

RefHelp e-Bulletin



Keeping you up to date with **Lothian Referral Guidelines**- for previous e-Bulletin issues see [News](#) **Issue 9 May 2023**

Radiology



There is now a dedicated page on the website for Plain X-rays [Plain X-Rays - RefHelp \(nhslothian.scot\)](#). Due to the large numbers of X-ray requests that Radiology receive, and the logistics of dealing with this volume of patients, it has been decided to keep the appointment system in place and not go back to "walk ins". Patients will need to continue to phone the relevant Radiology department, at least 24 hours after the Sci Gateway request has been submitted and make their appointment at a suitable date and time. All the details for this and relevant phone numbers are included on the website page. Unfortunately, the Sci Gateway pathway is still called "Radiology Walk In" but this is in the process of being changed to avoid confusion.

There is also helpful information on the page about the different X-ray investigations that can be requested by Primary Care clinicians and indications for these.

Current pressures within the Radiology department mean that reporting of X-rays is currently taking longer. It is really helpful to indicate on the Sci Gateway referral if an investigation is "urgent" or "USOC" so that these can be identified and prioritised for reporting.

Gynaecology

There is now some advice on the website regarding Vulval Disorders ([Vulval Disorders - RefHelp \(nhslothian.scot\)](#)). There is a flow chart to assist with diagnosis and some helpful information for managing vulval skin conditions in Primary Care, including a topical steroid regime for Lichen Sclerosus.

There are also some updates in the pipeline which will be coming soon, including changes to the "Cervical lesions" pages with information about what appearances are normal variants and what should be referred, and prolapse. There is already a useful chart on the site with lots of images of different cervical lesions - take a look! [29228-Cervix-chart.pdf \(nhslothian.scot\)](#)

Community Child Health's evolution to Community Paediatrics

There have been many changes on the RefHelp website since the last e-bulletin. One noteworthy change is that Community Child Health has been renamed [Community Paediatrics](#). This name change is not yet reflected on SCI gateway so as detailed on the RefHelp page, referrals on SCI gateway continue to be termed "Community Child Health" for the time being.



The East Lothian Neurodevelopmental Pathway pilot scheme is underway and details can be found on the Community Paediatrics RefHelp page. This scheme will hopefully benefit families in East Lothian by bringing together a multi-agency pathway and also encourages referrals from Health Visitors and education settings directly.

Cardiology

Many of the Cardiology RefHelp pages have been updated since January. This has been a significant workload for Cardiology. There are new information pages i.e. ["Antiplatelet Therapy after Acute Coronary Syndrome"](#) and ["Antibiotic Prophylaxis for Endocarditis"](#). There is also updated, clearer advice regarding investigations and when to refer under ["Arrhythmias and Palpitations"](#) and ["Direct Access Ambulatory ECG Monitoring"](#). More Cardiology pages are hopefully being updated soon.

ECGs



The Royal Infirmary of Edinburgh is now the only ECG department to operate a walk-in service. All other sites require the patient to phone first to arrange an appointment. This is reflected in the ECG Referral Form which is can be downloaded or printed from the ECG RefHelp page.

cCBT

A quick further cCBT update! East, Mid- and West Lothian now use SilverCloud only, with a new SCI Gateway proforma to reflect that. Edinburgh will be following soon, as Beating the Blues is gradually phased out. Once that happens, our cCBT pages on RefHelp will be simpler and easier to follow...

Please remember [cCBT for Long Term Conditions](#) - a really useful resource for our Practice Nurses to use. *Referral is easy and there are no waiting lists!*

Head and Neck Cancer services

Key Scottish research has helped determine the highest risk 'red flag' factors for head and neck cancers and allowed the development of a risk calculator - our [ENT cancer page](#) has full details. There have been pros and cons to its mandatory use for referrals:

- Urgent Suspicion of Cancer (USOC) referral numbers are higher, adding pressure for urgent appointments
- Those referred non-urgently are less likely to have an unexpected cancer
- Triageing consultants see the risk score, but not the underlying symptom and sign tick boxes
- It can over-estimate risk in the highest risk groups - and then be difficult for GPs to discuss that with patients when suggested risks are over 90%
- GPs can find it a useful way of reassuring low risk patients and avoid unnecessary referral.

We are considering a simpler system of relevant tick boxes on SCI Gateway, with optional use of the calculator. This would bring the additional benefit of allowing the ENT consultants who e-triage all referrals to see the 'answers' to high-risk calculator questions.



Your help in this important work is much appreciated - head and neck cancers are devastating for our patients - and we want to get the diagnosis right as

quickly as we can.

Please let us know what you think by filling out our survey - it takes no more than 2 minutes! : [HEAD & NECK CANCER RISK CALCULATOR FEEDBACK FORM.](#)

And if you want to know more, please see our RefTalk, teasing out the issues and discussing ENT cancers more generally, and approaches to prevention: [RefTalk ENT WEBINAR.](#)

Perinatal Mental Health SCI Gateway

Currently the perinatal mental health team requires GPs to fill out a referral form - but a new SCI Gateway protocol has been developed and will go live later this month.

The service is based at St Johns and includes the following:



- All health professionals (and Social Workers) can refer to the [Community Perinatal Mental Health Team](#) - including for preconception advice, and there will be a new SCI Gateway option for that too
- GPs cannot refer directly to the [Mother and Baby Unit](#) inpatient unit. Instead those referrals should be via the generic mental health emergency team.
- But please have a lower threshold for considering emergency referral than in others, because of the vulnerability of the baby and the unpredictability of postnatal illness.

And don't forget there is a [cCBT option for Perinatal Wellbeing](#), which can be used by any parent or caregiver during pregnancy and for up to one year after birth.

Pregnancy & Postnatal Care



The Maternity team have updated their guidance on Refhelp which now covers a wide range of common presentations during pregnancy and the postnatal period.

Here are some of the conditions covered under this section:

GI symptoms are common during Pregnancy including [Constipation](#) (which affects up to 38% of pregnancies), nausea & vomiting. [Hyperemesis Gravidarum](#) affects up to

80% of pregnant women. The new pregnancy & Postnatal section has comprehensive guidance managing these conditions, including when to refer.

Itch in Pregnancy: Pregnancy results in a variety of physiological and pathological changes to the skin including Atopic eruption of pregnancy, pemphigoid gestations, polymorphic eruption of pregnancy, and Obstetric cholestasis. Check the [Itch in Pregnancy](#) section for further information regarding how to manage and when to refer.

Covid news no longer dominates front pages but it is unfortunately still around. COVID-19 vaccines are strongly recommended in pregnancy and is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies; Check out the [COVID Vaccine in Maternity Care](#) page for advice regarding that.

Other topics covered include [Hypertension in pregnancy](#) (as well as Postnatal Hypertension), [Aspirin - antenatal prophylaxis](#), [Mastitis-Lactation](#) and more.

Please remember that for emergencies and urgent care, patients can go to the [Obstetric triage & assessment](#) without calling (however, if possible, the patient should phone first for advice).

Please note that the Pregnancy Support Centre page is currently being reviewed.

Endocrine - Management of long-term high steroid therapy

Long term high dose steroid therapy ($\geq 10\text{mg}$ prednisolone - or equivalent- for > 14 days) is a common theme in general practice for a wide range of conditions including endocrinological, respiratory, rheumatological, immunological conditions and more.

The Endocrine team have shared an extremely helpful guideline designed to provide safe, practical guidance in the screening, diagnosis and management of complications related to long term high dose steroid therapy initiated in Primary or Secondary Care. The guidance includes recommendations regarding pre-initiation, withdrawal, monitoring, sick day rule, management of steroid-induced diabetes and more...

There is also a downloadable PDF version with excellent algorithms. So be sure to download a copy because you will be sure to refer to it.



Neurology

Here are some of the new guidelines added to the neurology section:

Trigeminal Neuralgia (TN) is the most common of the craniofacial neuralgias. For more information about diagnosis and management of TN and facial pain check [Facial pain](#). Please remember that TN can often be diagnosed and treated in Primary Care. The LJF is in the process of updating their guidance regarding managing Trigeminal Neuralgia in line with NICE guidelines.

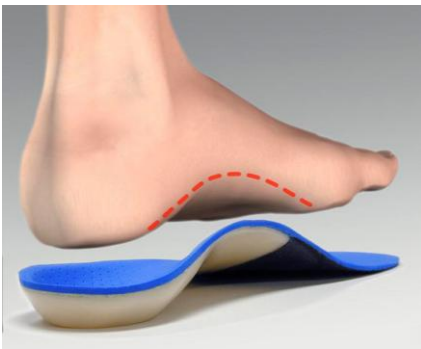
Restless Leg Syndrome is a common condition although most people do not seek medical review; the diagnosis is clinical and can be managed in Primary Care. Please check [Restless Legs Syndrome \(RLS\)](#) for further information.

Phantosmia is the smelling of an odour that isn't there and is nearly always benign. It is a common reason for referral to the Neurology outpatient service. This was the case even before Covid-19 - check out the fact sheet produced by the neurology team [Phantosmia](#).

Multiple Sclerosis & Mild Axonal Peripheral Neuropathy also have dedicated sections under Neurology so be sure to check them out.



Orthotics



Patients who need to be assessed for suitability for provision of an orthosis, or patients who have been seen by the orthotic service previously but haven't had contact with the service for more than 2 years, can be referred to the orthotic department. Please check the [Orthotics](#) section on refhelp (under MSK orthopaedics). The **Resources** section includes plenty of useful leaflets, as well as the self-referral form.

RefBites - Bitesize Learning

The RefHelp Team is pleased to announce that we are introducing a new education resource - RefBites, which are short educational videos that are approximately 5 minutes in duration packed with bitesize information on a variety of topics. The main focus will be on new and changing information about key clinical areas, specialist services, referral guidelines/patient pathways or specialists' advice and tips.

Videos to be released soon!



RefTalks - Spring Webinar 2023



The next webinar is on Thursday 25th of May 2023, from 7:30-8:30pm online via MS Teams.

Topic & Key Speaker

Feeding and Growth issues in Infancy - Dr Claire Hathorn, Consultant Paediatrician, NHS Lothian

Topic Summaries

The webinar will cover a brief run-through of what is normal when it comes to infant feeding, vomiting, stools, skin, sleep and crying to enable practitioners to

know when to worry and when to refer. In addition, there will be a discussion about gastro-oesophageal reflux, cow's milk protein allergy and faltering growth in babies and children.



Registration Details

Please visit RefHelp [Education Page](#) or directly register here: [Register Now](#) or scan the QR code

Previous webinar recordings are available on RefHelp's [Archive](#) section.

Look forward to seeing you at the webinar!

Contributors to this issue were:

Dr Becky Cheesbrough, Dr Catriona Morton, Dr Mohammad Alshaikly, Dr Caroline Wiggins & Aparna Amanna.

Many thanks to all the Specialists who have helped develop content for the RefHelp website.

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