



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

## Medicine of the Elderly

The MoE team in Edinburgh have recently updated their pages on the website. There is now a really useful list of services that are available within Edinburgh, including community services, alternatives to admission and services specifically for the frail and care home residents [MoE Edinburgh - RefHelp \(nhslothian.scot\)](#). There is updated information about the Outpatient and Day Hospital services at Liberton Hospital too [Liberton-Outpatients-and-Day-Hospital-Services-v3.pdf \(nhslothian.scot\)](#).



There is clear advice regarding how to contact the Edinburgh H@H team and their acceptance and exclusion criteria [Edinburgh H@H - RefHelp \(nhslothian.scot\)](#).

For ALL LOCALITIES in Lothian, there is new guidance for referring patients to the H@H service in the out of hours setting [Out Of Hours H@H - RefHelp \(nhslothian.scot\)](#).

Have a look at the brand-new Frailty page [Frailty - RefHelp \(nhslothian.scot\)](#) which gives information about which patients we should diagnose and code as being frail. There is a link to the Rockwood Clinical Frailty Scale and a link to the CSF training module which is useful for all Primary Care clinicians.

## Gynaecology



The Gynaecology team have updated the Cervical Lesions page which now includes lots of photographs to help identify normal and abnormal appearances of the cervix [Cervical lesions - Colposcopy - RefHelp \(nhslothian.scot\)](#). There is advice about which patients should be referred and whether it's to Colposcopy or General Gynaecology. Essentially, only patients with an abnormal smear or suspicion of a cervical malignancy on speculum examination should be referred to Colposcopy and all other patients requiring referral should be referred to General Gynaecology.

A new page has been created for Pelvic Organ Prolapse with lots of helpful information included about how to manage these patients [Pelvic Organ Prolapse - RefHelp \(nhslothian.scot\)](#).

## Radiology

In asymptomatic patients with abnormal LFTs, the diagnostic yield for ultrasound is extremely low and is usually not indicated. Other investigations may still be appropriate (i.e. liver screen/ extended blood tests) as per RefHelp guidance ([Abnormal LFTs inc Fib4 Score - RefHelp \(nhslothian.scot\)](#)).

A really helpful flowchart has been created to help referrers decide whether to refer for ultrasound or not. In essence, patients should have at least 2 sets of LFTs, at least 4 weeks apart, with ALT>50/GGT>100/ALP>125. Patients under 65 do not require ultrasound unless they meet

specific criteria and are being referred to Secondary Care. [Asymptomatic abnormal LFTs - RefHelp \(nhslothian.scot\)](#)

There is also a new specific SCIGateway referral which should be used for this group of patients ([Sci Gateway > Clinical Radiology > LI AsymptomaticAbnormalLFTs](#)).

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## [Sexual health](#) - ABORTION and ROAM updates - and more about our new RefBite series...

We have an updated [abortion page](#) with new resources to support women having an abortion at home. There are leaflets too and women can continue to self-refer to the Choices Clinic with a simple phonecall - please see the [Choices patient poster](#). **ROAM** is a service for men who have sex with men, whether they be gay, bi-, heterosexual or transgender (GBMSM). The service is approachable and does outreach work in the community and can also be accessed on the ROAM bus.

You can read our [RefHelp ROAM page](#) for full details but why not sit back and watch our ROAM film which will tell you all about the service in less than 5 minutes: <https://vimeo.com/855019868>

This is the second of our new [RefBite films](#) helping clinicians and others find out about services in an easy and memorable way - and each only a few minutes long! We have just started developing these so keep an eye on the page as a lot more to come.



## [Haematology](#)

All our Haematology pages have been updated - with an easier format and, in some cases, additional guidance or explanation. We have grouped some pages so that related advice is all in one place:

- [Anaemia](#) (micro-, normo-, macro- and iron deficient)
- [Preconception and pregnancy](#) advice
- [Anticoagulation](#) issues.

The pages give answers to those tricky issues that face us in our everyday work:

- [Thrombocytosis](#) - remember the LEGO-C cancers!
- What to do when I get can't a [patient's INR in range](#), despite compliance with warfarin...
- Women who want advice about [getting pregnant when they are on a DOAC or warfarin](#): what do I say?
- [Lymphopenia](#) - with RefHelp realistic medicine advice especially for the elderly where extensive investigation may not be fruitful.

***And how should I manage too high - or too low - all sorts of things - platelets, neutrophils, haemoglobin, red cell volume and many more!***

## [Alcohol and Drug Use](#)



The substance misuse page has now been replaced by an [alcohol and drugs use](#) one. There is an emphasis on resources for harm reduction, and these pages are still under development so more to follow. There is also detail about [locality services](#) too.



choose. These include Arthroplasty Hip, Arthroplasty Knee, Non-arthroplasty Knee & Sarcoma, which are now re-categorised under the Orthopaedic specialty dropdown menu. Hope this makes it easier for all referrers.

## Diabetes

The endocrine team have published a new guidance regarding [Diabetes in Remission](#) and [Diabetes CKD](#)

Diabetic patients can be coded "Diabetes in Remission" if they have an HbA1c <48mmol/L for at least 3 months AND they have not taken any medications to control their blood glucose levels during this time. They should NOT be coded as "Diabetes resolved" and they should also retain their original T2DM code. There are few exceptions to that which can be found on [Diabetes in Remission](#)

Progressive worsening of CKD with rising proteinuria in a patient with modifiable risk factors can be referred to the Joint Renal Diabetes Clinics (at RIE, WGH or SJH) if intensive multi-factorial intervention may help to prevent progression to stage 4 CKD

## Neurology Long COVID

You might have noticed that the Neurology Covid-19 page has been removed from Refhelp. The Department of Clinical Neurosciences no longer offers a research assessment for cognitive symptoms after COVID 19 infection.

Patients with focal neurological symptoms attributed to a COVID 19 infection should be referred via the general neurology pathway. Electronic triage will take place in the normal way

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## 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 SCIGateway so as detailed on the RefHelp page, referrals on SCIGateway continue to be termed "Community Child Health" for the time being.



## Cardiology

Many of the Cardiology pages have been updated in their content and information since January. This has been a significant workload for Cardiology. There is also new advice and guidance regarding certain situations, particularly concerning Arrhythmias and Palpitations. Other Cardiology pages are in the process of being updated.

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## RefTalks

SEPTEMBER							OCTOBER							NOVEMBER								
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24	25	26	27	28	29	30	29	30	31					26	27	28	29	30				

After a summer break following a successful year of 8 webinars, 708 registrants, 419 live attendees and over a 1000 online views for the webinar recordings...it's time to webinar again! RefTalks will be back next month with the Autumn series. Please note the dates below. We have hot topics lined up and specialist key speakers sharing their expertise. So don't miss

out and save your spot as soon as registrations open!

### [RefBites](#)

RefHelp is pleased to release the next RefBites video promoting the ROAM service. You can view the recording here: [RefBites - RefHelp \(nhslothian.scot\)](#)

For those who missed our first video on Cardiac Rehabilitation Service, you can view it here: [RefBites on Vimeo](#).

If you would like to provide us feedback or any suggestions for future videos please leave your comments here: <https://forms.office.com/e/v828u8zUzN>



**RefHelp** presents



# RefBites

*Bitesize Learning*

Essential Referral Service Information  
Short Video

## ROAM Service

*Tammy Rudduck*  
Senior Health Promotion Specialist

[Watch Now](#) August 2023

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

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](mailto:RefHelp@nhslothian.scot.nhs.uk) or even send us a tweet