

+ RefHelp

Of interest this June

Welcome back

New team members!

ENT

*Cancer risk assessment tool
Anosmia*

*E-advice opening up for
noses*

Oral Health

Clarity in a specialist service

Audiology

*Don't feel stuck with BPPV
or tinnitus*

They are open!

Mental Health

*Great new resource, relevant
for all*

Orthopaedics

Sarcoma Pathway update

Physiotherapy

Lower Back Pain pathway

Gynaecology

Bartholin's gland clarity

+ ENT

Summer Edition

Welcome to Issue 3 of RefHelp Clinical Updates. It seems that the Ear Nose and Throat, and Audiology team have gone all out for this bulletin, with topics ranging from anosmia to tinnitus.

The Community Mental Health team share their useful Guided Self-Help referral pathway and we have an update on Oral Health pathways. Remember the Hypertension and Lipid Clinic have stopped their email advice line, preferring instead for referrals via SCI-GW.

In addition to updates to the website there have also been updates to our team – a warm welcome to Becky Cheesbrough (Lead Referrals Advisor) and Aparna Amanna (Project Officer) who have recently joined RefHelp. If you're interested to know a bit more about the people behind all of this look out for the latest addition to RefHelp, an "About Us" page is coming soon.

<https://apps.nhsllothian.scot/refhelp>

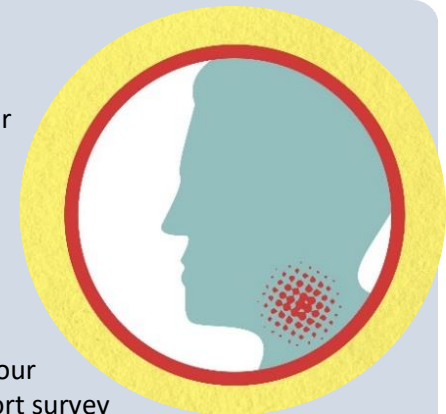
Head and Neck Cancer Risk Assessment

If you have done a throat Urgent Suspicion of Cancer referral to the ENT team recently then you will have noticed the incorporation of the symptom based cancer risk calculator.

The data from these referrals and the calculator is currently being assessed, and it seems referral acuity has improved. There will be a full update posted soon. The team is keen to hear what the user experience has been like with the calculator and whether it changed your decision making regarding referral. Watch out for a short survey coming round once the analysis is complete or if you are keen to share your thoughts now, drop us an email via the RefHelp address (RefHelp@nhsllothian.scot.nhs.uk).

In the meantime, have a look at the ENT Cancers page for some useful points around setting patient expectations for timing of appointments (if the calculator risk is $\geq 7.1\%$ then the team will aim to see them within 2 weeks, if it's 2.2-7.09% then it is still urgent, just not USOC and the aim would be to review the patient within 4 weeks); remind yourself of the red flags; and consider when that ENT problem might actually be for GI (dysphagia), Respiratory (hoarseness with other possible features of lung cancer), or Oral Health team (persistent oral ulcers).

<https://apps.nhsllothian.scot/refhelp/ENTADULT/ent-cancers>



Many thanks to Dr C Morton and the ENT team for this welcome addition to RefHelp, and helping maintain safe referral practice for head and neck cancer.

Not to be sniffed at!

+ Nose



Anosmia has become a hot topic with the significant effect COVID has had on some patients' sense of smell! Unfortunately, referral to the ENT team does not generally bring benefit, so how do we support people through this difficult time? The good news is that 90% of affected patients recover substantially or completely within 6 weeks, and for the remainder of sufferers, studies have shown that the sense of smell has the capacity to improve with exposure training.

The ENT team has developed an Anosmia page, which has a couple of resources patients can use, as well as a useful patient leaflet that can be given at the end of your consultation. You can join your motivated patient in learning about 'bunny sniffs', the four smell categories and parosmia with these useful resources on management in the community.

<https://apps.nhsllothian.scot/refhelp/ENTADULT/Nose/anosmia>

Who is seeing your referral?

The Nose SCI-Gateway referral process has changed – with the option for Urgent Suspicion of Cancer no longer available. Thankfully nasal cancer is extremely rare and the commonest final diagnoses where malignancy was suspected, are polyps or turbinates.

However, never say never – if you are concerned than please use the urgent or e-advice pathway – all referrals are triaged by senior ENT consultants who will be able to share their expertise.

<https://apps.nhsllothian.scot/refhelp/ENTADULT/ent-cancers>

+ Nose



+ OMFS



What a mouthful!

With some specialities it can be hard to know how patients fit into the patient pathway. However, Oral Medicine / Surgery & Oral Maxillofacial Surgery teams have made a great effort in making the referral process clear, with the new referral route being via Oral Health Services at Edinburgh Dental Institute for OM and OS (unless you are based in West Lothian, for which the services will still be based at St John's).

It is useful to see on the Oral Surgery page that the majority of referrals come from dentists, so whilst these referrals can come from GPs, it's always worth considering whether the dentist would be better placed to see the patient!

Alongside this, it's also good to know when your patient shouldn't wait for the dentist and should be talking with OMFS on the day - any dental infection with systemic involvement, trismus, stridor, change in voice, dysphagia or dyspnoea, should be discussed with the team urgently. The new RefHelp changes are reflected in a suite of new SCI Gateway referral pathways.

Take the time to explore a bit of RefHelp that you may not have seen before for helpful clinical information. If you come across a 'greyed out' tab don't worry we are still collecting content for that section.

<https://apps.nhsllothian.scot/refhelp/oral-maxillofacial-surgery>

Many thanks to the ENT team and Oral Health team, in partnership with Dr C. Morton for this great addition to RefHelp.

+ Audiology



Insight into RefHelp

User numbers are up!
From February to the end of May, there was an additional 24,000 users visiting the RefHelp pages.

The Audiology Department wants to share that they can also help your patients with tinnitus and BPPV, alongside hearing loss and hearing aids. Have a look at the Audiology pages for some useful resources on diagnosis and management of these common conditions before referral is even required.

New to the site are videos made in the department, showing how to undertake tests such as the sidelying test, which can be done instead of a Hallpike, if the patient is uncomfortable lying on their back. If you feel like the Epley manoeuvre has always escaped you there is a video on that too, or the opportunity to get some more hands on experience with the audiology team (they are only an email away).

Just as vertigo can be hugely debilitating, so can tinnitus and starting off with the right messages for the patient can make all the difference. Framing this as something that has no treatment is dispiriting for the patient and incorrect, but can also feed the issue. The audiology team can do assessments, alongside educational and behavioural approaches which can be very helpful, and also give patients realistic expectations about how to self-manage.

Explore the tinnitus RefHelp page to help set your patient on the right path, with useful advice (it is extremely common and there are options to help improve it), signposting (tinnitus.org.uk) and possibly a referral if still needed.

<https://apps.nhsllothian.scot/refhelp/guidelines/Pages/Audiology.aspx>

AUDIOLOGY IS OPEN!

And your patient with a hearing aid (or their relative) can get in contact with the team directly. Many have struggled through lockdown, but can get help if needed—there is even a postal service too for batteries and repairs, so your patient doesn't have to go to hospital.

<https://apps.nhsllothian.scot/refhelp/Audiology/hearing-aid>

If c-CBT isn't their cup of tea

The Mental Health team have introduced a new Guided Self Help (GSH) programme. GSH is a supportive approach for people with symptoms of mild to moderate depression, anxiety, stress and other related difficulties (including sleep).

The GSH team offer 4 sessions of support over the phone or Zoom, with worksheets to do at home between appointments.

User feedback has been positive so far and the team are ready for referrals! Check out the RefHelp page for all criteria and referral form, and add this tool to your mental health toolkit.

<https://apps.nhsllothian.scot/refhelp/guidelines/Pages/GuidedSelfHelp.aspx>



+ Audiology

"I feel much more confident in terms of managing my stress levels at work with the techniques I have learnt in GSH"

+ Mental Health

Thank you to the Audiology team in partnership with Dr C Morton with their helpful guidance and support of patients in the community. Thanks also to Zoë Reid with the Mental Health team for this helpful looking resource.



Getting the right care
at the right time
in the right place

New Sarcoma Pathway

+ Orthopaedics

This is a new cancer pathway which has been developed at the request of the Orthopaedic Sarcoma team at RIE who have around 750 referrals a year resulting in around 75 sarcoma diagnoses.

There is a new RefHelp page as well as a new SCI GW protocol – have a look for some useful tips on what makes that soft tissue lump worrying or not. They have set up a virtual sarcoma clinic and will assess each referral and then triage to clinic appointment, direct to MRI, onward referral to other specialty or as a letter back to the GP.

<https://apps.nhsllothian.scot/refhelp/Orthopaedics/sarcoma>

Think Back Pain Pathway!

+ Physio

The Integrated Back Pain Pathway is now considered the most effective pathway for patients with back pain that have failed to settle with simple measures.

Although GPs can request MRI scans of the lumbar spine, the percentage of these where a significant difference is made by getting a scan is very small so in order to focus MRI scanning resources where they'll do most good, primary care is encouraged to make more use of the back pain pathway.

<https://apps.nhsllothian.scot/refhelp/guidelines/Pages/NHSLIntegratedBackPainPathway.aspx>

Don't re-cyst another look at RefHelp!

There is a new page on Bartholin's cyst and abscess management on RefHelp which helpfully outlines the treatment steps.

The Bartholin's glands are situated at the vaginal introitus and produce secretions to maintain lubrication – blockage of their ducts can lead to cyst formation (and abscess if this gets infected) which can be very sore. The treatment depends on the patient's symptoms, whether it is infected or not, the size of the collection and whether there are any systemic features – the guidance gives a good idea of all the options available for your patient in need, including a brief explanation of possible secondary care procedures (like a Word catheter).

Whatever plan fits best – whether it's conservative, antibiotics, or secondary care review – this is also a good time to remind you that this is an unusual presentation in post-menopausal women so the team encourage you to check for other red flags, such as irregular skin lesions.

<https://apps.nhsllothian.scot/refhelp/Gynaecology/bartholins-abscess>

+ Gynae

Looking for a new learning challenge? Want to improve communication between Primary & Secondary Care?

Volunteer with the RefHelp Bulletin. Contact us by email.

RefHelp@nhsllothian.scot.nhs.uk

Thank you Dr G Evans and Orthopaedic Team for the updates; and thanks to the Gynaecology team and Dr S Maxwell for the helpful reference on managing Bartholin's gland disorders.



Editors, Mrs H Levy and Dr N Dockar are glad you've joined us for the third edition of the RefHelp bulletin! You can find us stocking up on vitamin D and enjoying the longer days before we consider the next bulletin.

How did we do?

Was this useful and interesting? Want to tell us about your experience using the ENT cancer risk calculator? We would love to hear from you! As always, email us at RefHelp@nhsllothian.scot.nhs.uk or even tweet us @RefHelp_Lothian