



March/April  
2018

# Bourn Surgery Newsletter

**There will be no Gransden Surgery on Tuesday 3rd April.**

## **Winter Pressures update from Addenbrooke's**

We are all aware that Addenbrooke's, as with most other hospitals nationally, has been under intense pressure this winter. Addenbrooke's has asked all local practices to circulate the following information:

### **Helping your hospital to help YOU - a message to patients**

We're sorry, but we're really busy. This winter we've seen more patients than ever before and had waiting times of up to SEVEN AND A HALF HOURS in A&E. Patients can help us help them by understanding the circumstances in which they should attend. The A&E department deals with life-threatening emergencies, such as:

- loss of consciousness
- acute confused state and fits that are not stopping
- persistent, severe chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions
- severe burns or scalds

Less severe injuries can be treated in urgent care centres or minor injuries units (MIUs) and sources of help are listed on the local Clinical Commission Group 'Choose Well' web pages. Minor injuries units and urgent care centres can treat:

- sprains and strains
- broken bones
- wound infections
- minor burns and scalds, minor head injuries and minor eye injuries
- insect and animal bites
- injuries to the back, shoulder and chest

A&E is not an alternative to a GP appointment. If a GP practice is closed residents can call NHS 111, which will direct them to the best local service. If patients do attend A&E, it is extremely helpful to limit the number of friends or family who accompany them, since demand for seating is greater than the number we have.

## **Clinical Pharmacist working at the Surgery**

Clinical Pharmacists are highly qualified health professionals who train for many years to become specialists in medicines and how they work. We are pleased to welcome Helen Murray as our pharmacist, who joined us in March. Helen will be starting to work alongside the GPs and nurses to support patients with medication reviews, medication side effects, medication changes after a hospital stay, long-term conditions and common illnesses. We are looking forward to benefitting from the addition of Helen's expertise to the Surgery team. Helen's role will not replace your appointments with the GP or nurse. Medications will be dispensed in the usual way via Dispensary or paper prescription.

## PSA testing for men

Following several high-profile men making their diagnoses of prostate cancer public, we have seen an increase in the number of men asking for a PSA test. This is a complex scenario, with a lot of information to consider. If any man has questions regarding this, please come and see one of the GPs, but the following may be helpful:

The PSA test is not a test for prostate cancer. PSA is a naturally-occurring antigen produced by the prostate. Therefore all men will have PSA present in the bloodstream; how much is determined by age and the health of the prostate. Whether a man is deemed high-risk for prostate cancer will depend on his symptoms, whether he has a family history of prostate cancer, is of black ethnic origin (black African and black Caribbean men have a higher risk), or is obese or overweight. For these higher-risk patients, the use of PSA testing plays a greater role.

PSA levels can be elevated for a number of reasons, only one of which is cancer. The PSA test is unable to distinguish between the causes of the raised PSA.

In the low-risk population of men with no symptoms, the PSA test is not very accurate:

- About 15 out of every 100 men with a normal PSA level have prostate cancer (a false-negative result).
- About 75 out of every 100 men with a raised PSA level don't have prostate cancer (a false-positive result).

When a PSA test is raised, men are more likely to be referred and to undergo further investigations such as prostate biopsy, a procedure with risks and potential complications. For a large number of men, these investigations are unnecessary as the PSA is elevated for a non-cancerous reason.

Although the PSA test can detect aggressive cancers, it is much more likely to detect slow-growing prostate cancers. These slow-growing cancers are common, and may never cause any symptoms or shorten life. However a cancer diagnosis can cause significant anxiety and distress, and some men may opt for treatment, which may have serious side-effects.

The PSA test is not suitable to be used as a screening test because the evidence has not shown that the benefits of screening outweigh the risks. Over-diagnosis (men being diagnosed with a cancer that will never cause symptoms or death during their lifetime) and over-treatment (men being treated unnecessarily for cancers that would be unlikely to be harmful) are real concerns.

The Prostate Cancer Risk Management Programme (<https://www.gov.uk/government/publications/prostate-specific-antigen-testing-description-in-brief>) has further information on which to base your discussion with a GP.

### Reception

- **Mon-Fri:**  
8.30am-1pm, 1.30pm-6pm
- **Appointments:** 01954 719469
- **Emergencies:** 01954 719313

### Dispensary

- **Mon-Fri:** 8.30am-1pm,  
2pm-6pm

### Out of Hours

- **01954 719313 and listen to the automated message.**