

RefHelp e-Bulletin

Keeping you up to date with **Lothian Referral Guidelines-** for previous e-Bulletin issues see [News](#)

Issue 7 Sept 2022

Referrals

Access Support Needs

As you'll be aware, one of the tabs on a Sci Gateway referral is the "Access Support Needs". This is where information about a patient's additional requirements, such as the need for an interpreter or a hoist for transfers, can be provided.

Unfortunately, this information is **not** usually automatically transferred from Vision or EMIS onto the Sci Gateway form and needs to be added manually. This is a quick process and just requires the relevant box(es) to be ticked.

We've had various feedback from clinicians telling us about occasions where a patient, with additional access needs, has attended clinic but the appropriate support has not been arranged because there was no mention of this in the referral. In the worst-case scenario, the patient has had to leave unseen and have another appointment booked. Please can we encourage you to think about any access support needs that a patient may require when completing a referral and complete the relevant section on Sci Gateway.

Making a "Good Referral"



With input from clinicians in Primary and Secondary Care, we are currently developing a short guide to help referrers (both in Primary and Secondary Care) make the best possible referrals. They'll be tips on how and when to make the decision to refer, important information to include in the referral and making sure the referral gets to the right place.

We'll let you know once it goes live on the website so watch this space!

Guest Writer - David McBain, Webmaster

RefHelp Website Migration

What is happening?

Working closely with the Communications Web Team, we are in the final stages of completing the RefHelp website move from



SharePoint 2013 to WordPress.

Why is it happening?

This is essential work as Microsoft will stop supporting SharePoint 2013 in April 2023.

When is it happening?

We hope to have the new website live in early Autumn 2022.

How will it affect me?

You may notice some differences in how the website looks and functions, but in the main we have tried to keep it very similar.

Can I get more information?

We will post any updates on progress at <https://apps.nhslothian.scot/RefHelp/News>

CTACS

RefHelp has a new [CTACS page](#) - outlining services available and giving handy links for patients, including details of the Lothian vaccination service, and how to look after ears to save wax build up - with pre-irrigation advice too. The page is still being developed - the HSCP localities information should be finalised soon, so watch this space!

Immunology

Lothian has just one clinical immunologist, Dr Charu Chopra, so we are developing detailed advice pages to help GPs with what can be a tricky diagnostic area. We have a new [Immunology page](#) and the following guidance is also new:

- How to [interpret immunology tests with guidance on investigating for myeloma](#)
- [CSUA - Chronic Spontaneous Urticaria +/- Angioedema](#) with a reminder that most episodes of urticaria are NOT allergic and can occur in Long Covid where management is the same. Some will need antihistamine doses much higher than those normally recommended
- Mast Cell Activation Syndrome (MCAS) is also covered in the CSUA page.

Alcohol

Alcohol continues to damage the health of Scottish people, and there is evidence that Covid made that worse for some. Please see our new [alcohol page](#) for useful links for both professionals and patients. It gives information on estimating how alcohol is affecting you, and a guide for heavy drinkers who want to change.

Our [LEAP](#) pages have also been updated - a reminder that the service offers a residential rehabilitation programme for those dependent on either drugs or alcohol.

Skin, sunshine, bones, muscles....it must be Vitamin D!



A multidisciplinary group has been involved in re-writing the [Lothian Vitamin D guidance](#) - a big thank you to PLIG, clinical biochemistry and endocrinology colleagues.

The emphasis is on a realistic medicine approach for a Scottish population which is normally sun-deprived, especially in winter months.

The guidance:

- Brings renewed emphasis on testing appropriately - those with significant symptoms, abnormal biochemistry or medical conditions putting the person at risk or making treatment complex
- Advises that others should not be routinely tested but rather follow [national advice](#) on lifestyle factors and over the counter supplementation. Please see the useful [patient information leaflet](#) too.
- Gives a reminder that Osteomalacia bone pain tends to be in the lower spine, pelvis and legs, often described as dull and aching, and made worse by exercise. There can be proximal muscle weakness too.
- Treatment algorithms still retain the three levels.

The guidance on parathyroid hormone (PTH) testing has been revised:

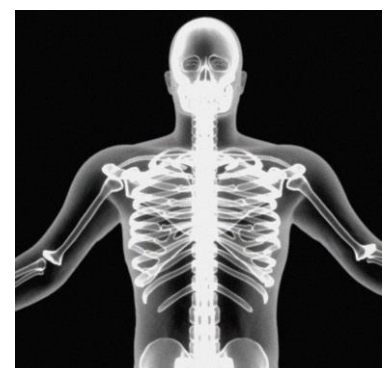
PTH is no longer part of the diagnostic algorithm: it is simply not required unless the patient has hypo- or hyper-calcaemia

PTH testing is no longer required for monitoring either - levels can stay high for a while despite the person being Vitamin D replete, and the main risk of treatment is deranged calcium levels (which are rare unless other factors at play). The AlkPhos will reflect adequate response to treatment.

Although shorter than the previous version, the guidance retains physiological and pharmacological background as it helps with the diagnostic and treatment approaches. Please let us know if you have queries or suggestions as we want the guidance to be practical and implementable.

EAR- Enhanced Access to Radiology for Important Incidental Findings

Primary Care teams are safe and efficient users of radiological investigations. From time-to-time unexpected findings appear on scans or x-rays; some of these are simply of interest and others may require further investigation. These findings can cause concern for both the patient and the requesting clinician, particularly as there has been confusion about how to proceed



when Radiology advises further investigation using modalities not available to Primary Care teams. In response to this issue a new Radiology pathway is launching in Lothian on the 5th of September. This pathway has been developed through discussions between Primary and Secondary care.

With this new pathway, when a Radiologist notes a potentially important incidental finding on imaging arranged in Primary Care, and their report advises that a further test is required that GPs don't have open access referral for (e.g. CT or MRI), then this pathway can be used. The referral process is via SCI Gateway and can be found under Clinical Radiology for the Royal Infirmary, St. John's and the Western General.

It's hoped that this new pathway will help clinicians who request radiological examinations deal with the potential unexpected outcomes associated with them; and keeps the clinical decision making between the patient and the requesting clinician. It will also mean results are available through Docman which will keep Primary Care records up-to-date and show which additional tests the patient has had performed and why they had them. Most importantly it helps keep the GP in control of the process, acknowledging that the best person to have the discussion with the patient about the findings and the next steps, is the originating clinician in Primary Care; following the principles of realistic medicine, some patients might not want or need further investigations.

Full details of the pathway with some helpful FAQ are being emailed out to all NHS Lothian GPs, and will also be available on RefHelp.

Oncology

The oncology section underwent a major update recently with guidance covering a wide range of conditions with plenty of useful resources. Some of the topics covered include: malignant ascites, brain metastases, extravasation, hyperkalaemia, hypomagnesaemia, hypernatremia, malignant pericardial & plural effusion, superior vena cava obstruction, carcinomatous lymphangitis and central venous access devices.



Please note that all patients on or within 6 weeks of treatment **should be encouraged to monitor symptoms and call Cancer Treatment Helpline (CTH) on 08009177711** if any treatment related concerns. CTH is a call operator service provided by NHS 24 who then refer on to acute care specialist; hence, they are not able

to give specialist advice. **If a patient has presented to primary care for assessment the patient should not be advised to call the CTH to pass on this information or seek further advice. The Primary Care clinician should call the Acute Oncology team at the Edinburgh Cancer Centre to discuss if appropriate.**

Rehabilitation Section

If you haven't yet noticed, the rehabilitation section on RefHelp contains information about all non-MSK related rehabilitation. An exclusion to that would be physiotherapy and home/domiciliary physiotherapy. The latter, along with neurorehabilitation are currently undergoing a review and will be updated soon.

The Neurorehabilitation section now has a new page about the Community Rehabilitation and Brain Injury Service (CRABIS). CRABIS is a multi-disciplinary, community-based neurorehabilitation team in West Lothian, which includes physiotherapists, occupational therapists, clinical/neuropsychologists, speech and language therapists and rehabilitation assistants, working together to provide a joint approach to meeting the rehabilitation needs of those over 16 who have a neurological condition or injury. Be sure to check it out at [Rehabilitation> Neurorehabilitation> CRABIS](#).

Neurology also had their share of updates and have added information for management of Cluster Headaches, Migraine ([Advice for management of migraine in primary care \(nhslothian.scot\)](#)) and Huntington Disease ([Huntingtons Disease \(nhslothian.scot\)](#)). There are also new pages that cover [Vertigo](#) from the neurology perspective, and also [Functional Neurological Disorder \(FND\)](#).

There is a new page covering Neurology- related Palliative Care here ([Neurology \(Palliative Care\) \(nhslothian.scot\)](#)) which includes very useful resources and contacts.

Podiatry Domiciliary service

The protocol for referral on SCI gateway will be updated soon to include mandatory questions regarding who lives at home with patient, the presence of pets, and if there is a keysafe. Please make sure to have this information available before submitting a referral.



RefTalks - Autumn Webinar 2022



The RefHelp Team is pleased to inform you that RefTalks has successfully completed a year and to date, we have held seven webinars with excellent key speakers delivering engaging presentations to a proactive 'live' audience.

We have had an overwhelming number of 1338 views for the webinar recordings and have also received extremely positive feedback from the post event surveys!

We are excited to announce that the next series begins this September and the dates for the upcoming webinars are mentioned below. Topics & webinar details will be announced nearer the time.

Ref Talks

Autumn Series

 7:30 – 8:30 PM, MS Teams

 28 September 2022

 25 October 2022

 28 November 2022

SAVE THE DATES!



Registration Details will be published nearer time

We look forward to your continued participation at our future events and your valuable support in our efforts to provide a learning experience that is useful and high-quality!

RefHelp Impact - Secondary Care Survey

The RefHelp Impact Survey was distributed amongst secondary care clinicians and to know their feedback please check our latest news page here:

<https://apps.nhslothian.scot/refhelp/News/Pages/RefHelp-Impact---Secondary-Care-Survey-Results.aspx>

RefHelp Referral Advisor Vacancy

Applications are invited from qualified General Practitioners with a current licence to practise, for this permanent part time (6-8 hours per week) position in the Outpatients and Associated Services Directorate as Referrals Advisor. (1 post available for 1.5 or 2 sessions per week).

For more details, please see [Vacancies](#)

Contributors to this issue were:

Dr Becky Cheesbrough, Dr Catriona Morton, Dr Jane Burnett, Dr Mohammad Alshaikly, David McBain & Aparna Amanna.

Was this useful and interesting? We would love to hear your feedback or suggestions for future updates and content! Email us at: RefHelp@nhslothian.scot.nhs.uk or even send us a tweet @RefHelp_Lothian