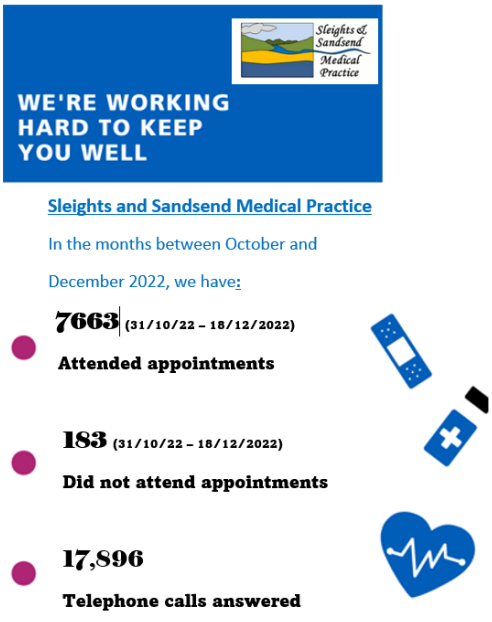
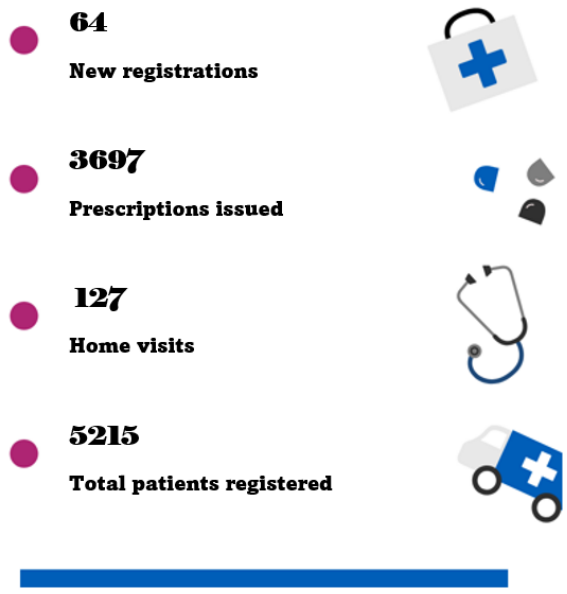
Inside this newsletter

Updates from Sleights and Sandsend Medical Practice

Appointments

In the last 4 weeks 19/12/2022 to 15/01/2023 SSMP has serviced a total of **3138** appointments.
1341 of those appointments were provided as same day appointments.
57.60% of appointments at SSMP in that period were face to face, which equates to **1806** appointments.





Dr Margaret Jackson

Dr Jackson has now retired from Sleights and Sandsend Medical Practice, Dr Jackson's patients will be transferred to one of our partner Dr's however you can still request a Dr of choice from reception.
SSMP is also a training practice meaning we have registrar Dr's which are also available and can see and treat patients.

Medical Exemption Certificates

These entitle you to free NHS prescriptions. If you have certain medical conditions you can apply for an exemption certificate.

These conditions are:

- a permanent fistula (for example, cecostomy, colostomy, laryngostomy or ileostomy) which needs continuous surgical dressing or an appliance
- a form of hypoadrenalism (for example, Addison's Disease) for which specific substitution therapy is essential
- diabetes insipidus and other forms of hypopituitarism
- diabetes mellitus, except where treatment is by diet alone
- hypoparathyroidism
- myasthenia gravis
- myxoedema (that is, hypothyroidism which needs thyroid hormone replacement)
- epilepsy which needs continuous anticonvulsive therapy
- a continuing physical disability which means you cannot go out without the help of another person
- cancer and are undergoing treatment for either:
  - Cancer
  - the effects of cancer
  - the effects of cancer treatment

To apply please ask at the Practice for an application form. Certificates are usually valid for 5 years and will then need to be renewed. The Prescription authority will send a reminder about renewal a month before it is due

Anyone under 16 or between 16 – 18 and in fulltime education will automatically receive free prescriptions so if they have one of the above conditions they will need to apply for a medical exemption at either 16 or 18 as applicable.

There are other groups entitled to free prescriptions and more detail can be found at
https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/free-nhs-prescriptions
but these include age as above and over 60
some benefits – income support/income based job seekers allowance
income related employment and support allowance
Tax credits if your family income is below 15276 or less and you receive tax credits
Pregnant women and those who have had a baby in the last 12 months
Low income – you will need a valid HC2 certificate – it is your responsibility to ensure the certificate is current
People who receive War pensions or armed forces compensation scheme payments.

If you are collecting your prescription and you are eligible for free prescriptions you will be asked to complete the correct information on the back of the prescription and may be asked for proof of exemption. It is your responsibility to check you are entitled before claiming free prescriptions. If you claim in error you may be charged a penalty of up to £100.

Please allow 3 working days before picking up your prescription.

Key Cancer Facts

World Cancer Day
4 February

- Cancer is the **second-leading cause of death** worldwide.
- **10 million** people die from cancer every year.
- More than 40% of cancer-related death could be preventable as they are **linked to modifiable risk factors** such as smoking, alcohol use, poor diet and physical inactivity.
- **Almost at least one third** of all deaths related to cancer could be prevented through routine screening, and early detection and treatment.
- **70%** of cancer deaths occur in low-to-middle income countries.
- **Millions of lives** could be saved each year by implementing resource appropriate strategies for prevention, early detection and treatment.
- The total annual economic cost of cancer is estimated at **US$1.16 trillion**.

Inside the equity gap:

8 barriers that stand in the way of cancer care

1. Gender norms and discrimination

Around the world, women and girls suffer from discrimination as a result of misogyny, stereotypes and expected gender roles. Certain cultural and religious contexts may further limit access to timely cancer care. Stigma and ostracisation surrounding cervical and breast cancers can make women reluctant to seek cancer screening. In some parts of the world, a woman may need tacit approval or explicit permission from the male head of household to visit a doctor.

Men also face the negative effects of gender discrimination and societal and cultural taboos. Social norms surrounding masculinity may make them less willing to discuss health concerns and consider certain life-saving procedures, such as surgery for early-stage prostate cancer, out of concern for the possible side effects, which can include incontinence or impotence.

2. Barriers for minority populations

Racism has a profound effect on a person's ability to access cancer care and minority populations often face serious barriers in accessing their countries' basic health services.

For example, indigenous people living in over 90 countries represent 6% of the world population but account for 15% of the extreme poor. Indigenous people face worse health and poorer outcomes. These factors, combined with systemic discrimination, human rights abuses, language and cultural differences and many other factors, are worsened by a higher exposure to poor nutrition, substance abuse and other behaviours that constitute high-risk factors for cancer.

3. Poverty and socioeconomic status

Poverty seriously limits access to quality cancer care. In high- and lower-income countries alike, lower socioeconomic status means less access. Countless obstacles tied to one's financial means include transport to hospital from remote locations, inability to take time off work or find childcare to accommodate screening or treatment and a lack of health insurance or other financial means to manage the high monetary cost of care.

Regardless of where you live, if you are diagnosed with advanced cancer and are a low-income patient, have primary education only or lack health insurance, you are more likely to experience financial catastrophe or die within 12 months of a cancer diagnosis.

4. The rural-urban divide

People living in rural areas face many obstacles standing between them and their chances of surviving cancer. A lack of prevention, screening and treatment services likely means travelling long distances to access the necessary resources. The financial burden of this travel, alongside the need to secure childcare and time off work, can be insurmountable.

As a result, *where* you live too often determines *if* you live. Rural patients are frequently diagnosed at later stages and are less likely to receive appropriate treatment, receive follow-up or supportive services or be included in clinical trials that may represent their best chance at survival. These challenges can lead to interrupted treatment, and these barriers are compounded by the significant overlap between rural and indigenous, lower-income and older populations.

5. Age

How old you are shouldn't decide the quality of cancer care you receive, yet this is the reality for many. Cancer can develop at any age, but the risk of that happening rises dramatically with age. In fact, more than half of people who have cancer are 65 or older. Because early cancer symptoms can be mistaken for everyday pain or minor illnesses associated with old age, many cancers in older patients are diagnosed later. This is exacerbated by a lack of programmes and services designed to respond to the needs of older adults. Also, while more older people are diagnosed with cancer than younger people, older patients are vastly underrepresented in the research that sets the standards for cancer treatments. Ageism that pervades cultures and institutions is one major contributing factor to these imbalances.

Up to **10% of cancers** are related to genetic mutation. **27% of cancer deaths** are from tobacco and alcohol use.

10 million people died of cancer in 2020. That's equivalent to the population of Bangkok or twice the population of Ireland.

6. Refugee status and forced displacement

In countries facing political, financial and social instability – from war, social upheaval or natural disaster – cancer organisations must deal with harrowing shortages of resources or even a complete breakdown in basic health services. The majority of people with advanced stage cancer in war-affected areas, for instance, are simply unable to get appropriate care, as regions become inaccessible, hospitals and health centres are damaged or destroyed and health workers are injured, killed or displaced.

Beyond this, cancer patients in conflict and post-conflict areas, as well as refugees fleeing these regions, experience a unique set of obstacles, including emotional or physical trauma, limited financial resources and language or cultural barriers that can dramatically impact access to effective cancer care.

7. Homophobia, transphobia and related discrimination

Around the world, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people face hostility and discrimination by the people around them. They are also more likely to face ignorance or outright prejudice from health practitioners. Furthermore, fear of poor treatment by the medical establishment understandably drives many people away from timely and effective cancer care.

Such discrimination takes an insidious toll and can lead to behaviours known to increase cancer risk – such as drinking, smoking or illicit drug use – as people seek ways to self-medicate and cope with a world that is far too often hostile to one's very existence.

8. Barriers for care for people with disabilities

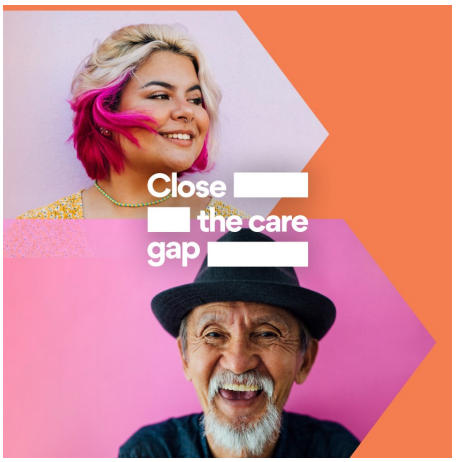
There are more than one billion people with disabilities globally, many of whom face systemic discrimination in health care, leading to worse outcomes particularly concerning cancer diagnosis and care.

Not only do people with disabilities require medical care specifically for their impairment, they also need general healthcare including services related to cancer prevention, detection, treatment and care.[†]

This is where people with disabilities face discrimination in the system and barriers to accessing services and receiving care, in addition to financial challenges.

These barriers generally relate to attitudes, beliefs and behaviours (attitudinal barriers) on behalf of caregivers; organisational or communication factors, such as information, prescriptions and other services not adapted for people with hearing or vision impairment; and physical barriers that include transportation difficulties, medical equipment that is inaccessible for people due to height or physical impairment, lack of amenities or accessible passages and rooms to accommodate people in wheelchairs or with other disabilities.

For these reasons, people with disabilities are less likely to receive preventative care – for cancer and other non-communicable diseases. They are therefore more likely to suffer from obesity and cardiovascular disease. According to WHO, people with disabilities are three times more likely to be denied health care, four times more likely to be treated badly in the health system and 50% more likely to suffer extreme financial hardship.



Equity in access to cancer care

No matter who we are or where we live, we all deserve access to accurate information on cancer and quality care services in prevention, diagnosis, treatment and support.

Awareness, understanding myths and misinformation

Access to information and knowledge about cancer can empower us all.

Prevention and risk reduction

Over one third of cancers are preventable, which means we can all reduce our cancer risk.

Beyond physical: mental and emotional impact

The impact of cancer goes far beyond physical health, impacting the mental and emotional wellbeing of patients and their caregivers.

Reducing the skills gap

A shortage of skilled healthcare workers is one of the greatest barriers in delivering quality cancer care.

Working together as one

By joining forces, we help to strengthen efforts that stimulate powerful advocacy, action and accountability at every level.

Saving lives saves money

The financial impact on nations, individuals and families have a huge impact on sustainable economic and human development. By focusing on saving lives, we can also save money.