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A Message From Gill - November 2018



Dr Gill MacLeod

Executive Director of Primary Care

I have been talking to lots of my clients about the challenges faced by neuro diverse people in the most recent iteration of the office as Reimagined Workspace.

It is an entirely good and healthy thing for the wellbeing of both individuals and businesses to have a relationship of trust where there is flexibility over precise hours and location of work, to the extent that the nature of work allows it of course. This gives people much more control over their day-to-day lives and allows offices to reduce the number of desk space and in turn the cost, creating much more interesting and flexible office environments where people can come together as and when they need to, rather than being tied to a desk. All good stuff from my perspective as an Occupational Physician. Personal control is a very important part of managing stress.

This feels like a wonderful 'win win' but as with everything that we do as we evolve, we are learning. For people with mental health problems more flexibility about where they work can mean that it is too easy to become invisible. If we aren't seeing people on a regular basis signs that they might be struggling can be hidden, and as social isolation and withdrawal are classic symptoms of depression they can be easily missed. It is going to be very important for managers to be aware that, a change in pattern of work might mean that the individual is in difficulty.



There is another big problem for the 10% of the adult population who are significantly neuro diverse. Having to adapt to a new work desk every time you go into the office and being surrounded by noise and distractions can be extremely stressful for some people.

Employers can help by being aware of this and offering options of quieter working areas within the overall plan, but of course these will tend to be very popular and will not always be available.

In collaboration with the fashion designer Kunihigo Morinaga, Panasonic have come up with a possible solution which really appealed to me:



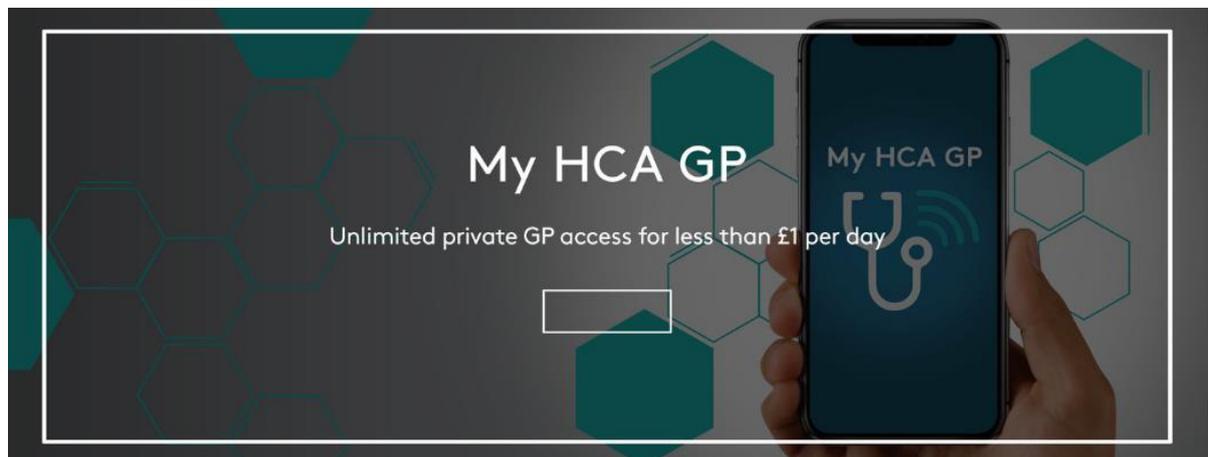
Coming from the Future Life Factory designs studio, Wear Space is a neat wearable device that cuts down on visual and auditory distractions. It incorporates digital headphones and is adjustable.

There have been some disparaging reviews but I suspect they have been written by people who are not neuro diverse at all and have no understanding of how difficult it can be for some people to concentrate in a distracting environment.

I regularly recommend the option of noise cancelling headphones to help in a noisy office environment and this is a logical evolution. Even for someone like me who is not neuro diverse but likes quiet to concentrate, I think they're a very interesting option.

They have the added advantage of making it very clear to others that you do not want to be interrupted. I haven't tried them yet, they are not on sale in the UK, but I will. I think it is really appealing.

My HCA GP



My HCA GP is our new web portal and mobile app which offers a great option for patients to manage their care.

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The new web portal is securely hosted, and the mobile app utilises touch and face id technology for increased ease of access.

To start booking appointments or to receive a video consultation, patients must follow the links below to download the app or access the web portal.

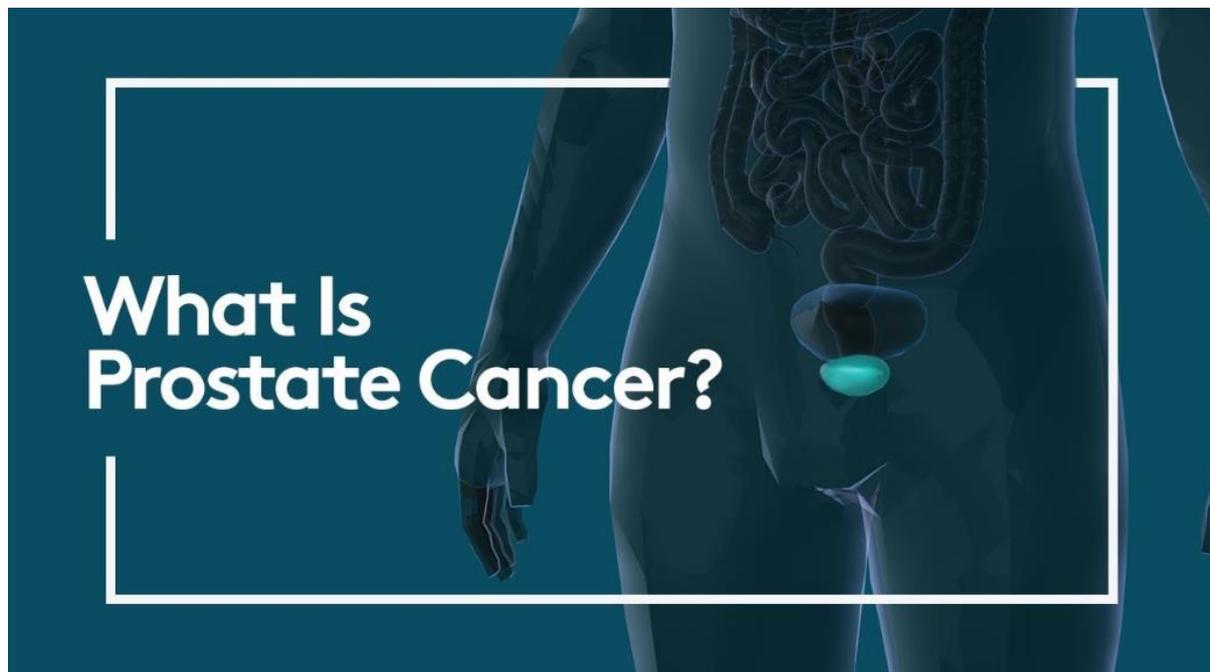
The My HCA GP app can be used by anyone with a Roodlane medical account. Please note that individual services will vary depending on your service agreement with us.

[Click here to access your new web portal](#)



We also have a My HCA GP membership scheme, which is available direct to consumers, from £29.99 a month. The service includes:

Unlimited access to our GPs, an annual health screen worth up to £250, a free annual flu jab, and free travel health advice as well.



Prostate cancer is the most common cancer amongst men in the UK, with the latest figures showing that one in eight men will be diagnosed during their lifetime.

To tie in with Movember taking place across the UK during November to raise awareness of men's health issues, here Professor Mark Emberton, shares his expert insight, and answers some of the most common questions about prostate cancer:

What is prostate cancer?

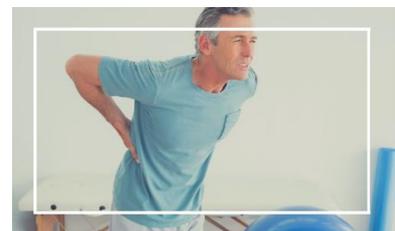
Professor Emberton says: “The prostate gland is located in the pelvis – between the penis and the bladder. It is about the size and shape of a walnut, although it does grow bigger with age. The exact causes of prostate cancer are still mostly unknown, but we do know that it develops when cells in the prostate start to grow uncontrollably. To begin with, the cancer typically grows slowly, and can be asymptomatic. However, treatment is required to stop it from spreading outside the prostate.

What are the symptoms?

Professor Emberton says: “In the early stages of prostate cancer, most men are asymptomatic due to how the cancer grows. If the cancer grows close to the urethra, and subsequently presses against it, then signs and symptoms may be detected as it will alter the way a man urinates. However, in many cases the cancer will begin to grow in a different part of the prostate – away from the urethra – meaning there will be no obvious signs. If any changes in urination are noticed then it’s important to seek medical advice as quickly as possible to get checked out. However, it’s also important to note that in many cases, this will be related to a non-cancerous problem such as an enlarged prostate.

Changes to look out for could include:

- Difficulty in starting to urinate
- A weak flow when you do urinate
- The feeling that your bladder hasn’t emptied properly
- The desire to urinate more frequently – particularly at night
- A sudden urge to urinate
- Leaking urine before you get to the toilet.



Other symptoms to look out for, which could indicate that the cancer has spread beyond the prostate include:

- Back, hip or pelvis pain
- Problems with getting or sustaining an erection

- Blood in the urine or semen
- Unexplained weight loss

Again, in many cases these symptoms will not indicate cancer however, it is always important to get anything unusual checked out by your GP so you can find out what the cause is and seek appropriate treatment.

How is prostate cancer treated?

Professor Emberton says: “The type of treatment offered for prostate cancer patients will vary depending on whether the cancer is localised (contained within the prostate gland), locally advanced (spread just outside the prostate) or advanced (spread to other parts of the body). This being said, for many men with prostate cancer, no surgical or medicinal plans are required. This long-term plan involves regular checkups and monitoring to make sure that the cancer isn't causing any symptoms or problems.

There are several different treatment options available for prostate cancer patients including surgery, chemotherapy, radiotherapy and immunotherapy.

It is important to note, the chances of surviving prostate cancer are generally good if it is diagnosed early. If you think you are suffering from any of the aforementioned symptoms you should arrange to speak to your GP.”

Movember, the month formerly known as November, is when brave and selfless men around the world grow a moustache, and women step up to support them, all to raise awareness and funds for men's health - specifically prostate cancer, testicular cancer, mental health and suicide prevention.

To find out more about prostate cancer, and the services we offer at HCA UK, [click here](#).

Content kindly provided by Professor Mark Emberton (MD, FRCS, Urol)



Professor Mark Emberton

Consultant Urological Surgeon, HCA Healthcare UK

50% off initial Urgent Care Centre consultations

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Dear Doctor

Dear Doctor,

Should I consider Hormone replacement therapy (HRT)? There has been a lot of conflicting reporting in the press in recent years, and my GP does not seem too keen to prescribe?

HRT has been around in one form or another since the 1920s, although it remains the only hormone replacement treatment that is not automatically prescribed in the appropriate circumstances.

The publication of two large scale trials in 2003 was widely and adversely reported in the press before adequate peer review had been undertaken, with the result that worldwide sales of HRT dropped by 50%, and are only now starting to return to previous levels. Unfortunately, the conclusions initially reached by these publications were not subsequently felt to have been the correct ones!

So, what is the current advice?

HRT remains the most effective way of dealing with menopausal symptoms. These commence around the time menstrual periods cease, but may precede the last natural period by several years, the average age of the menopause in the UK being 54 years.



Common symptoms are hot flushes and night sweats, poor sleep pattern, emotional mood swings, loss of libido, poor concentration and memory and general lassitude.

How can I be sure that the symptoms I am experiencing are due to the menopause, and not to other causes?

There is no simple test for this – blood tests are not recommended unless problems are

experienced many years before the usual age of menopause – the only way forward is a trial of HRT for up to 3 months. If the diagnosis is correct, the improvement in health is very obvious!

What is HRT?

Replacement of the hormones normally made by the ovaries, in the same way that thyroid hormone is used for instance when the thyroid gland becomes under or inactive. The main hormone required is oestrogen, but progesterone is also required to protect the womb lining from over-stimulation, unless of course you have had a hysterectomy.

Over the years, these hormones have been obtained in various ways, but the vast majority of preparations now used contain synthetic oestradiol which is in effect identical to the main naturally occurring oestrogen produced by the ovary. A variety of synthetic progesterones are used as appropriate.

How do I take it?

Unless your last natural period was 12 months or more ago, you will initially take the HRT in a form that ensures you have a withdrawal bleed every month or so, in the same way that withdrawal bleeding occurs in breaks from the combined birth control pill. This is to protect the womb lining from overstimulation and unpredictable bleeding. Once you have reached the average age of menopause, this can be converted into a “no bleed” form.

A variety of different forms of administration are available. Initially pills were the most commonly prescribed, but in recent years adhesive patches or gels rubbed into the skin are becoming more popular. Implants under the skin have been used in the past, but are less commonly used now that there are preparations that allow absorption through the skin. There is some evidence that these preparations are more effective where mood problems predominate.

What are now thought to be the pro's and con's?

If your physical and emotional symptoms are due to the menopause, they will be greatly improved or abolished by HRT.

The risk of osteoporosis is greatly reduced whilst you are taking HRT, as is the risk of developing cardiovascular disease. While caution should be used in starting HRT where cardiovascular problems are already present at the time of the menopause, this is not a contraindication to use.



Skin, elastic tissue and muscle deteriorate after the menopause, and HRT will slow this process to some degree. If these changes affect the genitalia, problems with intercourse may develop which can be reversed by HRT –treatment in this instance may be systemic or locally applied.

There is a small increase in the incidence of breast cancer in long term users, for more than 10 years after the average age of menopause, and women with a strong family history of this condition may wish to discuss this with a specialist. There is however a small decrease in the risk of bowel cancer in long term users which is of a similar magnitude.

When should I start taking it, and how long should I go on for?

HRT should commence as soon as significant symptoms are present. This is particularly important in women who have an early menopause, either naturally or as a result of surgery, and should continue at least until the age of natural menopause.

On average, menopausal symptoms if untreated last for 2 to 3 years, and HRT should be taken for at least this length of time.

Only about 50% of women in the UK experience sufficient symptoms to affect their quality of life, and they may therefore not consider HRT use until after their periods cease.

In view of the potential benefits of long term use you may decide to continue with long term HRT, or to begin at the menopause if you have not already started. There is no time limit to how long you wish to continue.

Many women decide to see what life is like without HRT after they have been taking it for a number of years. A large proportion quickly elect to restart as they say they feel “generally better “when taking it.

This may represent a “placebo effect “to some extent, but it is worth considering that it is only in the developed world and in the last 100 years that women may now expect to live for almost half their lives without their female hormones if HRT is not taken advantage of!

Further information on HRT may be obtained via the [British Menopause Society](#).

This month’s Doctor’s Corner was kindly provided by Dr Gavin Webb-Wilson



Dr Gavin Webb-Wilson

HCA UK GP

Do you have a health related question?



Why not try emailing us in confidence and you could see your question answered by a qualified Doctor in our next newsletter!

doctorsquestions@roodlane.co.uk