



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

## Lead Referral Advisor - Becky Cheesbrough

We are delighted to be back with the latest e-bulletin from the RefHelp team. Read on to learn more about new and updated content on the website.

The autumn series of RefTalks webinars also kicked off on 30<sup>th</sup> September with a presentation by the Urology team on recurrent UTIs. If you missed it, you can access the recording on the website (will be available very soon). The next webinar is on Wednesday 30<sup>th</sup> October 2024, covering IBS (more details below).

We want RefHelp to be a really useful resource and to help make your lives easier. If you have any comments or suggestions of how we can do this better, then please let us know at [Contact Us - RefHelp \(nhslothian.scot\)](#).

## Colorectal

There has been a small change to the Sci Gateway referrals forms for Colorectal Surgery. There is a dedicated form for referrals for patients where you suspect a cancer. All other referrals, **both routine and urgent**, should be sent via the basic referral form.

The Colorectal team are very keen that all patients being referred to them have had a PR examination in Primary Care. The investigation and management of patients with an abnormal PR examination is different, and referrals where the findings of a PR are not documented can delay the patient journey. There is now a box on the Sci Gateway referral form to prompt you to document your findings.



## Gynaecology

There is updated guidance on the management of Bartholin's Cysts and Abscesses and information on which antibiotics to use [Bartholin's Cysts and Abscesses - RefHelp \(nhslothian.scot\)](#).

## ME - CFS

The updated [ME-CFS RefHelp pages](#) now sit on the rehabilitation section of RefHelp as that is the only specific route of referral for the condition.

For many years now there has been no specific referral service for diagnosis of ME-CFS in Lothian and this remains the case for many other parts of Scotland, too. It is acknowledged this is not ideal. Most patients can be diagnosed in general practice, but that can be time-consuming: the advice is to take account of all presenting symptoms and respond fully with explanation and advice. Reference is made to the Scottish Good Practice Statement, which was updated last year, and its [management recommendations have been summarised](#).

RefHelp also lists tests recommended by the Primary Care Laboratory Interface Group (PLIG). However, if there is diagnostic difficulty or concern round any particular symptom, then RefHelp gives advice about potential referral routes and recommends seeking specialist advice. Please note that Infectious Diseases will only see patients where relevant symptoms of infection need investigation.

### **Rabies vaccination**



There has been some confusion about rabies vaccination, relating to the two separate pathways, namely *pre- and post-exposure prophylaxis*. For those requiring rabies vaccination in *advance* of potential exposure in high-risk parts of the world, the [travelclinicservices](#) should be accessed, and a fee will be charged. Bat handler volunteers do not need to pay for

the vaccine, which they can have done by the HSCP vaccination teams.

If someone is felt to be at potential risk of rabies following contact with an animal (post exposure treatment), then refer:

- Adults: to on-call Infectious Disease between 0900-1900. At other times, or for complicated/high risk injuries, direct to A&E.
- Children & young people: to Paediatric Infectious Diseases team or the on call Paediatric registrar/emergency team at RHCYP.

Please remember that rabies can also be transmitted from an infected animal by a scratch, or lick onto broken skin or mucous membranes (eyes, nose or mouth), and not just through bites. Please see [Animal Bites and Rabies Risk](#) for further detail.

### **Gender Identity**

In late October, new Lothian Shared Care Agreements will be launched for feminising and masculinising hormonal treatment for gender identity patients. They are a result of very extensive multidisciplinary discussion and have been approved by the Lothian GP Sub-Committee.

Briefly, patients on hormonal treatment will be recalled by the Chalmers Gender Identity Clinic (GIC) who will arrange tests and review. The GIC will then write to the GP to request they prescribe. It has been agreed (again with the Lothian GP Sub-Committee) that the exception is that GP teams undertake FBC / testosterone testing pre-dose when testosterone injections are given.

*Please do not refer patients just for this monitoring service: Chalmers will electively contact higher risk groups first and there will be a subsequent programme to capture anyone missing.* GP practices will be sent full details of the programme when it goes live.

The [Gender Identity page](#) gives updated details of services offered, when and how to refer, and how to change CHI details where indicated, as well as details of the Cass review.

There is now a new SCI Gateway e-advice option available for the GIC and please use this for new referrals for advice.

### **Thyroid Conditions and Pregnancy.**

It is crucial to get this management right, as the foetus, as well as the mother, can otherwise be adversely affected. The new [thyroid pregnancy pages](#) have been reformatted for easier navigation and some of the reference range detail updated.

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## Gastroenterology

The Gastroenterology pages on RefHelp have had a lot of updates recently, and there are more to come! A summary of the changes made so far went out in the weekly update email in August. The pages that have been updated are: [Dysphagia](#), [USOC Upper GI Cancer](#), along with updates to [Barrett's Oesophagus](#), [Dyspepsia](#) and [GORD](#). On the [Dysphagia](#) and on the [USOC Upper GI Cancer](#) pages you will find an **After Referral** section. This section has some brief information on how referrals are triaged, to help answer questions that are often asked in Primary Care after a referral has been sent. These pages also have a useful reminder that patients may be contacted to be offered an appointment at a different site to the referral site and asks that if there are specific reasons that a patient would not be suitable for this, to please make sure this information is included in the referral. The new pages also note that it's helpful if at the time of referral the referrer informs the patient that they may be offered an appointment at a different site.

We are continuing to work on the Gastroenterology section of RefHelp and hopefully there will be updates to the GI Iron Deficiency Anaemia Page, the Irritable Bowel Syndrome page, the Hepatology pages and the Inflammatory Bowel Disease page in the coming months.



## Breast Disease - Breast Abscess

Since the last RefHelp Bulletin there has been an update to the [Breast Abscess](#) page. This update came about after a RefHelp GP user flagged up an area where advice could be clearer, in particular regarding the fact that "*Clinicians should be particularly vigilant when considering a diagnosis of mastitis in older patients (>70) as in this group infection is uncommon, whereas Breast Cancer is common.*" From this contact the RefHelp GP Referrals Advisor worked with the Breast Surgeons to clarify the guidance on the page. This was a great example of how the RefHelp team are always keen to have feedback, to look into any issues received, to respond to suggestions and to make RefHelp the best possible resource it can be.

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## Diabetes

**All patients who are found to have high glucose or HbA1c**, should have their urine checked for ketones (regardless of their age), and if they have ketonuria (especially if unwell or losing weight), they should be discussed with the on-call diabetes registrar on the day. The referral guidelines for patients with new/existing diabetes have been updated and can be found on the [Diabetes Diagnosis - RefHelp \(nhslothian.scot\)](#) page.

You can now refer to the Community DSN service [Edinburgh Community Diabetes Service - RefHelp \(nhslothian.scot\)](#) through SCI Gateway using the new dedicated pathway: AHP - Community Diabetes.

## Neurology

Patients suspected of having **Huntington's Disease**, typically in the context of a movement disorder or neurological disability (e.g., suspected chorea with a family history or other high index of suspicion), can be referred to neurology movement disorder clinic or general

neurology clinic. While Known symptomatic Huntington's Disease patients who are wishing ongoing support can be referred to the Huntington's Disease management clinic. For further information check [Huntington's Disease - RefHelp \(nhslothian.scot\)](#)

### **Orthopaedics**

The NHS Lothian Integrated Orthopaedic Foot and Ankle Service offers a multidisciplinary approach, including clinics led by Advanced Physiotherapy Practitioners, Advanced Podiatrists, Orthopaedics, and Radiology. Many foot and ankle conditions can be effectively managed without surgery, and it is recommended that most patients undergo a trial of non-surgical treatments first. The [Foot and Ankle Service - RefHelp \(nhslothian.scot\)](#) page on Refhelp offers guidance that covers various conditions including Achilles tendon problems, hallux valgus/rigidus, heel pain, metatarsalgia, and pes planus/cavus.

The entire knee page [Knee - RefHelp \(nhslothian.scot\)](#) has been reviewed by the adult orthopaedic team and updated.

The paediatric orthopaedic and physiotherapy teams have added numerous patient



information leaflets to the relevant sections. These leaflets can be distributed to patients and parents and provide helpful exercises and guidance on when to seek physiotherapy. Some of the leaflets cover topics such as [Back pain](#), [Anterior knee pain](#), [clicky hip](#).

### **Rheumatology**

Axial Spondyloarthritis is a chronic inflammatory disease affecting the spine and sacroiliac joints. It typically begins in late adolescence or early adulthood but can develop up to age 45. Suspected patients should start treatment with NSAIDs, either Naproxen 500mg TID or Etoricoxib 60mg daily, and be referred to rheumatology if they exhibit a number of specific symptoms ([Axial Spondyloarthritis - RefHelp \(nhslothian.scot\)](#)) using the newly introduced SCI Gateway protocol for AxSpA.

The GCA probability scoring system assesses the likelihood of Giant Cell Arteritis based on clinical features. Patients scoring above 9 with visual symptoms should be urgently referred to Ophthalmology. Without visual symptoms, they should be urgently referred to Rheumatology. For further information check [Giant Cell Arteritis - RefHelp \(nhslothian.scot\)](#) All rheumatology referrals through SCI Gateway should be directed to the Western General Hospital. For Axial Spondylosis and Giant Cell Arteritis, please follow the specific protocol. For all other cases, use the standard rheumatology referral pathway

### **Palliative**

NHS Lothian offers palliative care services through various providers based on patient location. Marie Curie Hospice Edinburgh supports patients in Edinburgh South and Mid- and West Lothian, while St Columba's Hospice Care serves North East/North West Edinburgh and East Lothian. Both hospices operate within specific community catchment areas defined by postcode, which can be found on [Palliative Care - RefHelp \(nhslothian.scot\)](#)

St Columba's Hospice Care provides various services, including Hospice at Home, an inpatient unit, and Family Support & Wellbeing Services. All referrals go through the Access Team, the single point of access for all clinical services. For more information see [St Columba's Hospice - RefHelp \(nhslothian.scot\)](#)

Please note that the Marie Curie section is currently being reviewed and will be updated soon.

## **Rehabilitation**

**Lothian Work Support Services (LWSS)** is a single point of access Occupational Therapy-led service for anyone struggling with their health at work. Referrals accepted for both mental and physical health conditions, and for any bio psycho social reason arising from a health condition. For further information see [Lothian Work Support Services \(LWSS\) - RefHelp \(nhslothian.scot\)](#).

The Custom Design Service (CDS) provides custom or modified rehabilitation equipment when standard options are unavailable. It assists individuals with long-term physical impairments (lasting at least 6 months) to meet their rehabilitation goals. Equipment can be provided for use at home, work, or for leisure activities. The CDS is based at the SMART Centre at Astley Ainslie Hospital in Edinburgh, with home visits available if needed. See [Custom Design Service - RefHelp \(nhslothian.scot\)](#).

**Clinical Gait Analysis Service** collects and analyses gait data for adults and children with complex neuromuscular or orthopaedic disorders (e.g. cerebral palsy, spina bifida, congenital talipes equino varus) to determine the underlying causes and related gait treatment recommendations. Please check [Clinical Gait Analysis Service - RefHelp \(nhslothian.scot\)](#) for further information regarding the referral process.

**The Prosthetics Service provides** upper and lower limb prosthetic treatment. The prosthetic team are experienced in assessing, designing and fitting prostheses appropriate to individuals and their lifestyle. The referral form can be completed and emailed to the service, by GP or community therapist/nurse, for patients who are appropriate for prosthetic limb wearing. See [Prosthetics Service - RefHelp \(nhslothian.scot\)](#)



The **East Lothian Falls pathway** is hosted within the East Lothian Rehabilitation Service (ELRS) and is delivered by a team of physiotherapy practitioners and community care workers, who's role is to support patients who have had a fall, are at risk of falling or have a fear of falling. Patients will undergo a comprehensive falls assessment, and where appropriate, attend a 14 week falls prevention and management course. Referrals are accepted from GP's, Practice Nurses, ANP's, as well as self-referrals. Please visit [East Lothian Falls Pathway - RefHelp \(nhslothian.scot\)](#)

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## **Weight Management Service**

The [Weight Management Service](#) page has been updated. The Lothian weight management team provide a specialist service which supports people in Lothian to lead a healthy lifestyle, manage their weight and improve their health. They also offer tailored support for those living with or at risk of Type 2 Diabetes. The Weight Management Service landing page also contains links to the Anti-Obesity Medication page, Pre-Diabetes page (Let's Prevent Diabetes Programme), DESMOND and Type 2 Diabetes Remission Programme.

A new Sci-Gateway page has been created for referral of patients to the Weight Management Service. Please refer: **AHP - Dietetics > Weight Management > LI Weight Management service**

## Pre-Diabetes/Let's Prevent Diabetes Programme



### Let's Prevent Diabetes

Diabetes shortens life expectancy and causes significant morbidity. Empower your patient's to help themselves and reduce their risk of developing Diabetes!

[RefHelp's Pre-Diabetes](#) page has been updated to include information on the Let's Prevent Diabetes Programme. L.P.D is a structured 6-hour group education programme for those

with Prediabetes (HbA1c 42-47). It educates and supports patients into developing self-management plans via trained educators from within the Lothian Weight Management and Type 2 Diabetes Prevention Team. Patients attending Educator led sessions are offered follow up refresher appointments at 3-month intervals for 12 months, supporting long term adherence to self-management plans.

A new Sci-Gateway page has been created for referral of patients to the Let's Prevent Diabetes Programme. Please refer: **AHP - Dietetics > Let's Prevent Diabetes > LI Let's Prevent Diabetes**

## DESMOND

[DESMOND](#) is a well-established educational programme for those newly diagnosed with Type 2 Diabetes and now has its own new shiny RefHelp page!

DESMOND offers a full day educational course face to face or alternative online options. Information on Type II Diabetes and the effect it has on the body is discussed, practical healthy lifestyle advice is given and the programme offers peer support and the opportunity to share experiences with others.

A new Sci-Gateway page has been created for referral of patients to DESMOND. Please refer: **AAH > Diabetes Type 2 Education (Desmond) > LI Type 2 Education (Desmond)**

## Type 2 Remission through Counterweight Plus

It's not easy. It's not suitable for everyone. But could some of your patient's actually reverse their diagnosis of diabetes through diet alone? Perhaps through Counterweight Plus programme they could!

This is a 2 year intensive weight loss programme, offering a structured evidence-based approach delivered by a Registered Dietician specialising in this programme. It incorporates three phases; total diet replacement (800kcal/day) for approximately 12 weeks, a stepped food reintroduction phase and then a weight loss maintenance phase. Delivery is virtual via groups or 1:1 input. A new Sci-Gateway page has been created for referral of patients to this programme. Please refer: **AHP Dietician > weight management > T2DM Remission**

## Cow's Milk Protein Allergy (CMPA)

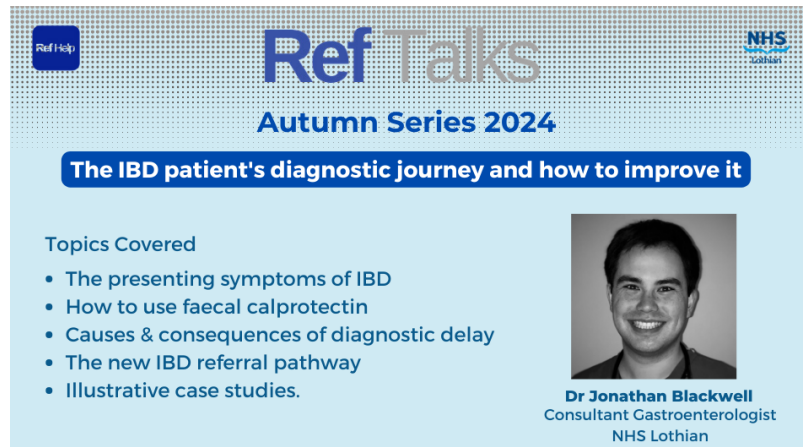
A new, detailed, comprehensive RefHelp page has been created to provide information on [CMPA](#) with specific focus on non-IgE mediated CMPA. The page provides detail on which infants can be assessed and managed safely in primary care initially, and which should be referred to the specialist Infant Feeding Difficulty Dietetic Service.

The Primary Care Management section gives clear instructions on milk exclusion, what replacement allergy formula to use and when to re-challenge with milk in suspected non-IgE CMPA.

A Sci-Gateway pathway is under development but at the current time the service is accepting referrals via email with an allergy assessment form attached. See page for further details.

## [RefTalks](#), [RefBites](#)

We are delighted to have Dr Jonathan Blackwell, an NHS Lothian GI Consultant, present at the next RefTalks on "IBD patient's diagnostic journey and how to improve it". There will be a dedicated Q&A session for you to engage and share your queries. To know more details, please see the [Upcoming Events](#) Page. For registrations, please visit the [RefTalks](#) Page.




**RefTalks**  
Autumn Series 2024

**The IBD patient's diagnostic journey and how to improve it**

Topics Covered

- The presenting symptoms of IBD
- How to use faecal calprotectin
- Causes & consequences of diagnostic delay
- The new IBD referral pathway
- Illustrative case studies.



**Dr Jonathan Blackwell**  
Consultant Gastroenterologist  
NHS Lothian



For those who missed our previous webinars the recording is available here: [Archives](#). For information on recent changes in guidelines or new clinical updates please see: [RefTweets - RefHelp \(nhslothian.scot\)](#) If there are any issues, please contact us via email: [loth.refhelp@nhs.scot](mailto:loth.refhelp@nhs.scot)

We look forward to seeing you at the next webinar.

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: [loth.refhelp@nhs.scot](mailto:loth.refhelp@nhs.scot) or even send us a tweet/X