



A Message From Gill - October 2018



Dr Gill MacLeod

Executive Director of Primary Care

Help!....I think my Fitbit is blocking my heart chakra

At the cost to my dignity of great hilarity amongst my children I have just spent a week alone on a silent meditation retreat in the French Pyrenees.

In their somewhat ungenerous view I am quite incapable of being silent for a week.....which to be fair I did wonder about myself. But it is something I have wanted to do for years so despite their stifled giggles and suggestions on smuggling in contraband I packed my waterproofs for walks in the ancient forests....and I went.

The set-up is that there is no internet, no use of computers or mobile phones. No coffee, no alcohol and no fish or meat. There is some gentle exercise between meditation sessions but no running or other vigorous exercise and no physical contact with anyone. Does this sound like fun? There is more! No reading and no writing. Obviously no TV or movies. Definitely no Netflix but also no music.

The location is in the middle of the forest in which people regularly get lost. One such event occurred on our second day but I am happy to say that the wanderer was found within a few hours. It is breathtakingly beautiful and with no other distractions I found myself able to enjoy the incredible setting without taking pictures (umm – with what?)



I drank water which comes in off the mountain and is filtered and enjoyed every mouthful of the food plus the odd fig I was able to scrimp when I was desperate for something sweet. I varied the liquids a bit with the occasional herbal tea.

There were about 30 people. We had a few hours to talk when we arrived but a lot of people arrived after that so I knew pretty much nothing about them. We had been asked to avoid eye contact so as a group we ate, meditated and exercised together from 6.45 am to 9.30 pm every day without knowing each other at all. It is quite remarkable how much of a sense of people you get just from sharing a space. And how often you can be wrong. We are so accustomed to defining ourselves to each other by job, our clothes, where we live, family and interests that spending so much time with people about whom I knew nothing (well not strictly true – a physio, a lawyer and a man who worked in Lidl all chatted very briefly before we went into silence. And a guy from Capetown who is in the film industry) was thought provoking.

There were moments to remind me not to get too serious – our teacher really did challenge someone for wearing a Fitbit and demonstrated the effect on her heart chakra using dowsing rods at which point my credulity was stretched

(<https://www.newscientist.com/article/dn17532-why-dowsing-makes-perfect-sense/>)

Mindfulness and meditation have become refreshingly mainstream with some of my clients even providing a subscription to Headspace (fantastic meditation app) for all their staff. Some companies are talking about encouraging sabbaticals and the renewed energy they allow people to bring back to their jobs. We are in a changing world where our energy and creativity will

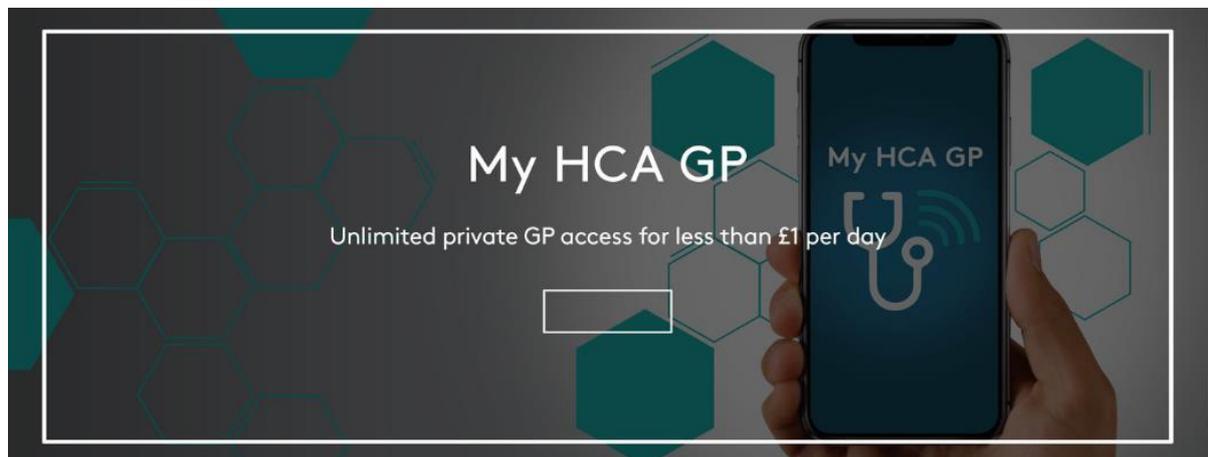
become the most important and irreplaceable thing we bring to our work.

So what did I gain?

- I have my sense of humour back – I hadn't realised it had gone but here it is
- I was dreading a week's worth of emails but have cleared most of them on the plane home because I am not procrastinating
- I had bad neck pain for over a year and it is at least 50% better
- I am smiling more

I have my mojo back. What more could I ask!

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Looking after your lifestyle



Seasonal Affective Disorder

As the record Summer of 2018 for the UK closes, 'winter blues' may be forecast for some

Do you suffer from what is often described as 'Winter Depression'? NHS figures estimate that 1 in 15 people in the UK suffer from Seasonal Affective Disorder. 'SAD' is an appropriate acronym and has a lot in common with depression.

SAD happens between the months of September to April, with December, January and February often being the worst months for sufferers. It has many symptoms in common with depression: low mood, less interest in life, irritability, low energy levels, less interest in sex and feeling less sociable. Two common symptoms of SAD, that are not usually found in depression are over sleeping and over eating.

Sufferers of SAD find it extremely difficult to wake up on dark winters' mornings and they will

continue to have low levels of energy throughout the day. People are likely to eat more, craving high carbohydrate foods of the not so healthy kind, like white bread and sugary foods, which knowingly affect mood.



What causes SAD?

While the reduced amount of light in the winter months seems to be an important factor, we actually know very little about the causes of SAD. There is some research looking at how daylight can influence appetite, wakefulness and mood but other evidence suggests that people living in northern areas do not appear to suffer more than those living further south.

How is SAD managed?

SAD is treated in the same way as depression. A Cognitive Behavioural Therapy (CBT) approach for example, focusses on making behavioural and lifestyle changes. Generating behavioural experiments (BE's) can help disconfirm the SAD sufferers' perceived unhelpful thoughts and feelings, to challenge outcomes. When better outcomes are realised having tested them out through BE's, there is increased mood, motivation and higher energy levels. I encourage my patients to keep up their enjoyable activities all year round because when they are squeezed out, our good mood and wellbeing follows.

Light therapy for SAD

It remains unclear how effective this is according to the NICE guidelines, but the theory behind light therapy and a 'light box' is that it can replicate sunshine and may inhibit the making of melatonin in the brain. A light box provides extra light, like sunlight, and is used in the mornings, at breakfast time. (Not to be used after 5pm, as this can interfere with night time cycles of sleep). As well as a 'light box', a 'dawn simulating alarm clock' may be helpful if you find it hard to wake up on winter mornings. It comes on dimly before waking and then gradually becomes brighter, helping to greet the day ahead.

Finally, some food for thought...



- 1.** Only animals need to hibernate!

- 2.** Try to get as much natural sunlight as possible by taking walks during daylight hours and remind ourselves that days are getting longer from 21st December.

- 3.** The importance of winter SPF. Because even in winter months, we are extremely susceptible to sun exposure.

World Mental Health Day was recognised on 10 October

Contact our [Client Relations Team](#) should you wish to find out more information about our Psychological Services

Content kindly provided by Dr Susan J Camm



Susan J Camm

Chartered Psychologist, HCA Healthcare UK

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Dear Doctor

Dear Doctor,

I have just received my smear test result and it says I have a low grade dyskaryosis. Does this mean I have cancer?

Firstly, let me start by reassuring you that you do not have cancer. Now let's take a little look at the detail.

Why we carry out smear tests:

A cervical smear is not a test for cancer. It is screening programme designed to look for abnormal cells that if left untreated, may eventually develop into cancer in some women. The aim is to detect these abnormalities early and initiate treatment before cancer has had a chance to develop.

Each year, over 2800 women are diagnosed with cervical cancer in the UK. It usually affects women over the age of 20. The highest rates occur in women aged between 30–34.

Cervical cancer takes many years to develop. Before it develops, changes take place in the cells of the cervix. These changes are called cervical intraepithelial neoplasia (CIN). CIN is not cancer. It may sometimes be called a pre-cancerous condition. This is because if it is not treated it might develop into cancer. Most women with CIN do not develop cancer, and if treatment is needed for CIN it is nearly always effective.



What are we looking for in a smear test?

There are often (but not always) 2 stages to the smear test:

- To look for abnormal cells
- To test for human papilloma virus (HPV)

If the first test carried out on your sample is to look for abnormal cells (cytology), you should receive a report that looks like this:

MICROSCOPIC: Negative. No dyskaryotic cells identified.
Endocervical cells present.

DIAGNOSIS: CERVICAL SMEAR: NEGATIVE

This is a negative (normal) smear result.
There were no dyskaryotic (abnormal) cells present.

A normal test result means no abnormal cell changes have been found. No action is needed and you don't need another cervical screening test until it's routinely due.

Depending on your result you may see several other things:

1) An inadequate sample (it was not possible to interpret the sample) – in this case you may need to repeat your smear and we will advise you on this.

Reasons for an inadequate sample include:

- not enough cells were collected
- the cells couldn't be seen clearly enough

An infection was present

2) An abnormal result – of which there are several grades or degrees of abnormality:

- low-grade changes: borderline dyskaryosis
- Mild abnormalities in the cells of the neck of the womb (cervix): mild dyskaryosis.
- Moderate abnormalities in the cells of the cervix: moderate dyskaryosis (high-grade)
- Severe abnormalities in the cells of the cervix: severe dyskaryosis (high-grade)
- Possible cancer cells: invasive or glandular neoplasia.



If your result is low-grade, it means that although there are some abnormal cell changes, they're very close to being normal and may disappear without treatment.

In this case, your sample will be tested for HPV. If HPV isn't found, you're at very low risk of developing cervical cancer before your next screening test- which is either at your next medical or in 3-5 years in the NHS (depending on age).

If HPV is found, you'll be offered an examination called colposcopy, which looks at the cervix more closely.

If your result is high-grade dyskaryosis, your sample won't be tested for HPV, but you'll be offered referral for colposcopy to check the changes in your cervical cells.

HPV Testing:

We may also test to look for human papillomavirus (HPV). It is involved in the development of most cases of cervical cancer. HPV is a very common virus – having sex just once can result in exposure to many subtypes of HPV and up to 80% of the population have had HPV at some point. In most women HPV will not cause long-term harm and will be eventually be cleared by their immune system.

If you test positive for HPV, you will need further testing at either colposcopy or a repeat smear in 6 months' time. Your doctor will discuss this in more detail with you as necessary.

How often should you be having a smear test?

You are able to have your smear at your yearly medical however if it is also alright if you choose to have it every 3 years. The screening schedule for the NHS is as follows:

Aged 25-49 should have a smear every 3 years.

Aged 50-64

should have a smear every 5 years.

Aged 65+

should only have a smear if not had one since age 50 or have had recent abnormal tests.

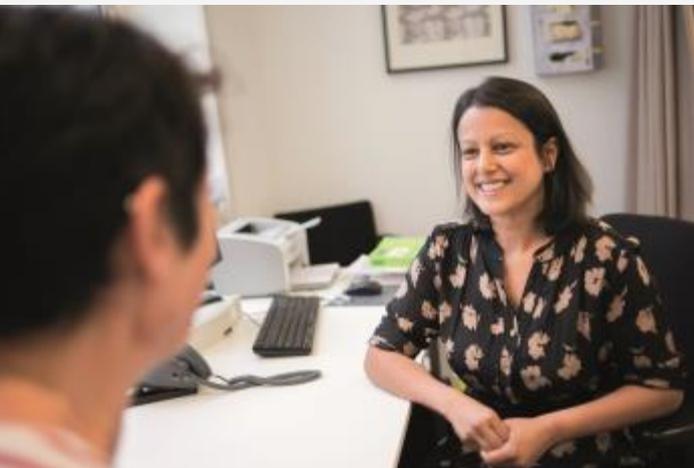
This month's Doctors Corner was kindly provided by Dr Emma Woodford



Dr Emma Woodford

HCA UK GP

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doctorsquestions@roodlane.co.uk