



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

Lead Referral Advisor - Becky Cheesbrough

Welcome to this latest addition of the RefHelp e-bulletin. As you'll see from reading on, there have been lots of updates to sections of the website and the addition of some brand new pages. The current series of RefTalks webinars also continues with the next one taking place on 27th May giving an update on Migraine treatment. Be sure to register for it! We're finally seeing some good weather so I thought I'd share one of my daughter's jokes with you.....

What do sheep do on a sunny day?

Have a baa baa que!



Until next time, Becky

Colorectal

The Stoma Specialist Service page has been updated [Stoma Specialist Service - RefHelp](#) with contact details for the team and guidance for when you should consider referring a patient to them. There are further plans to develop the Service's pages to include information on managing common stoma issues.

Some excellent short videos have been made by NHS Lothian for patients attending for Lower GI investigations. Links to these can be found on the Colorectal Cancer page under Resources and Links and are available to share with patients [Colorectal Cancer](#).

Urology

The Visible Haematuria [Haematuria VISIBLE](#) and Raised PSA [Raised PSA](#) pages have had some changes. There have also been minor edits to the corresponding Sci Gateway referral forms. The Raised PSA page contains clear guidance on normal PSA levels for different age groups. In addition, it's worth noting that suitable men under 75 will now go straight for an MRI scan to investigate and it's helpful to include any information, in the referral, which may mean that an MRI scan is contraindicated.

Dermatology

The National Digital Dermatology Programme has been "live" in Lothian since December and the Consultant Connect app is now available for all referrers to download and use. It's a "pass-through" app which means that no images are stored on your device and it is safe and secure to use. There is further information about it and also some guidance on how to take good "triage-quality" photos [Attaching photos to referrals](#).

Adult Mental Health

Why not have a look at some of our new updates which are for services less frequently used, but can help with these difficult areas?

- [The Scottish Infected Blood Psychology Service](#) - for patients who have acquired BBVs through blood products. The service supports families too.
- [Psychodynamic Therapy](#) - with the offer of reflective practice groups for GP teams should they wish to explore more.
- Those with [PTSD](#) should now be referred to the locality mental health team, who will then arrange for those needing specialist Rivers Centre support to be seen there. Many others need simpler psycho-education which can be provided by the generic teams.
- And the [Challenging Behaviour Practice](#) information has been updated.
- Please see our [RefBite on the CAMHS eating disorder service](#), outlining how to sensitively explore concerns with patients and their families, what assessments to make, red flags to look out for and how to refer. The RefBite contains detail about discharge arrangements and after care too.



Paediatric Endocrine and Diabetes

We have a completely [new paediatric endocrine page](#) - which highlights the emergency situation of a child or young person who may have new onset Diabetes (*admit immediately!*) Following diagnosis, all those patients are cared for in specialist services. But the page also highlights other conditions that might need referral - and new pages on their management will be following shortly.

Chalmers Sexual & Reproductive Health.

Stay safe with your prescribing in reproductive age women! RefHelp's [Valproate and Contraception](#) page has been there for a while, but we've now added [Topiramate and contraception](#). Topiramate is extra-complicated as it is an enzyme inducer. Much of this work is done by our pharmacotherapy team, who are not always aware of the RefHelp advice, so please spread the word!

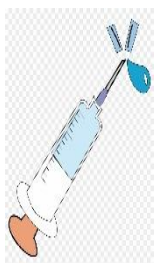
And a reminder when to use [FSH testing](#) for the menopause and checking the perimenopausal requirement for contraception.

Please also note the changes in the [Erectile Dysfunction - Non Urological](#): a specialist opinion no longer needs to be sought, and GPs can decide on appropriateness.

Throat and neck lumps in children

These can cause significant anxiety and are a common cause for referral. The worry often is tonsillar lymphoma, but children's tonsils are often unequal, and the new [tonsillar asymmetry](#) page highlights the red flags.

Some of those overlap with the red flag symptoms on the [neck lump page](#). It seems that SIZE MATTERS and lumps over 3cms are always suspicious!



Vaccination

These are regularly updated in conjunction with our NHS Lothian vaccination colleagues. Both vaccination regimes themselves and the NHS approaches to delivery are now very complex.

The pages are still a work in progress, but recent changes include:

- Maternity vaccines – pregnant women are no longer routinely offered Covid vaccine, and the others are given by the midwife team.
- The spring Covid programme is here: <https://apps.nhslothian.scot/refhelp/guidelines/vaccine-services/covid-19-and-influenza-vaccinations/>
- The [Shingles programme](#) now uses non-live vaccines but that requires two doses.

A reminder that we have a separate vaccination page for Children and Young People – probably the most useful page for GP teams is to know what to do if someone makes contact about a [missed vaccination](#).

Gender Identity Prescribing.

The anticipated Lothian changes were mentioned in our last eBulletin, but since then the [gender identity shared care agreements](#) have been launched. These should help in that they make it clear that shared care and specialist input are needed, and that GP teams can prescribe safely knowing that Chalmers will be arranging monitoring and review.

We have received some queries. Just a reminder that Chalmers arranges all the recall, but it will take them a while to review all patients. At the moment, there is no need to refer, and there will be a reconciliation exercise in due course to make sure no-one is missing out. But if someone already on treatment moves to Lothian, please refer so that they are known to Chalmers and eligible for shared care.

The Lothian GP Sub-Committee agreement is that GPs undertake the phlebotomy ONLY for those on testosterone injections, as a trough level hormone level / FBC are needed, immediately prior to injection. However, those patients will have been advised this by Chalmers, and it is the specialist responsibility to review the result, so no further GP action is needed.

Radiology



[Radiology](#) as a specialty, work hard with RefHelp to make sure that there is helpful information for NHS Lothian referrers on the website. Since the last eBulletin, Radiology led an informative [RefTalk](#). A number of topics were covered, and there was a good understanding of the pressures on Primary Care and on the Radiology service. We were delighted that 77 attended on the night, and there have been 57 downloads of the recording in the brief time since it went onto the website. If you haven't managed to watch the talk yet, then the link is on the RefHelp website in the [Educational](#) section.

The [Radiology RefHelp pages](#) are a priority for RefHelp over the next 12 months. There is a lot of information in the pages, and we can see that referrers do consult this section often (Radiology page(s) are often in the Top 25 most consulted RefHelp pages), but this section can be difficult to navigate and to search. We plan to work our way through the pages, and hopefully you will see the searchability and navigability of the pages improve over the year. We've even given the process a title: Great Big Radiology RefHelp Reset of 2025 (copyright pending!)

Medicine of the Elderly Parkinson's & Movement Disorder Clinics

Since the last RefHelp Bulletin there has been an update to the [Medicine of the Elderly Parkinson's & Movement Disorder Clinics](#) RefHelp page. There



was input from colleagues in Medicine of the Elderly, Neurology and from the NHS Lothian Parkinson's Disease Nurse Specialists. As well as having summary clinical information on the clinical diagnosis of Parkinson's Disease, there is also an outline of the PD clinics that MoE run, information about the PD Nurse Specialists and some Helpful Referral Points. This includes clarity about when a patient would be referred to the PD MoE services vs being referred to the PD Neurology services. Referrers can also be reassured that if a referral is received by MoE that would be best triaged to Neurology (or vice versa), then it will be redirected by the service with the referrer being informed. The MoE team will be leading a RefTalk later in the year / early next year on Parkinson's Disease in the Older Adult and are looking to develop some RefBites on the service also. Thanks to all colleagues that contributed to this update.

Neurosurgery

The [Lumbar Spine](#) section has been extensively updated in collaboration with Phil Ackerman, whose support is greatly appreciated. The update aligns with the [Lumbar spine pathway | Right Decisions](#), ensuring consistent and accessible guidance for RefHelp users. The section is now listed under both *Physiotherapy* and *Neurosurgery*, and we are working on developing similar guidance for cervical spine conditions.

The [Paediatric MSK Physiotherapy](#) service offers assessment for children and young people up to the age of 16 with MSK conditions across Edinburgh, Midlothian and East Lothian. Referrals can be submitted via SCI gateway (*AHP - Physiotherapy > Edinburgh - Royal Hosp. Children & Young People*). Be sure to check their dedicated section for [Sprains & preventing sports injuries](#) that includes a collection of useful PILs.

The [Chronic MSK Pain \(Local Services\)](#) has been updated



Neurology

The primary care migraine management guidance has had some edits with the following Key changes: Topiramate is now contraindicated in women under 55 unless enrolled in the Pregnancy Prevention Programme; neurology referral criteria now require trying three (not four) first-line preventatives; and atogepant and 4imegepant can now be prescribed directly in primary care.



Managing Restless Leg Syndrome (RLS) with drug therapy is challenging. The International Restless Legs Scale can be helpful for assessing severity or treatment response. Only dopamine agonists and Targinact (oxycodone/naloxone) are licensed, but dopamine agonists can cause augmentation and impulse control disorders. Targinact is not recommended by the Neurology team, who in turn have no additional drug options in secondary care. Gabapentinoids, though first-line in many guidelines, are not licensed for RLS. For further information check [Restless Legs Syndrome \(RLS\)](#)



Hypnic jerks are sudden involuntary muscle twitches that occur as a person falls asleep or occasionally while waking and are common and harmless. While usually benign, it's important to distinguish them from other sleep-related movement disorders such as restless legs

syndrome, periodic limb movements, and sleep paralysis. See [Hypnic jerks & other sleep related movement disorders](#)

The neurology team have also reviewed and updated other pages including [Phantomia](#), [First Seizures and Epilepsy](#), [First Seizures and Epilepsy](#), [Medication Overuse Headache](#) & [Icepick Headache](#)

Palliative Care

Marie Curie Hospice services are available to patients living in South/Southeast Edinburgh, Midlothian, and West Lothian. All referrals are managed by the Single Point of Access (SPoA) team. For professional advice regarding patients known to Marie Curie or within the hospice catchment area, please contact the SPoA team Monday-Friday, 08:30-16:30 (excluding bank holidays) - see [Marie Curie Edinburgh hospice services](#) (The section includes information about [Community Specialist Palliative Care Team](#), [Enhanced Hospice Care @ Home](#), [Inpatient Care](#), [Patient & Family Support Team](#) & [Wellbeing & Outpatients](#)). On the other hand, [Marie Curie Lothian Nursing Hospice@Home Services](#) delivers person-centred nursing and emotional care to both patient and their families at home.



**Care and support
through terminal illness**

Diabetes

Pre-diabetes includes HbA1c 42-47 mmol/mol, impaired fasting glycaemia (IFG), and impaired glucose tolerance (IGT). If diagnosed using glucose criteria, a baseline HbA1c should still be recorded for follow-up. Even if HbA1c is ≤ 41 mmol/mol, individuals with IFG and/or IGT should still be diagnosed and coded as pre-diabetic. When coding patients, we recommend using the umbrella code Pre-diabetes (WITH the hyphen) in Lothian. For further information, see [Pre-Diabetes](#).

The diagnostic criteria for [Gestational Diabetes \(GDM\)](#) differ from those of standard diabetes, with thresholds of fasting glucose ≥ 5.3 mmol/L and/or 2-hour glucose ≥ 9.0 mmol/L. The oral glucose tolerance test (OGTT) remains the gold standard for diagnosing GDM and is now one of the few scenarios where OGTT is still recommended in primary care.

Maternity

Domperidone may be used off-label to support lactation when non-pharmacological methods have failed. Mothers must be informed of the risks, benefits, and alternatives. It should only be used alongside—not instead of—ongoing breastfeeding support, with regular monitoring. See [Breastfeeding: Insufficient supply](#) for full guidance and indications.

The [Mastitis-Lactation](#) page has been extensively updated by the maternity team to align with the recently published [Mastitis - Lactation Maternity and Primary Care Services Lothian Guidelines](#). The guidance covers how to diagnose mastitis, when to suspect abscess, management strategies (including prevention and management of engorgement, supportive care measures, antibiotic prescribing) and when to refer. The [Breastfeeding Thrush](#)

guidance has also been updated including the addition of a second line option for managing both the mother and the baby.

Plastics & Hand

[Mallet Finger Injury](#) affects the DIP joint, causing an inability to straighten the fingertip, resulting in a drooping appearance. Referrals are appropriate in cases of diagnostic uncertainty, ongoing significant pain beyond 6 months, or persistent functional impairment not improving after 6 months.

[Mucous Cyst](#) (AKA *Distal interphalangeal joint ganglions*) appear as harmless lumps near the fingertip, often linked to osteoarthritis and common in older adults. Most resolve on their own, and a 3-month trial of first-line treatment is advised before referral. If symptoms persist and the patient is considering surgery, include a photo with the referral.

Pressure sores are challenging to treat, especially if underlying risk factors remain uncorrected, making prevention key. Management focuses on pressure relief, nutrition, and wound care, with surgery considered only for non-healing or infected wounds due to high risk of complications see [Pressure Sores](#).

Rehabilitation

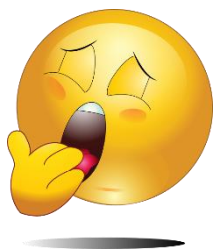
The [Community Rehabilitation service](#) supports individuals with complex health conditions in the community through a holistic, multidisciplinary approach and offers input via clinic, home visits, or liaison. Referrals can be submitted via SCI gateway, and patients and/or families should be informed and give consent.

The neurorehabilitation service primarily supports working-age patients but can also accept older individuals aiming to remain socially or vocationally active.

Consider referral for patients with persistent or worsening symptoms, new concerns, or difficulty coping with uncertainty about their condition. For further information, see [Neuro Rehabilitation](#)

Sleep Medicine

Feeling fatigued of patients presenting "Tired all the time"? Boost your knowledge and feel empowered to help these patients presenting with this common symptom in General Practice. Our new page on [Excessive Daytime Sleepiness](#) is one of 6 new Sleep Medicine pages added



to RefHelp. The others are [Circadian Rhythm Disorders](#), [Insomnia](#), [Insomnia - Sleepio](#), [Parasomnias](#) and [Sleep Disordered Breathing](#). Specialty Lead, Dr Riya Renata has packed these pages full of interesting information and advice. You will find our [Sleep Medicine](#) landing page, under [Respiratory](#) in our guidelines tab.

The department are very happy to offer advice and see patients in clinic that meet their referral criteria, just remember to complete the bloods specified and attach a 4 week sleep diary with each referral.

Medical Paediatrics

Like our kids at home and those we see in the surgery, our [Medical Paediatrics](#) page continues to grow!

Our main landing page has been updated. This contains clear instructions on how to refer in an emergency, who to seek advice from and how to do this, as well as links to our paediatric phlebotomy and radiology pages. This contains information



related to the Royal Hospital for Children and Young People at Little France, as well as St.John's Hospital in West Lothian.

We have brand new pages on [Vulvovaginitis](#), [Sacral Dimples](#) and [constipation](#). These have been collated together with our existing pages on issues such as [Cow's Milk Protein Allergy \(CMPA\)](#), [Feeding Difficulties in Infants](#), [IBS](#), [Lymphadenopathy](#), [Paediatric Oral Medicine](#) and others.

Of note, an extremely useful list of websites and services has been created by our Paediatric Colleagues. Have a look! You'll find this under the Links and Resources Tab of our Medical Paediatric landing page. Numerous, commonly encountered problems in General Practice are covered including sleep issues, behavioural problems, nutrition, milestones, headaches and many more.

Post-Covid Syndrome (Long Covid)

New information has been added and out of date details removed.



Please note that the Digital Support Pathway for Long Covid is no longer running and information on this has therefore been removed from our website.

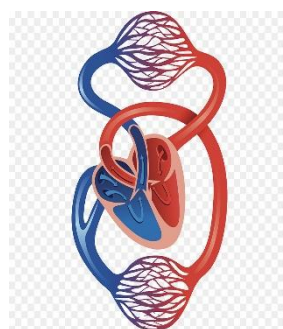
However, the Core Services including [ME/CFS Chronic Fatigue Rehabilitation Service](#), [Lothian Work Support Service](#) and [Speech and Language Therapy](#) continue to

see many patients suffering from Long Covid and referral criteria and links to useful information can be found on their individual pages found under the Long Covid section of RefHelp.

SLT have created a new page on [Post-Covid Syndrome](#) related speech and language issues. They provide treatment and support for patients presenting with a change in voice quality, swallowing difficulty and cognitive communication problems amongst other symptoms following confirmed or suspected covid infection.

Vascular Surgery

- What width of AAA do I need to refer?
- When do I refer my patients who have intermittent claudication?
- I know varicose vein surgery is limited on the NHS but which ones should I refer?
- Do you ask these questions to yourself amongst other, vascular surgery related queries?



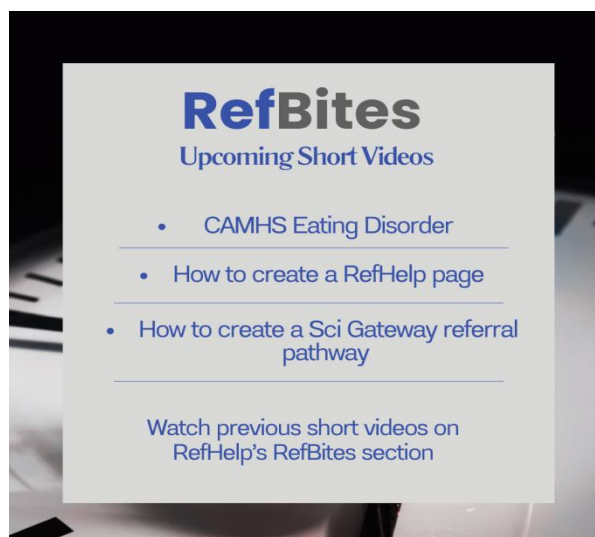
Fear not, head to our Vascular Surgery RefHelp pages to get all the info you need. Pages on [Intermittent Claudication](#), [Varicose Veins](#), [Abdominal Aortic Aneurysm](#)

Learning Disability

The Community Learning Disability Team (CLDT) offer invaluable support to children and adults who suffer from a Learning Disability across the Lothians. The multidisciplinary team consist of Psychiatrists, a Nursing Team, Social Workers, Physios, OTs, SLTs, Clinical Psychologists and the LD Epilepsy team. Find out details on how the team are able to help these patients, and how to refer to them by visiting our two newly updated pages. These can

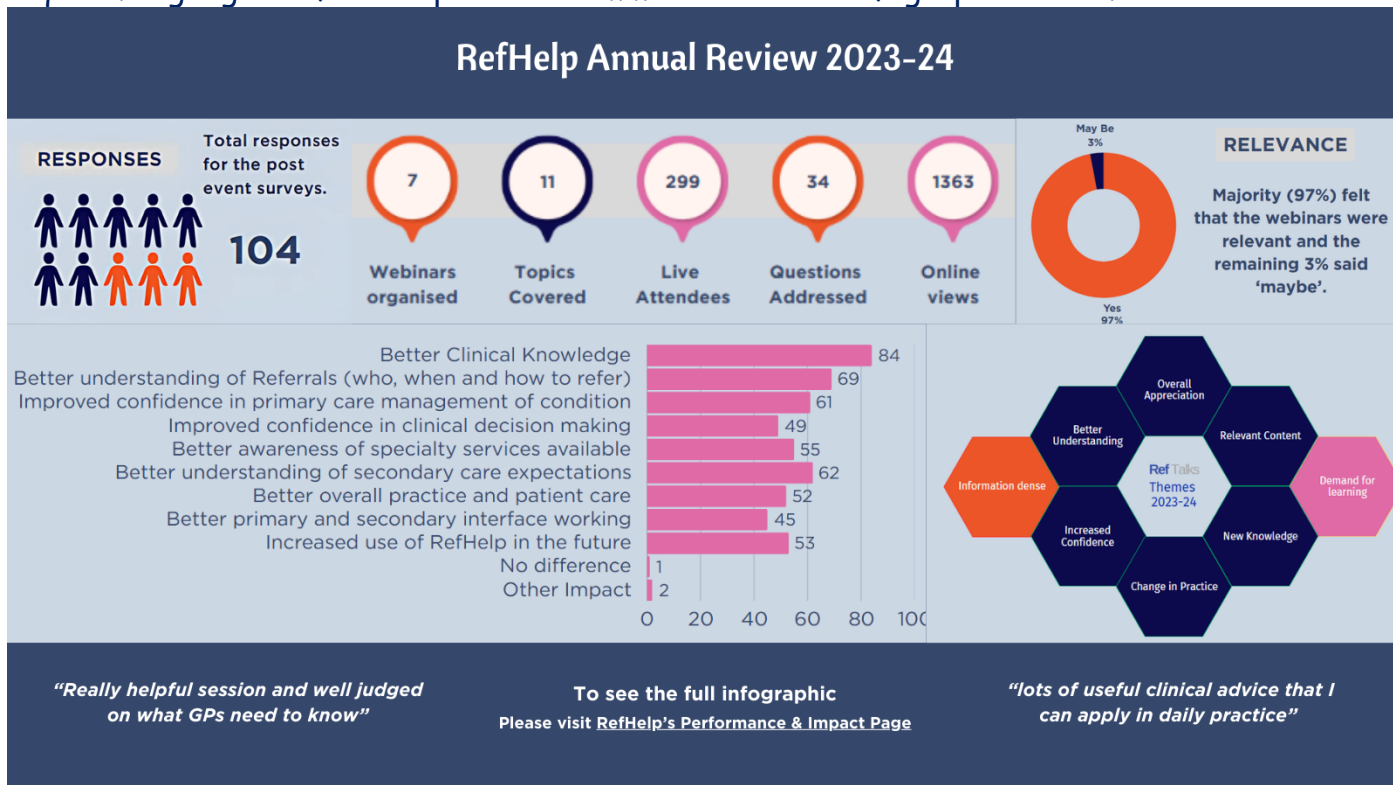
be found under the [adult guidelines Learning Disability](#) section of RefHelp and the [Children's Community Learning Disability Nursing Service](#) page under the Paediatrics Learning Disability section.

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



Since Sep 2021 to 29th April 2025, we have created and published 29 RefTalk webinars. Our future aim is to continue to ensure the webinars are interesting, interactive, and primary care focussed.

Every year we conduct an Annual Review and the Annual Report for 2023-24 is available upon request. Highlights of the report are summarised in the infographic below.



Contributors to this issue were:

Dr Becky Cheesbrough, Dr Catriona Morton, Dr Jane Burnett, Dr Mohammad Alshaikly, Dr David R Millar & Aparna Amana. 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 or even send us a tweet/X