

## Autumn Edition



**Of interest this month:**

### RefHelp

*How it can support referral demand, survey feedback & the latest news on our new REFTalks.*

### GI

*New techniques*

### Urology

### Dentistry

### Dermatology

### Paediatrics

As you are well aware, the NHS, and all its staff, are currently under huge pressure. Here, I will briefly explain how RefHelp can be used as one of the ways to help manage demand within NHS Lothian.

RefHelp, Sci Gateway and Active Clinical Referral Triage (ACRT) are co-dependent entities that form a triad of Integrated Referral Management Solutions. It's a bit of a mouthful, I know! The basic aim of these, when used together, is to help manage demand, provide an efficient patient journey and get the right care to patients within NHS Lothian.

**RefHelp** reflects a consensus between local primary and secondary care clinicians and displays the agreed guidance and pathways on its website to support NHS Lothian referrers. It also provides information about the management of some conditions within primary care. It is constantly evolving to ensure the content remains up to date.

**Sci Gateway** is crucial to funnelling the patient to the right place for the right care. You will have probably noticed that there are more and more "Protocol Based Referrals" on Sci Gateway. These are the ones where you will be asked for specific information, usually in tick box form. A good Sci Gateway Protocol Based Referral is itself a form of electronic triage and provides an opportunity for clear and well-defined referral pathways into specialties.

**ACRT** - Once referrals arrive at a specialty, they are actively triaged by a senior clinical decision maker who will be able to see if RefHelp guidance has been followed. They are also able to review appropriate electronic patient records and results. This enables the specialist to allocate the patient to a specific clinic, place orders for tests ("straight to test") or write back to the referrer with advice.

## Cytosponge

This innovative technique for cytological sampling of the lower oesophagus is now being used *in lieu* of endoscopy for the follow-up of Barrett's oesophagus. It will be used for detecting higher risk patients - those with evidence of dysplasia. For more information, join us at our second RefTalks webinar on Thursday 28<sup>th</sup> October 2021 when Dr Ian Penman will provide more information about this new technique.

<https://apps.nhslothian.scot/Gastrointestinal/cytosponge>

Many thanks to

Dr Becky Cheesbrough & Dr Gareth Evans



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

## Scrotal Conditions

### Urology

Can we draw your attention again to the Scrotal Conditions RefHelp pages. In case you aren't familiar with this page, any patient with suspected testicular cancer should be referred directly for Urgent Suspicion of Cancer ultrasound scan. If the scan is suggestive of testicular cancer, the Radiology team will fast-track these patients directly to Urology.

The guideline also contains an approach for the management of epididymo-orchitis. Please note, if the symptoms aren't settling after two weeks of treatment, the patient should be referred for Urgent Suspicion of Cancer USS as per the Scottish Cancer Referral Guidelines.

Please also note that ultrasound is not routinely indicated for patients with:

- Extra-testicular lump with normal testes on examination, e.g. epididymal cyst
- Subcutaneous lumps

However, ultrasound should be arranged for patients with:

- Intra-testicular lump, or diffusely swollen testis
- Scrotal lump, if uncertain whether it is intra- or extra-testicular
- New hydrocele, if the underlying testis cannot be palpated as normal.
- Clinically suspected varicocele where referral to Urology is anticipated

Finally, in patients with hydrocele or epididymal cyst, Urology referral is only required if patients are symptomatic and would consider surgical intervention.

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

## Dentistry (Oral Health Services)

### Dentistry

A new addition to RefHelp is 'Dentistry (Oral Health Service)'. Here you will find information and referral guidance for the following specialties and services provided by the Oral Health Service:

- [Adult Dental Anxiety Management Service](#)
- [Oral Medicine](#)
- [Oral Surgery](#)
- [Orthodontics](#)
- [Paediatric Dentistry](#)
- [Restorative Dentistry](#)
- [School of Dental Hygiene-Therapy](#)
- [Special Care Dentistry](#)

Do take time to explore these new pages as referral is not solely restricted to General Dental Practitioners. Many of the listed specialties / services accept referrals from GPs and other primary and secondary health, social and educational sources. You will also find useful links to help signpost those patients looking to register with a Dental Practitioner.

[https://apps.nhsllothian.scot/refhelp/dentistry-\(oral-health-service\)](https://apps.nhsllothian.scot/refhelp/dentistry-(oral-health-service))

## Job Opportunity

Interested in working with the RefHelp Team? We currently have a vacancy for a Referrals Adviser for 2 sessions per week. For more details see the link below:

<https://apply.jobs.scot.nhs.uk/displayjob.aspx?jobid=69954>

Many thanks to

Dr Robert Manson & Karen Innocent



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## Images & Bursaries



### Dermatology

Dermatology is in the process of gaining feedback from a small number of practices who are trialling the use of NHS Lothian phones & dermatoscopes to enable dermatoscopic pictures of lesions to accompany referrals (particularly for USOC referrals). Dependent on the outcome of this, further selected GP practices will be enrolled. In the meantime, all referrers are encouraged to attach good quality images where possible.

4 further GPs have been awarded bursaries of £5000 towards the cost of doing the Diploma in Practical Dermatology at Cardiff University, with the aim of expanding the pool of GPs who have increased expertise & confidence in managing skin conditions. This money is likely to be recurrent for the next 2 years and bursaries will be advertised again in early summer 2022.

Work is in progress to increase the number of skin conditions covered by Refhelp (including varicose eczema/ulcers, hydradenitis suppurativa and lichen planus).

And finally, there is ongoing discussion about reinstating the "Advice" referrals. In the meantime, if you feel that advice may be all that is required, please make this clear in your referral.

<https://apps.nhslothian.scot/refhelp/Dermatology>

## Haemospermia

The RefHelp page for Haemospermia has been recently updated.

Haemospermia can be alarming for patients and it can present a challenge for clinicians. Remember that most of the time, haemospermia is benign and self-limiting.

In all patients, infection should be ruled out; urine should be tested and assess the patient for STI risk.

In men over the age of 40, consider malignancy as a possible cause and check PSA and perform a digital rectal examination.

The outcome of these investigations should guide further management, however patients under the age of 40 who have a **single** episode of haemospermia should be reassured. Referral is not required in this group.

<https://apps.nhslothian.scot/refhelp/Urology/ScrotalConditions>

### Urology

Many thanks to

Dr Claire Pedder & Dr Robert Manson



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## Survey Feedback

### RefHelp

A huge thank you to everyone who completed our recent survey. We got an amazing response and had 163 respondents. We were really encouraged to hear that 81.5% of referrers felt that RefHelp had changed their practice and most felt that RefHelp had a positive impact on the quality of referrals, knowledge of referrers and overall patient care. We also received some constructive feedback which we look forward to using to further improve our services. We will share more of the survey results in the next bulletin.

## Phlebotomy for Children

We don't often take blood from small children in primary care but it is helpful in some cases. Teams at RHCYP have been working hard on an IT solution to allow primary care bloods to be ordered on ICE so there is no longer a need for forms & stickers to be collected. The parent/carer still needs to phone for an appointment but hopefully this improvement will streamline things for patients and primary care teams. Please note, the RHCYP teams are extremely busy particularly at this time of year. There may be a wait associated with this - if the request is urgent, please discuss the case with appropriate RHCYP speciality.

[https://apps.nhsllothian.scot/refhelp/gastrointestinal-\(paediatric\)](https://apps.nhsllothian.scot/refhelp/gastrointestinal-(paediatric))

## REF Talks

This Autumn, RefHelp launched RefTalks, a series of three 60 - minute webinars on wide ranging topics. Through these new educational events, we hope to provide a platform for shared learning between primary and secondary care. We will be providing clinical updates, useful information and practical tips for NHS Lothian clinicians to benefit their own practice and patient care. For details of the next webinar see below . To watch the September 2021 webinar visit the RefHelp Education page.

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](mailto:RefHelp@nhsllothian.scot.nhs.uk)



Dr. Ian Penman

Consultant Gastroenterologist  
NHS Lothian

## REF Talks

Join the Live Webinar on  
*Cytosponge for GI Reflux*  
and

*Sarcoma Pathway*

28th October 2021

7:30-8:30 pm MS Teams



Dr. Matt Moran

Consultant Orthopaedic Surgeon  
NHS Lothian



<https://apps.nhsllothian.scot/RefHelp/Education/Pages/default>

Many thanks to

Dr Becky Cheesbrough, Dr Gareth Evans & Aparna Amanna



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