

Frequently Asked Questions

CFS/ME SERVICE

Information for Patients and Carers

1. Why have I been referred to the specialist therapy team and what can I expect?

Therapy for the management of CFS/ME is evidence based. Stages of therapy cover understanding and acceptance (stabilisation), gradual increase in activities (increasing tolerance) and coping with setbacks (maintenance). Please visit our website and read the self-help booklets available for management of CFS/ME symptoms

www.cpft.nhs.uk/services/chronic-fatigue-syndrome-and-myalgic-encephalomyelitis.htm

2. What is the therapy approach for CFS/ME?

Occupational therapy is a holistic approach. Therapy aims to provide you with the necessary skills and strategies to sustain or gradually extend, if possible, your physical, emotional and cognitive capacity and manage the physical and emotional impact of your symptoms. Treatment intervention is person-centered, and agreed jointly with you based on your individual needs.

3. What will happen if I choose not to take up the recommended therapy?

Therapy may not be for everyone. If you decide to 'opt in' you will need to let us know within 6 weeks after seeing the Clinical Specialist.

Contact Us

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Useful links:

CFS/ME Service Website: www.cpft.nhs.uk/services/chronic-fatigue-syndrome-and-myalgic-encephalomyelitis.htm

4. How many appointments will I be offered and how long will the therapy programme last?

Follow up and frequency of appointments will be assessed by the therapist according to the individual needs of the patient.

5. Does therapy have to be face to face?

If face-to-face contact is difficult, telephone, skype and email support can also be provided. Telephone, skype and email support can also be provided in-between appointments.

6. What sort of improvements can I expect?

Research suggests most people with CFS/ME will improve over time and some people will recover and be able to resume work and normal activities. However, others will continue to experience symptoms or relapse.

7. What happens if I miss or cancel my initial appointment to see the occupational therapist?

The waiting list is very long. Please read the Missed Appointments statement on our website under 'Further Information'.

8. I do not live locally; can I attend therapy sessions elsewhere?

The service is based at Botolph Bridge Community Health Centre in Peterborough, however clinics are also held in Cambridge, Doddington and Huntington.

9. Can I bring a friend or family member to therapy appointments?

Yes, however due to the size of the therapy rooms please only bring one friend or family member with you. After the initial occupational therapy appointment it is preferable if you attend further therapy appointments on your own. Your friend or family member is most welcome to come in at the end of the therapy session if you would like them to, for a brief overview of what has been discussed and action points agreed.

10. Can I try complementary medicine?

There is not enough evidence about whether complementary medicine is helpful for CFS/ME for healthcare professionals to recommend it. If you do want to try, you should use a registered therapist who has experience of working with people with CFS/ME.

12. When I am discharged from therapy, will I be able to access therapy again in the future?

After therapy your care will be transferred back to your GP. You can self-re-refer again into the service but self re-referrals are generally only accepted 6 months after discharge. You will be triaged in the service by a therapist to discuss your presenting symptoms and concerns to help identify if there is any additional support we can offer you.

13. Are there any other services I can access to help manage stress, anxiety, depression?

The Psychological Well-being Service (IAPT). Please visit the website for further information

www.cpft.nhs.uk/services/pws/psychological-wellbeing-service.htm

14. Should I stop activity and rest completely before I commence therapy?

Strategies for managing CFS/ME should not include: prolonged or complete rest or extended periods of daytime rest in response to a slight increase in symptoms or an imposed rigid schedule of activity and rest.