



## Newsletter Nov – Jan 2012

### **New Sheffield musculoskeletal website launched**

If you have back pain, you may have heard of [www.sheffieldbackpain.com](http://www.sheffieldbackpain.com) from one of our Drs. Now that site has been subsumed by a new site, [www.sheffielddachesandpains.com](http://www.sheffielddachesandpains.com). This site is divided into 5 groups; back, foot/ankle, knee, hand/elbow and shoulder pain. There are downloadable information leaflets as well as some video clips where you can learn how to undertake exercises to help with, e.g. tennis elbow, or even strapping the foot for plantar fasciitis. It isn't meant to be a self-diagnosis site, but is a very useful resource, once diagnosed.

### **Cancer awareness**

Members of the clinical team recently attended a Practice Learning Initiative event in Sheffield focussing on earlier diagnosis of cancer. There were talks from consultants in Urology, Gynaecology and Gastrointestinal Surgery, amongst others. As many of you will be aware, there are now screening programmes for Breast, Cervical and Bowel cancer. Currently we have 2 of the "know the signs" portable signs in our waiting room; these are on loan from NHS Sheffield. It is hoped that by increasing awareness within the community, of what constitute important symptoms that *may* point to a serious cause, we can diagnose more cases early, which means more people surviving cancer.

**Cervical cancer** screening starts at 24 and 6 months old and is every 3 years until age 49, when it becomes 5 yearly until age 65. Women over 65 should only have a test if they have never had one or they have had a recent abnormal test. That said, if a woman under 25 has worrying symptoms, they may be referred for colposcopy. High risk groups for cervical cancer include those commencing sexual intercourse at a young age and/or with a high number of partners. Although the vaccine against the most important strains of Human Papilloma Virus was introduced in the UK vaccination programme in 2008 (HPV is the major risk factor for developing cancer) it is important to remember this lowers the population risk, but doesn't protect against all forms of cervical cancer, so screening is still important for those who have had the jab, when they get to screening age.

**Breast cancer** screening is being extended in England to include women aged 47 to 73. Mammograms are offered every 3 years. You may still opt in for mammograms over this age but you won't be automatically included so you need to request referral from a Dr or Nurse.

**Bowel cancer** screening is the latest national programme and self-test kits looking for microscopic traces of blood are sent out every 2 yrs to those aged 60-69. There are a number of our patients who have been diagnosed early, thanks to sending off their samples. We encourage everyone to participate.

### **Why no prostate, testicular or ovarian cancer screening?**

For a screening programme to be effective there must be a cost-effective and accurate test, that is acceptable to the public, which has evidence behind it that shows it makes a difference to survival. Unfortunately, currently, no such test is available for prostate or testicular cancer, or indeed, ovarian cancer. There is a PSA blood test for **prostate cancer**, but 2 out of 3 men with a raised level turn out not to have prostate cancer and indeed, it is possible for the test to be normal in the early stages of prostate cancer. In the

early stages, symptoms of prostate cancer are very similar to those of benign age-related enlargement of the prostate. That is why it is important to consult a Dr if you have symptoms, especially if you are over 50yrs old. The Dr will need a sample of your urine, and to undertake a rectal examination, to assess the prostate. A decision needs to be made as to whether the PSA test is likely to be of help in assessing your risk of having cancer. There is a patient information leaflet available to help you make a decision on whether to have the PSA test.

**Testicular cancer** is best detected by regular self-examination, looking for any unusual (new) swellings, especially hard or painful ones, or a generalised enlargement of the testicle, or persistent pain.

**Ovarian cancer** may present in a number of ways that include persistent abdominal or pelvic pain, increased abdominal girth/bloating, feeling full early/difficulty eating, bleeding after the menopause, urinating more often or low back pain. Because many of these symptoms are very common and have many other causes, their likely importance depends on how long and how regularly they are present, and whether they are new to you or have been coming and going for years. At present there isn't a good enough test for screening for ovarian cancer, but your Dr will arrange an ultrasound scan and blood test if it is a possibility based on your symptoms.

For further information on all forms of cancer, the charity, Cancer Research UK, has a fantastic website with many free publications, find these at:  
<http://publications.cancerresearchuk.org/home>

### **New medicines review**

A new pharmacy-based programme has been introduced with the aim of ensuring that new medicines started for long term conditions, such as raised blood pressure, are suiting you. Many medicines are wasted and patients go without treatment due to ceasing them early on in the course. If your new medicine falls into that category, your Dr or Nurse will flag that up for the chemist so they can offer you the opportunity to review it, before you come back to see them.

### **Paracetamol including liquid prescriptions- available over the counter, not currently on prescription**

As everyone will be well aware, all public services are facing cut backs. Even the NHS, despite claims that funding would be protected, we are seeing year on year cuts, which doesn't take account of inflation. NHS Sheffield has a very large (multi-million pound) deficit. Faced with this, it is an unenviable task to decide where to save money. NHS Sheffield have asked that as GPs, amongst other things such as reviewing all our referral decisions and looking at switching patients to better value drugs, we also avoid prescribing paracetamol for acute indications (by that we mean short-lived illnesses, rather than patients who take it long term for pain relief). Children in their formative years will experience many minor illnesses, and it is part of being a "prepared parent", to have some paracetamol or ibuprofen liquid at home for such eventualities, especially as they often seem to occur in the middle of the night. Therefore, we would ask that you please understand and support our position on this, which is to be implemented city-wide.

### **Comments and suggestions:**

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*Please note we also now have an on-line suggestions box on our website*