immediately before/after the lights at the bottom of Deane Road. The cost will be 80p for 1 hour, £1.30 for 2 hours or £1.50 for 3 hours.
3. Mecca Bingo car park. This is accessed via Ormrod Street and is the best solution for people who do not need to be dropped off right by the door but do not want to walk very far. Park as near to Moor Lane and Bolton One as possible and leave by the pedestrian exit in the top corner. The cost is 70p for one hour and £1.20 for 2 hours.

**If you have any concerns about getting there or parking, please contact Reception on**

**Tel: 01204 374290**

## **Eddie's Story by Andrew Levy**

Eddie is one of a group of people who have been misdiagnosed with CFS/ME, only to be subsequently diagnosed with hypopituitarism. They believe that up to 1m people may have undiagnosed hypopituitarism, and want to make sure changes are made to NHS guidelines so patients get the right diagnosis and treatment. Here's Eddie's story, and if you have a similar experience please e-mail: [andmk1@gmail.com](mailto:andmk1@gmail.com) or call 07933 922 375, and Andrew will put you in touch.

I had three head injuries between 1972 and 2003: an accident when I was driving a truck in 1972, a violent assault in 1985 when I had a basal skull fracture, and the third head injury in 2003. After this I began to suffer from right neck pain from spondylosis, dizziness when I turned my head, attacks of acute vertigo with vomiting (though these subsided), and aches and pains. To these symptoms were added tinnitus and deafness in my right ear, and headaches. In 2004 I was referred to a dizzy clinic, but with no improvement in my health. By 2006 I was still suffering all my previous symptoms, with the addition of pains in my face, and tingling and numbness in both hands. I was diagnosed with Menieres symptoms. My GP found hypothyroidism, which he diagnosed as primary, and prescribed thyroxin. At this point I started to wonder if my problems might stem from my pituitary gland. I had a private BUPA test that showed my Thyroid Stimulating Hormone (TSH) levels were borderline low. However, a short synacthen test that year showed no abnormalities.

In 2007, desperate that I was feeling no better, and now suffering from atrial fibrillation, chest discomfort, chronic fatigue and sleep problems, I approached an eminent endocrinologist privately, but neither he nor the endocrinology department at Manchester Royal Infirmary discovered what was wrong with me. In 2008, in fact, I was discharged from that hospital with a diagnosis of chronic fatigue syndrome and a letter that said "We have explained to Mr X that there are no signs of an underlying endocrinological problem to explain his many symptoms . . . there may well be an element of psychosomatic or depressive problems. I am concerned that he may go on to undergo further investigation and medicalisation of his symptoms," and suggested cognitive behavioural therapy.

Now at the end of my tether after four years of dizziness, I changed my GP in order to be referred privately to a consultant endocrinologist at Salford Royal Hospital. How I wish she could have treated me from the beginning. Here at last, in 2008, I made two discoveries. One was that around a third of head injuries cause pituitary problems, and the symptoms can include dizziness, tingling and numbness, headaches and chronic fatigue. The other was that the short synacthen test is not a reliable way to diagnose Adrenocorticotropic Hormone (ACTH) or growth hormone deficiency, as it misses about 40% of cases. At last I was given the right tests. The glucagon stimulation test and the arginine test, which together showed that I was suffering from growth hormone deficiency and ACTH deficiency. The endocrinologist said of me, “he has certainly had conflicting opinions from several endocrinologists, however I have checked several tests and I am certain that Mr Barker has evidence of pituitary dysfunction.” At long last I began the appropriate treatment.

It turned out my first GP, who had told me the problem “was all in my head,” had been right all along. It was, but not in the way he meant.

I wish I could say that this was the end of my troubles, but I had been so long deprived of growth hormone that my abdomen had swollen and I developed divancation of the rectus sheath, and below that an incisional hernia. I am still very ill. I feel that if only there had been more awareness of the considerable risk of pituitary failure after head injury, and the shortcomings of the short synacthen test, my whole story might have turned out differently. But it will be a comfort to me if my story alerts doctors and helps others to be diagnosed.

## Late Edition

*Here's a brief roundup of some of the recent articles covering CFS/ME during May/June.*

There's a lower level of CFS/ME diagnosis in the black and minority ethnic (BME) population, and this new study looked at the issues. It recommended training for healthcare professionals to challenge some of the inaccurate assumptions made about these groups. It also recognised cultural and family factors need to be accounted for when treatments are put in place. **Source: Diagnosis and management of chronic fatigue syndrome/myalgic encephalitis in black and minority ethnic people: a qualitative study** – ProHealth – 1st June

In this blog, the author discusses the impact of trying a new medication only for it to make CFS/ME symptoms worse. There's no recommendation, although the comments section generated many people who've had similar experiences. **Source: Medication Failures with Fibromyalgia & Chronic Fatigue Syndrome** – About.com – 29 May

This is the story of Carol Hannon who explains how her life changed when she contracted CFS/ME. It's an educational story designed to make more people aware of what CFS/ME is and how it impacts people's lives. **Source: Blackfen ME patient vows not to suffer in silence** – Bexley Times – 16 May

This is from a recent clip on YouTube. We're not alone in the UK, as for example 250,000 Australians also suffer from CFS/ME. Toby Morrison is featured on Australia's Sunrise show and explains how he felt when he had the disease. He talks about the health centre he set up to help others, and the book he's recently written. **Source: Sunrise programme - CFS Health Centre** – 4 May

People with CFS/ME can develop a fear of physical activity because they know what the consequences are. This paper studied this issue and revealed that fear of movement and avoidance behaviour toward physical activity is highly prevalent in both the CFS and Fibromyalgia (FM) population. It also discusses how this fear needs to be addressed during treatment. **Source: Fear of movement and avoidance behaviour toward physical activity in chronic-fatigue syndrome and fibromyalgia: state of the art and implications for clinical practice** – National Centre for Biotechnology Information – 3 May

Fran Hill is an occupational therapist and runs **South Coast Fatigue**. She specialises in patients with CFS/ME and aims to develop individual programmes help them back to work. If her client is

already employed, she'll work with their employer to make sure the person can remain in work.  
Source: A day in the life of ... a specialist occupational therapist – Guardian – 17 May

## **Bury/Bolton ME/CFS Support Group Positions & Contact Details**

The Bury/Bolton ME/CFS Support Group was founded in September 1990 and is managed by a committee of seven members: Alex Wootton, Carole Senior, Margaret Benn, Maria Sale, Lynda Marney, Phil Seddon & Tom Bridge

### **Support Group Posts & Contact Information:**

Welfare & Benefits Guides Distribution:	Ruth Fryman	0161 7664559
	<b>ruth@mesupportgroup.co.uk</b>	
Treasurer	Lynda Marney	
	<b>lynda@mesupportgroup.co.uk</b>	
Parents' Contact:	Kim Finney	01204 882826
Minutes Secretary:	Carole Senior	01942 810320
Bolton CVS Contact:	Various Committee Members	
Meetings Secretary:	Maria Sale	01204 575613
Medical Sub-Group, Group Rep & Carers' Contact:	No one taken over post	
Web Master:	Caroline Higson	01204 525955
	<b>caroline@mesupportgroup.co.uk</b>	
Membership Secretary:	Tom Bridge	
	<b>tom@mesupportgroup.co.uk</b>	
Newsletters:	Alex	01617615493
	<b>alex@mesupportgroup.co.uk</b>	
Newsletter Distribution:	Sara	
Librarian:	Carole Senior	01942 810320
	<b>caroles4@virginmedia.com</b>	
Door at Meetings:	Sue Critchly	01204 883506
Roving Reporter:	Andrew Levy	0161 7986183
	<b>andmk1@googlemail.co.uk</b>	

### **Facebook Page:**

We are now on Facebook this is a closed group so only the members of Bury/Bolton ME/CFS Support Group can join. To find us on Facebook put in the following: <http://www.facebook.com/groups/buryboltonmecfs/> or alternatively visit our website at [www.mesupportgroup.co.uk](http://www.mesupportgroup.co.uk) and click on the "Facebook" link.

## **Contact List Additions/Amendments**

Due to problems at the printing stage of contact list production one or two omissions & errors occurred. We apologise for this.

The main omission that needs highlighting is that neither Alex nor Caroline were credited for their work on the booklet.

P6: The information regarding the Blue Badge scheme was originally part of the Direct Gov listing immediately above it. You may feel it would now be better listed under the Transport section (P15-18)

P7: The Community Legal Advice listing ends with “and these services are free”. It should read “and which services are free” as some of their services are not free.

P7: The Community Care Helpline website details are also incorrect. This should read: [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

P21: Bury/Bolton ME/CFS Support Group Cont: Benefit and Work Guides Distribution Contact Ruth Fryman Tel: 0161 7664559 Email: [ruth@mesupportgrop.co.uk](mailto:ruth@mesupportgrop.co.uk)

P21: Leigh Support Group website is incorrect and should read:  
<http://cfsmegroups.wix.com/ashtonleighwigan>

P26: Superloop listing should end with “Order by phone using bacs, or by post (cheque). They do not accept card payments.”

P27: Just A Soap are listed for the online buying of bulk quantities of Epsom salts. Amazon also sells in bulk & could even be cheaper. (See P24 for earning commission for our group when ordering from Amazon).

Inclusion on this list is not seen to be an endorsement.

The Contact list has been compiled by people suffering from ME themselves, so please be aware that mistakes may occur occasionally. Please also ensure that you thoroughly research any of the listings to ensure that they fully meet your own requirements before acting on any of the information supplied.

Many thanks for the positive comments regarding the contact list. Please keep us updated regarding any further mistakes, changes, or omissions you feel could be included in future editions. (See P1 or P27 for contact details).

If contacting Tracy by email please be aware that emails may not be checked on a regular basis, but you will receive a reply (eventually!). Thank you for your patience.

### **Reminders**

**Equipment Hire:** We have a wheelchair and two electric mobility scooters (small enough to fit in car boot for days out or holidays). If you wish to borrow any of these, please phone Pam on 01204 793 846.

**Amazon:** The group gets 5% commission when you shop at [www.amazon.co.uk](http://www.amazon.co.uk), but only if you follow the link from our own website [www.mesupportgroup.co.uk](http://www.mesupportgroup.co.uk).