



# Men's Health

*One in a series of curriculum statements produced by the Royal College of General Practitioners:*

- 1 Being a General Practitioner**
- 2 The General Practice Consultation**
- 3 Personal and Professional Responsibilities**
  - 3.1 Clinical Governance
  - 3.2 Patient Safety
  - 3.3 Clinical Ethics and Values-Based Practice
  - 3.4 Promoting Equality and Valuing Diversity
  - 3.5 Evidence-Based Practice
  - 3.6 Research and Academic Activity
  - 3.7 Teaching, Mentoring and Clinical Supervision
- 4 Management**
  - 4.1 Management in Primary Care
  - 4.2 Information Management and Technology
- 5 Healthy People: promoting health and preventing disease**
- 6 Genetics in Primary Care**
- 7 Care of Acutely Ill People**
- 8 Care of Children and Young People**
- 9 Care of Older Adults**
- 10 Gender-Specific Health Issues**
  - 10.1 Women's Health
  - 10.2 Men's Health
- 11 Sexual Health**
- 12 Care of People with Cancer & Palliative Care**
- 13 Care of People with Mental Health Problems**
- 14 Care of People with Learning Disabilities**
- 15 Clinical Management**
  - 15.1 Cardiovascular Problems
  - 15.2 Digestive Problems
  - 15.3 Drug and Alcohol Problems
  - 15.4 ENT and Facial Problems
  - 15.5 Eye Problems
  - 15.6 Metabolic Problems
  - 15.7 Neurological Problems
  - 15.8 Respiratory Problems
  - 15.9 Rheumatology and Conditions of the Musculoskeletal System (including Trauma)
  - 15.10 Skin Problems



# Contents

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## **Acknowledgements** 5

Key messages 5

## **Introduction** 6

Rationale for this curriculum statement 6

UK health priorities 7

## **Learning Outcomes** 10

Primary care management 10

The knowledge base 10

Person-centred care 11

Specific problem-solving skills 11

A comprehensive approach 12

Community orientation 12

A holistic approach 12

Contextual aspects 12

Attitudinal aspects 12

Scientific aspects 13

Psychomotor skills 13

## **Further Reading** 14

Examples of relevant texts and resources 14

Web resources 14

## **Promoting Learning about Men's Health** 16

Work-based learning – in primary care 16

Work-based learning – in secondary care 16

Non-work-based learning 16

Learning with other healthcare professionals 16

## **References** 18



# Acknowledgements

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## Key messages

- Men suffer more ill health than women, and their life expectancy is five years shorter.
- Men tend to take more risks with their health than women, which are reflected in higher rates of alcohol excess, smoking, poor diet, sexually transmitted diseases and accidents.
- Consultation rates with their general practitioner are lower in men than women, and these rates are declining further.
- Men have a higher risk of committing suicide.

# Introduction

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*Men's Health* covers three main themes:

- Biological determinants
- Lifestyle and individual risk taking
- Understanding men: masculinity and socialisation.

Developing services for boys and men that are built on an understanding of these factors are more likely to be successful. Men do put a premium on health, but as professionals we have not always understood the implications of these themes for service development.

## Rationale for this curriculum statement

In 1998 males in Great Britain had an expectation of life at birth of just less than 75 years, compared with just less than 80 years for females. In 1999, the most common causes of death among men were cardiovascular disease (heart disease and strokes) and cancers.<sup>1</sup>

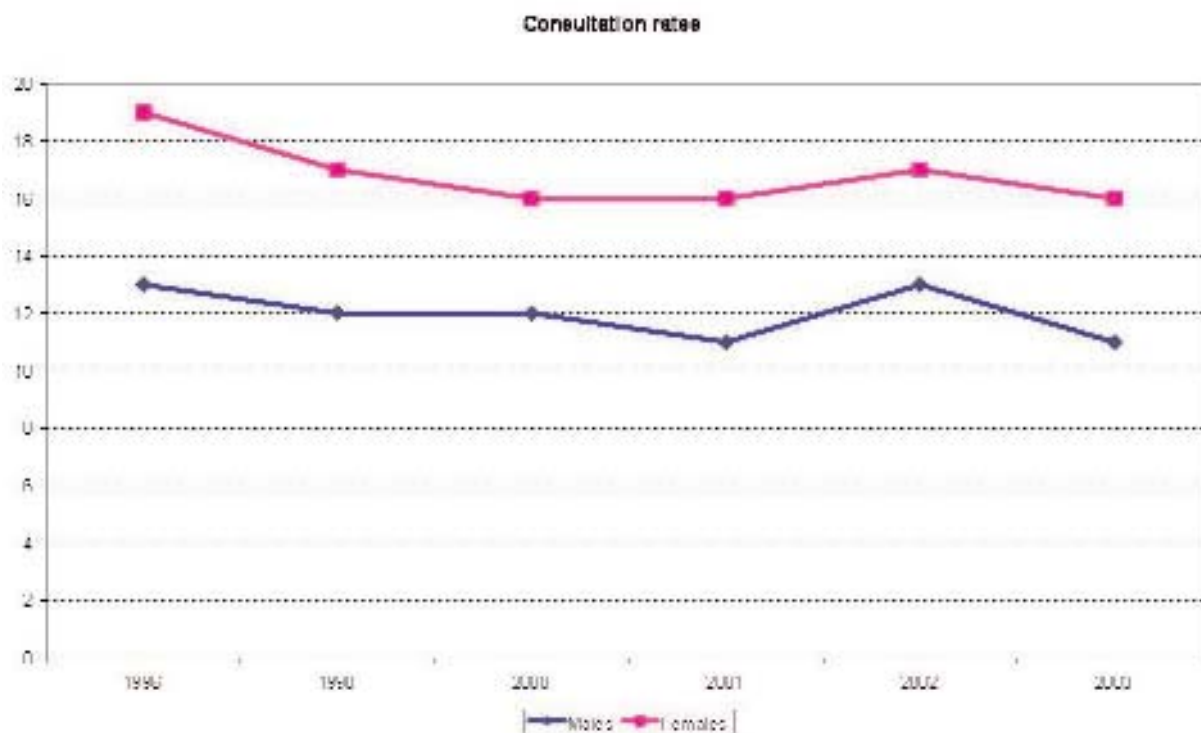
Coronary heart disease is more common among men than women. This may be due partly to genetic factors and partly to lifestyle. Historically, more men have tended to smoke cigarettes than women, although proportionately more men than women have given up smoking cigarettes. More men than women exceed the government's current recommendation on daily alcohol consumption. More than three-fifths of men are either overweight or obese – prevention of which can be aided by eating a healthy diet and taking part in physical activity. On average young men eat less healthily – for example they have a higher fat intake – than either older men or than women.<sup>1</sup>

In general, men take more risks with their health than women. Two in five (39%) drink too much. More than one in four (28%) smoke and one in three younger men (35%) use illegal drugs.<sup>2</sup> Men are much more likely than women to be affected by a major or minor accident.<sup>2</sup> All sexually transmitted infections, including HIV, are increasingly common in men. In addition men are less likely to consult their general practitioner (GP) than women, especially during their working lives. Between 1996 and 2003, the rate of consulting has decreased further (See Table 1 and Figure 1).

**Table 1: Percentage of men and women who consulted with an NHS GP in past 14 days, 1996, 2001 and 2003**

Age	1996		2001		2003	
	Men	Women	Men	Women	Men	Women
16–44	10	20	8	15	8	15
45–64	15	19	13	18	12	17
All ages (16+)	13	19	12	16	11	17

**Figure 1: NHS GP consultations: percentage of persons who consulted a doctor in the 14 days before interview by sex<sup>3</sup>**



Diseases of the male genito-urinary tract are increasing. Prostate cancer diagnoses have increased by over one-third and testicular cancer diagnoses have increased by 15% since 1993.<sup>4,5</sup> Men are often embarrassed to present with these conditions, but they cause much personal anxiety and the one implication of the growing percentage of female GPs is that it may become harder for men to get same-sex appointments.

The GP needs to be aware of important changes in UK society in recent decades, which affect men’s health and social background. Women increasingly participate in the labour market, competing for jobs with men. In contrast, traditional roles in the home may still exist. In households with children, men reported spending around three-quarters of an hour a day caring for and playing with their children – just under half the amount reported by women. Some men might feel that they have no purpose in today’s society. This may help to explain why depression and suicide are increasing amongst men.<sup>2</sup>

Most perpetrators of documented crime are men. Crimes of violence are almost exclusively committed by men. Young men are also most likely to be the victim of a violent crime, possibly as a result of being in places where violence occurs such as pubs, or in groups late at night.

A larger proportion of men than women have used the internet, and those that are younger are most likely to have used it. This may have implications for the way men use primary care health services.

## UK health priorities

The *Choosing Health* white paper (2004) sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health.<sup>6</sup> There are inequalities between men and women in many of the key areas – accidents, alcohol consumption, substance abuse, smoking, poor diet, sexual health. Effective improvement of health in these areas requires health education amongst men.

Members of the UK parliament have demonstrated their support for men’s health issues by setting up an *All Party Group on Men’s Health* in 2001. All-party groups are formed by MPs and Peers of any political party who have a common interest. They are not part of the government and set their own agenda; they must contain members from at least the three biggest parties in the House of Commons. The aim of the All Party Group

on Men’s Health is to raise awareness of issues impacting on the health of men. Issues chosen by members of the group to discuss include: male health policy, heart disease, depression, sexually transmitted infections, erectile dysfunctions and PSA testing.

There are important variations in men’s health according to ethnicity, social class and geography across the UK. The 1999 Health Survey for England<sup>7</sup> found that:

- Higher rates of ischaemic heart disease (angina and heart attack) were reported by Indian, Bangladeshi and Irish men, and higher rates of stroke by black Caribbean, Bangladeshi and Indian men (all compared with the general population)
- Higher rates of diabetes were reported by men from all the ethnic minority groups
- Men from the South Asian and Chinese communities were less likely to be obese while Irish men were more likely to be obese
- Bangladeshi men were nearly twice as likely to smoke as men in the general population; smoking rates were also higher among Irish and black Caribbean men. Chinese men were less likely to smoke than men in general
- All minority ethnic groups consumed less alcohol than the general population except for Irish men.

Men in routine and manual jobs are more likely to smoke and have chronic health problems than other men. Men in the north of the UK are generally less healthy and die younger than men in the south (Tables 2 and 3).<sup>5</sup>

**Table 2: Lowest and highest male life expectancy at birth by local authority area, England and Wales 2000–2002**

<i>Manchester</i>	71.0 years
<i>Blackpool</i>	71.7 years
<i>Liverpool</i>	72.5 years
<i>Tower Hamlets (London)</i>	72.7 years
<i>Knowsley (Merseyside); Middlesbrough</i>	72.9 years
<i>National average</i>	75.6 years
<i>North Dorset; South Norfolk; New Forest</i>	79.1 years
<i>Purbeck (Dorset)</i>	79.2 years
<i>Rutland; Hart (Hampshire); East Dorset</i>	79.5 years

**Table 3: Men: comparative incidence ratio of specific cancers by NHS region and country 1998 (National Statistics, Regional Trends 37)<sup>9</sup>**

	<i>Lung</i>	<i>Colorectal</i>	<i>Prostate</i>
<i>UK</i>	100.0	100.0	100.0
<i>Northern and Yorkshire</i>	116.6	110.6	97.7
<i>North West</i>	117.2	103.7	98.5
<i>Trent</i>	100.4	94.8	74.1
<i>West Midlands</i>	97.7	101.3	106.0
<i>Anglia and Oxford</i>	80.0	97.6	106.1
<i>North Thames</i>	93.3	86.5	106.5
<i>South Thames</i>	91.1	90.4	104.2
<i>South and West</i>	75.0	93.9	105.7
<i>All England</i>	96.4	97.3	100.2
<i>Scotland</i>	95.1	108.8	101.1
<i>Wales</i>	138.6	117.8	99.6
<i>Northern Ireland</i>	100.7	114.0	90.6

*Note:* the comparative incidence ratio is the directly age-standardised incidence rate for each country and region as a percentage of the UK rate.

# Learning Outcomes

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The following learning objectives relate to specific issues around lifestyle, risk-taking and male gender roles within society, which impact upon the GP's relationship with male patients. Conditions of the male genito-urinary tract are also covered.

## Primary care management

- Demonstrate knowledge and describe the management of the key medical conditions that affect men.
- Manage primary contact with patients who have a male genito-urinary problem.
- Describe the role of the practice nurse in delivering effective health promotion for men.
- Explain the indications for urgent referral to specialist services, for patients with testicular lumps and suspected prostate cancer.

## The knowledge base

### Symptoms:

- Dysuria
- Frequency of micturition
- Haematuria
- Prostatism
- Retention of urine
- Abdominal and loin pains
- Testicular lumps
- Testicular pain (orchalgia)
- Sore or painful penis, ulceration
- Erectile dysfunction.

### Common and/or important conditions:

- Male-specific cancers: testicular and prostate cancer
- Benign prostatic hypertrophy (BPH) and prostatitis
- Other testicular conditions e.g. cryptorchidism, varicocele, haematocele, hydrocele, epididymo-orchitis and epididymitis
- Sexual dysfunction including psychosexual conditions, premature ejaculation and erectile dysfunction
- Male contraception: vasectomy
- Male infertility

- Circumcision (religious and non-religious)
- Mental health issues including depression, suicide and andropause
- Sexually transmitted infections (*covered in detail in the RCGP curriculum statement on Sexual Health*).

#### **Investigations:**

- Urinalysis, MSU and dipstick
- Blood tests including renal function tests and prostate specific antigen (PSA) test
- Semen analysis
- Knowledge of secondary-care investigations including prostate biopsy and testicular ultrasound.

#### **Treatment:**

- Understand principles of treatment for common conditions managed largely in primary care – benign prostatic hypertrophy, prostatitis, sexual dysfunction, infertility, etc.
- Injection of anti-androgens for testicular cancer.

#### **Emergency care:**

- Acute management of testicular torsion
- Acute management of paraphimosis and priapism
- Acute urinary retention
- Acute management of ureteric colic.

#### **Prevention:**

- Health education regarding lifestyle and risk-taking behaviour, sexual and mental health.

### **Person-centred care**

- Recognise that men may be less articulate about their health compared with women, and describe strategies to compensate for this during the consultation.
- Explain the impact of gender on individual cognitions and lifestyle, and formulate strategies for responding to this. For example, some men may have limited control over lifestyle choices, such as those from low socio-economic groups, or living with an addiction.
- Recognise that men from different cultural backgrounds have widely different attitudes towards health and expectations of the doctor. They may seem more dismissive about their symptoms than women, but be no less concerned.
- Describe the particular difficulties that adolescent males have when accessing primary care services.
- Detect whether the male patient wishes to see a doctor of the same sex and arrange this where practical and appropriate.
- Demonstrate a non-judgemental, caring and professional consulting style to minimise embarrassment of male patients.

### **Specific problem-solving skills**

- Recognise that men consult less frequently and have more illness. This should lower the doctor's threshold for suspicion of significant disease.
- Utilise knowledge of the relative prevalence of all medical conditions in men compared with women to assist diagnosis.

- Describe the indications for a PSA blood test, and explain its role in the diagnosis and management of prostate cancer.
- Intervene urgently when patients present with a testicular or penile emergency, i.e. testicular torsion, paraphimosis and priapism.
- Intervene urgently with suspected malignancy and have a low threshold for the referral of testicular lumps.

### **A comprehensive approach**

- Identify the patient's health beliefs regarding illness and lifestyle, and either reinforce, modify or challenge these beliefs as appropriate.
- Educate men about symptoms, and the link between lifestyle and health.
- Promote wellbeing by applying health promotion and disease prevention strategies appropriately (e.g. safe sex).
- Use consultations with infrequent attenders opportunistically for health education.
- Describe the impact of illness, in both the patient and his family, on the presentation and management, and of men's health problems.

### **Community orientation**

- Describe the features of a successful men's health service.
- Evaluate the effectiveness of the primary care service you provide from the male patient's point of view.
- Develop practical means of engaging with men more effectively regarding their health.
- Appraise the role of well-man clinics in primary care.
- Recognise that violence and aggression are more common amongst men, assess the risk of harm to others and act appropriately.
- Evaluate the arguments for and against a national PSA screening programme.

### **A holistic approach**

- Describe the changing gender roles that men are expected to conform with.
- Recognise the importance of the parental fathering role in family structures.
- Appreciate the psychological, social, cultural and economic problems caused by unemployment amongst men.

### **Contextual aspects**

- Recognise important variations in men's health according to ethnicity, social class and geography.
- Describe the local demography, social deprivation and failings in service provision that may contribute to poor male health.

### **Attitudinal aspects**

- Recognise that relationships with male patients will be different depending on the gender of the doctor, and intervene when this is adversely affecting the doctor-patient relationship, e.g. sexual advances from the patient.
- Demonstrate a non-judgemental approach towards male health beliefs, to encourage these beliefs to be expressed and modified.
- Recognise that male circumcision is important for several religious groups.

## Scientific aspects

- Describe the key statistical differences between the health of men and women.
- Being aware of tensions between science and politics of screening.

## Psychomotor skills

- Testicular examination.
- Digital rectal examination.
- Catheterisation.
- Injection of anti-androgens for testicular cancer.

## Further Reading

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### Examples of relevant texts and resources

ADLER M. *ABC of Sexually Transmitted Diseases (5th edn)* London: BMJ Books, 2004

BAKER P. *Real Health for Men* London: Vega, 2002

BANKS D. *The Man Manual* (a collaboration between Haynes and the Men's Health Forum) London: Haynes, 2002

BELFIELD T, CARTER Y, MATTHEWS P, MOSS C, WEYMAN A (eds). *The Handbook of Sexual Health in Primary Care (2nd edn)* London: FPA, 2006

BRITISH MEDICAL ASSOCIATION AND ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. *The British National Formulary 50* London: BMJ Books, 2005

DEPARTMENT OF HEALTH. *The National Strategy for Sexual Health and HIV* London: Department of Health, 2001

DEPARTMENT OF HEALTH. *Effective Sexual Health Promotion: a toolkit for primary care trusts and others working in the field of promoting good sexual health and HIV prevention* London: Department of Health, 2003

JONES R, BRITTEN N, CULPEPPER L, *et al.* (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004

TOMLINSON J. *ABC of Sexual Health* London: BMJ Books, 2002

WAKLEY G AND CHAMBERS R. *Sexual Health Matters in Primary Care* Oxford: Radcliffe Medical Press, 2001

WAKLEY G, CUNNION M, CHAMBERS R. *Improving Sexual Health Advice* Oxford: Radcliffe Medical Press, 2003

WARRELL D, COX TM, FIRTH JD, BENZ EJ (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004

### Web resources

#### International Men's Health Week

Occurs annually and is synchronised around the world.

[www.menshealthweek.org/](http://www.menshealthweek.org/)

#### The International Society for Men's Health and Gender

The International Society for Men's Health and Gender (ISMH) is an international, multidisciplinary, worldwide organisation, dedicated to the rapidly growing field of sex- and gender-specific medicine. The ISMH publishes a monthly newsletter for interested individuals.

[www.ismh.org/ismh/english/home.htm](http://www.ismh.org/ismh/english/home.htm)

#### The Men's Health Forum

Founded in 1994, this is an independent body that works with a wide range of individuals and organisations. It works for the development of health services that meet men's needs and to enable men to change their risk-taking behaviours. Its members, partners, staff and executive officers bring a wealth of experience in health care, media, business and grassroots activity. Its vision is a future in which all boys and men in England and Wales have an equal opportunity to attain the highest possible level of health and wellbeing. There are similar men's health forums in Scotland and Ireland that can be accessed through the main Men's Health Forum website that contains information for professionals and policy-makers, including the UK Projects Database.

[www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)

## **National Electronic Library for Health and National Electronic Library for Public Health**

The aim of the National Electronic Library for Health (NeLH) is to provide clinicians with access to the best current know-how and knowledge to support health care-related decisions. Patients, carers and the public are also welcome to use the site, because the NeLH is open to all. The ultimate aim is for the Library to be a resource for the widest range of people both directly and indirectly.

The main priority for the NeLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, but its mission is also to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NeLH such as Clinical Evidence and Cochrane Library is licensed from commercial providers. There are two other groups of health and care professionals whose needs will also be met by the NeLH – those working in public health and in social care. The National Electronic Library for Public Health is intended for all public health professionals, many of whom work in local government. It has been developed by the Health Development Agency.

[www.nelh.nhs.uk/new\\_users.asp](http://www.nelh.nhs.uk/new_users.asp)

[www.phel.gov.uk/](http://www.phel.gov.uk/)

## **Patient UK**

The website has information leaflets on many health topics, and an extensive directory of patient support and self-help groups. In addition, its extensive web directory lists many other sites that provide information and support on specific conditions.

[www.patient.co.uk/showdoc/39/](http://www.patient.co.uk/showdoc/39/)

# Promoting Learning about Men's Health

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## Work-based learning – in primary care

The period of time spent in general practice is ideal for gaining a better understanding about men's health. Some practices offer men's health 'health check' clinics.

The Men's Health Forum promotes a 'Men's Health Week' which takes place each June (since 2002). This is an ideal opportunity for the specialty registrar (GP) to engage, perhaps helping to organise a practice event. Each year, the week focuses on an area of concern, e.g. in 2005 the key objective was to increase men's awareness of weight and obesity issues, while in 2004 the objective was to increase men's awareness of cancer prevention (including smoking cessation and dietary changes) and to encourage symptom awareness and early presentation to health services.

## Work-based learning – in secondary care

Specialty registrars (GP) should take the opportunity during their hospital-based placements to attend outpatient clinics in specialties directly relevant to men's health, e.g. urology outpatients. Sexual health clinics are also excellent environments to gain a better understanding of men's health concerns and problems. It is important, however, to recognise that men's health issues will arise across all specialties that they will encounter in the secondary-care setting (including women's health!).

## Non-work-based learning

Specialty registrars will have the opportunity to discuss men's health issues as part of their GP training programme's educational sessions. The Men's Health Forum's website is a valuable source of information and news that can be used to trigger discussion and debate.

## RCGP Learning Unit – *Professional Development Series – Men's Health for General Practitioners*

The RCGP, in partnership with the University of Bath School for Health, has developed a series of courses called the *Professional Development Series* that are user friendly and relevant to everyday practice. Primarily developed for GPs and using a GP's perspective, multiprofessional teams have also found the materials to be a useful resource. While they are an excellent choice for established GPs' PDPs (professional development portfolios), specialty registrars will also find them very useful because all relevant learning goals are covered.

These distance education courses are specifically relevant to primary care. They feature an interactive CD-ROM showing videos of real doctor–patient consultations, information text, resource material and links to professional websites. The courses stimulate knowledge through interactive questions and answers. They also challenge the GP's thinking around more complex issues and provide the opportunity for independent peer review with optional tutor-marked assignments and clinical audits. Each course is accompanied by a paperback reference book (also on the CD). The courses are arranged into small packages of information, allowing you to cover a clinical condition quickly when time allows.

Additionally, there are optional one-day clinical skills meetings which are an invaluable opportunity to meet

peers and tackle real cases and problems, and engage in debate with key professionals in the area. The clinical meetings are organised through the RCGP's Courses and Conferences Department.  
[www.rcgplearning.org](http://www.rcgplearning.org)

### **Learning with other healthcare professionals**

Joint sessions with nursing colleagues provide multidisciplinary opportunities for learning about the wider aspects of men's health both in primary and secondary care. The specialty registrar should take the opportunity to accompany the occasional patient to hospital clinics to gain a better understanding of the 'patient's journey' from a male perspective.

## References

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- 1 OFFICE FOR NATIONAL STATISTICS (ONS). *Social Focus on Men* London: ONS, 2001, [www.statistics.gov.uk/downloads/theme\\_social/Social\\_Focus\\_on\\_Men/SfoM\(Final\).pdf](http://www.statistics.gov.uk/downloads/theme_social/Social_Focus_on_Men/SfoM(Final).pdf) [accessed January 2007]
- 2 OFFICE FOR NATIONAL STATISTICS. *Living in Britain: results from the 1996 General Household Survey* London: The Stationery Office, 1998, and OFFICE FOR NATIONAL STATISTICS. *Living in Britain: results from the 2001 General Household Survey* London: The Stationery Office, 2002, quoted on [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk) [accessed January 2007]
- 3 OFFICE FOR NATIONAL STATISTICS. NHS GP consultations: (a) percentage of persons who consulted a doctor in the 14 days before interview by sex, age and economic activity status, (b) Average number of consultations per person per year, by sex, age and economic activity status. *General Household Survey*, 2003, [www.statistics.gov.uk/statbase/ssdataset.asp?vlnk=8801&More=Y](http://www.statistics.gov.uk/statbase/ssdataset.asp?vlnk=8801&More=Y) [accessed January 2007]
- 4 OFFICE FOR NATIONAL STATISTICS. *Cancer Statistics: registrations 1993* London: The Stationery Office, 1999
- 5 OFFICE FOR NATIONAL STATISTICS. *Cancer Statistics: registrations 2000* London: The Stationery Office, 2003
- 6 DEPARTMENT OF HEALTH. *Choosing Health: making healthier choices easier* London: HMSO, 2004, [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor) [accessed January 2007]
- 7 *The 1999 Health Survey for England*, [www.menshealthforum.org.uk/userpage1.cfm?item\\_id=1216](http://www.menshealthforum.org.uk/userpage1.cfm?item_id=1216) [accessed January 2007]
- 8 OFFICE FOR NATIONAL STATISTICS. *Life Expectancy at Birth by Health and Local Authorities* London: Office for National Statistics, 2003
- 9 OFFICE FOR NATIONAL STATISTICS. *Cancer – comparative incidence ratios for select sites: by sex and NHS Regional Office area, 1998: Regional Trends 37*, [www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=5962&Pos=9&ColRank=2&Rank=160](http://www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=5962&Pos=9&ColRank=2&Rank=160) [accessed January 2007]