



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

## Lead Referral Advisor - Becky Cheesbrough

As we swiftly move into the summer months, here are the latest updates from the RefHelp team.

I hope that many of you will manage a break over the next couple of months and that the sun will appear at some point! The last RefTalks webinar of this series will take place at the end of June and covers Breast Disease (more info below) and we will resume the webinars again after the summer holidays.

There are over 400 images on the RefHelp website.

## Gynaecology

There are new pages for "pre menopausal" and "post menopausal" ovarian cysts with updated guidance about the types and sizes of cysts that are not worrying, when patients can be reassured and when women require more investigations or referral. [Pre Menopausal Cysts - RefHelp \(nhslothian.scot\)](#) and [Post Menopausal Cysts - RefHelp \(nhslothian.scot\)](#)

## Waiting Times

Just a reminder that the waiting times for specialties are available on the NHS Lothian website [NHS Lothian Outpatient Waiting Times - Your Rights & Privacy](#) or via a link on the RefHelp page [WaitingTimes - RefHelp \(nhslothian.scot\)](#). It can be helpful to direct patients to these pages if they are asking how long they are likely to wait for an appointment. Most specialties are listed.

## Colorectal

It's important to note that although the bowel screening programme and the Colorectal service (for symptomatic patients) both use quantitative FIT (faecal immunochemical test), the test threshold for further investigation is different for the two patient populations. In the asymptomatic population, the threshold used by screening is  $>80$  mHb/g but in symptomatic patients, the threshold for investigation is  $>10$  mHb/g. Hence, a person may have had a 'negative' FIT from screening but have a test value that is  $>10$ mg/g. Therefore, a person presenting with colorectal

Visitors to RefHelp spend 2 minutes on a page.

symptoms **should not be advised** to request a bowel screening kit as there is a risk that abnormal results and therefore significant bowel pathology could be missed. If someone presents with concerning colorectal symptoms, they should be referred to Colorectal via the USOC pathway.

## Testosterone for menopausal women with loss of libido.

There are ongoing discussions about testosterone for this indication, as the medication can only be initiated by a specialist. The service is currently being reviewed by Chalmers, the GP

Sub-Committee and the East Region Formulary Committee and therefore there is currently no prescribing guidance on RefHelp.

We will update RefHelp as soon as possible but in the meantime a reminder that:

- guidance does not support the use of testosterone for any other indication for menopause care, including fatigue.
- systemic HRT and local vaginal oestrogen may both help loss of sexual desire, and should be optimised.
- many other medical, drug-related and psychosocial factors contribute to loss of libido and can be considered and addressed.
- side effects of testosterone are not uncommon and could be irreversible.
- the evidence about long-term safety of testosterone for this indication, specifically in relation to breast and cardiovascular effects, is limited.

### Valproate medication and contraception

This [new page](#) gives advice about useful approaches to contraception, critical for valproate with its high teratogenic risk, but also mentions other anticonvulsant therapy too.

Please share widely with your teams, including your practice pharmacists!

On 3<sup>rd</sup> June 2024 we had 4170 visitors & 10059 page views

### Helping people who have been sexually assaulted - our new RefBite.

The [Sexual Assault Response Co-Ordination Service](#) (SARCS) is available in every Health Board, for those aged 16 and over who have been raped or sexually assaulted. The service can also collect forensic evidence, but people do not have to have Police involvement, and patients can self-refer. SARCS staff help address immediate healthcare needs, including STI, BBV and pregnancy testing, emergency contraception, HIV prophylaxis (PEPSE), Hepatitis B vaccine and psychological risk assessment. On-going support is offered from the SARCS gender-based violence nurse. The RefHelp page also outlines initial primary care management and what examinations we *shouldn't* be doing.

Please see our new [SARCS RefBite](#) 5-minute film for a full description of the service - and how to support our patients, and consider the impact on ourselves as clinicians, too.

### CAMHS Updates

There will be more updates to follow, as CAMHS teams are revising many of their services. But two new pages which should help with the referral process generally, including deciding urgency:

- [CAMHS Consultation Services](#)
- [CAMHS Unscheduled Care Service](#)

### STARFISH TRIAL - and sudden onset sensorineural hearing loss



Sudden onset sensorineural hearing loss is devastating, but treatments can help if given early. There is evidence of under-recognition and under-referral: patients need to be seen within 72 hours of onset for optimal response to treatment. We know that steroids are critical, but

the evidence for the best route of administration is lacking. Lothian ENT colleagues are about to start an RCT looking at the treatment options (oral, intratympanic, or both) and

need your help! The trial, recommended by NICE, will obviously help with understanding the best options for future care, but we hope will improve recognition and bring benefits for our patients, now.

For further details please see the [STARFISH trial website](#).

### What do GPs need to do?

We will send a letter to practices to let everyone know when the trial starts and our [RefHelp sudden sensorineural hearing loss page](#) will be updated with the details. Once that happens, we just need to refer as we do now by contacting on call ENT. But it is helpful for us to mention the trial to our patients so that they are aware of what might happen when they are seen. Those declining inclusion will be given high dose oral steroids as now.

*If patients are given steroids PRIOR to being seen, not only are they ineligible for the trial, but we may be causing iatrogenic harm. Currently 90% of those referred have a normal audiogram - we need to get much better at doing the [whispering test](#)!*

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### Radiology

When sending a referral on SCI Gateway please select the correct priority (Routine or Urgent). The majority of referrals will be Routine, however in certain circumstances the x-ray can be requested as Urgent. Radiology will always try to prioritise these requests and ensure that the patient is offered an appointment as soon as possible.

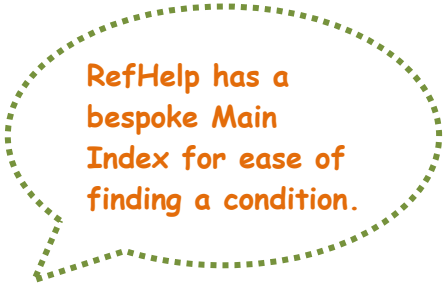
When referring for a plain x-ray, please remember to inform the patient that they must wait for one working day after submission of the referral before phoning for an appointment, and patients **MUST** phone the department to arrange an appointment, they should **not** present themselves to x-ray departments as they used to be able to. This may need to be explained clearly to patients who previously last attended for x-rays when walk-in was the system.

Radiology are very grateful to all NHS Lothian referrers for making requests via SCI Gateway and directing patients to use the phone booking system. This has significantly improved how Radiology deal with the large number of requests they receive.


### [Medicine of Elderly - Midlothian](#)

Midlothian Medicine of the Elderly have an updated presence on RefHelp. You can find details of all the services on the Medicine of the Elderly main page on RefHelp. The team in Midlothian have worked hard to make sure there is information on the different routes for support that may be needed for patients in Midlothian. They have summarised it all onto a helpful one-page PDF, giving details of how to refer to different parts of the service including Hospital at Home, MOE Outpatients and the Single Point of Access.

There is some guidance on the page about the types of patients that would benefit from referral, and some pointers on those patients less suitable for referral, but the team have helpfully noted that "ALL [of this information does] not preclude the referral being appropriate - clinical judgment is required. We are more than happy to discuss referrals/give advice."



RefHelp has a bespoke Main Index for ease of finding a condition.



There are 58 Adult conditions & 29 Paediatric listed in the Main index.

## Diabetes

The fructosamine test is used to assess glycemic control in individuals with diabetes, especially when HbA1c results might be misleading due to factors like specific haemoglobin variants or anaemia. Unlike HbA1c, which reflects blood sugar levels over several months, fructosamine provides a snapshot of average blood glucose levels over the past 2 to 3 weeks. However, it's important to note that fructosamine should not be used for diagnosing diabetes. For more information check [HbA1c & Haemoglobin variants](#).

The Community DSN service -which is available only to the City of Edinburgh- acts as an interface between primary and secondary care diabetes services and offers home visits to provide advice and guidance on diabetes management. The service primarily targets individuals with poorly controlled diabetes and those at a high risk of hospitalization. For further information about the service and referral process, check [Edinburgh Community Diabetes Service](#).

## Neurology

The neurology team have recently updated their Migraine/Chronic Headache page in line with recently updated [National Headache Pathway | The national Centre for Sustainable Health \(nhscfsd.co.uk\)](#).

When considering prophylaxis, patients should be counselled that prophylaxis aims to reduce the frequency and/or severity of attacks, not abolish them completely; a reduction of 30% in either frequency or severity is a positive response. Each treatment should be tried for at least 8 weeks after reaching maximal tolerable dose, before deciding if a treatment is effective; avoid discontinuation of tolerable prophylaxis prior to this point. At least four preventative agents (tricyclic, topiramate, propranolol, candesartan) should be tried before referring patients to neurology. For further information about the referral guidance (including Botulinum Toxin, CGRP, and Rimegepant, check [Migraine/Chronic headache](#). The update also includes [Migraine/Chronic Headache in pregnancy](#).

## Paediatric Rheumatology

Ankylosing Spondylitis pathway update including SCIGw and integrated lumbar spine backpain.

**Juvenile idiopathic arthritis (JIA)** is arthritis of unknown aetiology that begins before the 16th birthday and persists for at least 6 weeks. Blood tests are often normal and are therefore only helpful in excluding other causes of joint pain/swelling rather than JIA itself. It is for this reason

that in a well child with suspected JIA, who is being referred to Rheumatology, we would advise not doing any investigations at the point of referral. Systemic onset JIA (SOJIA) is a serious medical condition that can be life-threatening and is associated with macrophage activation syndrome (MAS) - urgent discussion with Paediatric Rheumatology is advised. For further information check [Juvenile idiopathic arthritis \(JIA\)](#).

**Scleroderma** encompasses a group of autoimmune conditions characterized by skin hardening and thickening. It can also affect muscles, bones, internal organs, and blood vessels. Although rare in children, maintaining a high clinical suspicion is crucial for timely referral and treatment, leading to improved outcomes. Urgently refer all suspected cases to Paediatric Rheumatology. Check [Paediatric Scleroderma](#)



**Raynaud's Phenomenon** is a disorder characterized by an episodic colour change of the extremities in response to cold exposure or emotional stress. While the classic triphasic colour change may not always be present, blanching must occur for a diagnosis of Raynaud's phenomenon. For further information check [Paediatric Raynaud's](#)

### **Rehabilitation**



The **Blue Badge Assessment Service** evaluates applications based on Transport Scotland's Code of Practice, representing the City of Edinburgh Council. If required, face-to-face assessments are carried out at the SMART Centre, Astley Ainslie Hospital in Edinburgh. Individuals who may qualify should apply directly. For further information, see [Blue Badge Assessment Service - RefHelp \(nhslothian.scot\)](#)

The **Disabled Living Centre** features an equipment display designed to support independent living for individuals with physical disabilities, their carers, and professional staff. Patients do not require a referral from a health professional. Those seeking information can directly contact the Centre, but visits are strictly by appointment. For additional details and contact information, please refer to [Disabled Living Centre - RefHelp \(nhslothian.scot\)](#)

The **Wheelchair & Seating Service** offers manual and powered wheelchairs, as well as children's buggies with postural supports, to individuals with ongoing wheeled mobility needs in the areas served by NHS Lothian, NHS Fife, and NHS Borders. The service includes both paediatric and adult pathways, and most children transition to the adult pathway upon reaching 18 years of age.

Established users of the service can contact the service directly although it is often preferably to do so via a health professional (such as a community therapist) when there is a change to their condition or needs and an assessment is required.

New patients who have not previously used the service should be referred through a GP, hospital consultant, occupational therapist, physiotherapist, or a healthcare professional familiar with their therapeutic, postural and mobility needs. For further information, visit [Wheelchair & Seating Service - RefHelp \(nhslothian.scot\)](#)

### **Medical Paediatrics**

Meetings are being held between the Refhelp Team and the Medical Paediatric Consultants to add to, and update, the current General Paediatric Refhelp Guidelines. This is an exciting opportunity to ensure there is clear referral guidance, and information on primary care management for all common general medical paediatric conditions on Refhelp. Work on a number of guidelines is under way and these will be added to Refhelp in the coming months. We would welcome feedback as to which conditions GPs would find useful to be covered. Please feel free to get in touch by emailing [loth.refhelp@nhs.scot](mailto:loth.refhelp@nhs.scot) with your suggestions for consideration.

There are  
1,074 pages of  
information on  
RefHelp.

### **Covid-19**

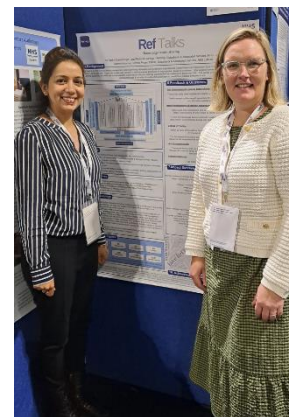
Memories of lockdown, PPE, and social distancing may now be starting to fade but Covid-19 and its sequelae continue to cause much morbidity amongst our patients. Re-mapping of the Covid-19 pages on Refhelp is underway. Pages will now be divided into Acute Covid and Post-Covid Syndrome and content is being reviewed so that the most up to date and relevant information is readily accessible. Your ideas and suggestions on what might be useful to be covered in this area are welcomed. Please get in touch by emailing [loth.refhelp@nhs.scot](mailto:loth.refhelp@nhs.scot).

## [RefTalks, RefBites](#)

### [RefHelp Team @ NHS Scotland Event 2024, Glasgow](#)

RefHelp is delighted to share that the application for poster abstract titled **RefTalks - knowledge worth sharing**, was submitted for the NHS Scotland Poster event in March 2024 and was successful. The poster authors - Dr Becky Cheesbrough and Aparna Amanna, along with Sheena Walter, Service Manager, attended the NHS Scotland Event held at the SEC in Glasgow on the 10th June where the poster was displayed.

The Reviewer Comments we received on the day:



"Excellent abstract detailing interesting project which has very clear benefits to patients, those referring and effective use of resources and services. Well written and compiled - appendices added depth and clarity to project outcomes. This approach could be adopted across other HB's."

"Interesting piece of work"

You can view the e-poster here: <https://api.ltb.io/show/ACCSX>



## UPCOMING WEBINARS

SAVE THE DATES!

30 Sep	30 Oct	28 Nov
Urology	GI	Vascular Surgery

More details will be announced nearer time  
To view previous webinars please see  
RefHelp's Archive Section

RefHelp presents

## RefBites

Bitesize Learning

Essential Referral Service Information  
Short Video

### Sexual Assault Response Coordination Service (SARCS)

Patricia Martin, Advanced Nurse Practitioner  
Southeast Scotland Clinical Forensic Medical & Custody Healthcare Service  
NHS Lothian

[Watch Now](#) June 2024

[loth.refhelp@nhs.scot](mailto:loth.refhelp@nhs.scot) <https://apps.nhslothian.scot/refhelp> [@Refhelp\\_Lothian](https://twitter.com/Refhelp_Lothian)

Contributors to this issue were:

Dr Becky Cheesbrough, Dr Catriona Morton, Dr Jane Burnett, Dr Mohammad Alshaikly, Dr David R Millar & Aparna Amanna. Thank you to all who have supported the development 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](mailto:RefHelp@nhslothian.scot.nhs.uk) or even send us a tweet