Issue18 August 2026

RefNews

Keeping you updated with Lothian Referral Guidelines- for previous e-Bulletin issues see RefNews

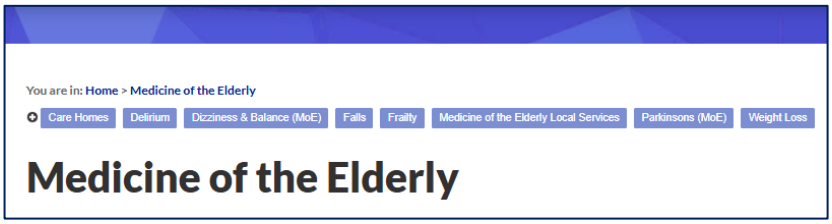
Lead Referral Advisor – Becky Cheesbrough

Welcome to RefNews Issue 18!
Thank you for taking time out of your busy day to catch up on what's new across RefHelp. This edition includes a major refresh of our Medicine of the Elderly pages, updates to Lower GI Symptoms guidance, important changes to Mental Health Sci Gateway referrals, Paediatric guidance, excellent MSK resources, Fertility referrals and forthcoming changes to Lipid Management. We've also highlighted new educational resources; there are new RefBites short videos about GP appraisal and for our upcoming RefTalk webinar in September, we have two of our Dermatology colleagues coming to speak to us. We hope you find these updates useful, practical and relevant to your day-to-day clinical work.

And finally, **Why did the doctor carry a red pen?.....**

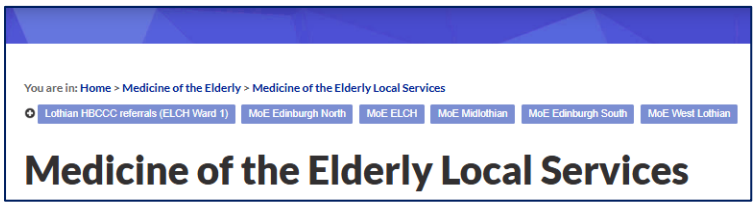
In case they needed to draw blood! 😄

Medicine of the Elderly on RefHelp



In the October 2025 edition of the RefHelp eBulletin we outlined some updates to individual Medicine of the Elderly pages on RefHelp. Since then, there have been more updates and the entire MOE section of RefHelp has been reorganised, to hopefully make navigating the pages easier for referrers.

The MOE section has some symptom / presentation specific guidance including guidance on Delirium, Dizziness & Balance (MoE), Falls, Frailty, and Weight Loss. There is a page on the Parkinson's Disease service run by MOE with some helpful information, referral points and details of how to contact the specialist nurses. We had a very successful and well received RefTalk from Specialist Nurse Sharon Reading and Consultant Dr Gordon Duncan in January. This can still be viewed – see the RefTalks section of RefHelp.



The biggest change to the section is easier navigation to the individual services that MOE provide in each locality. There is a new landing page called Medicine of the Elderly Local Services and from here Referrers can find links to the services in their area. Where services cross locality (e.g. where there are Edinburgh-wide services) details are provided on all

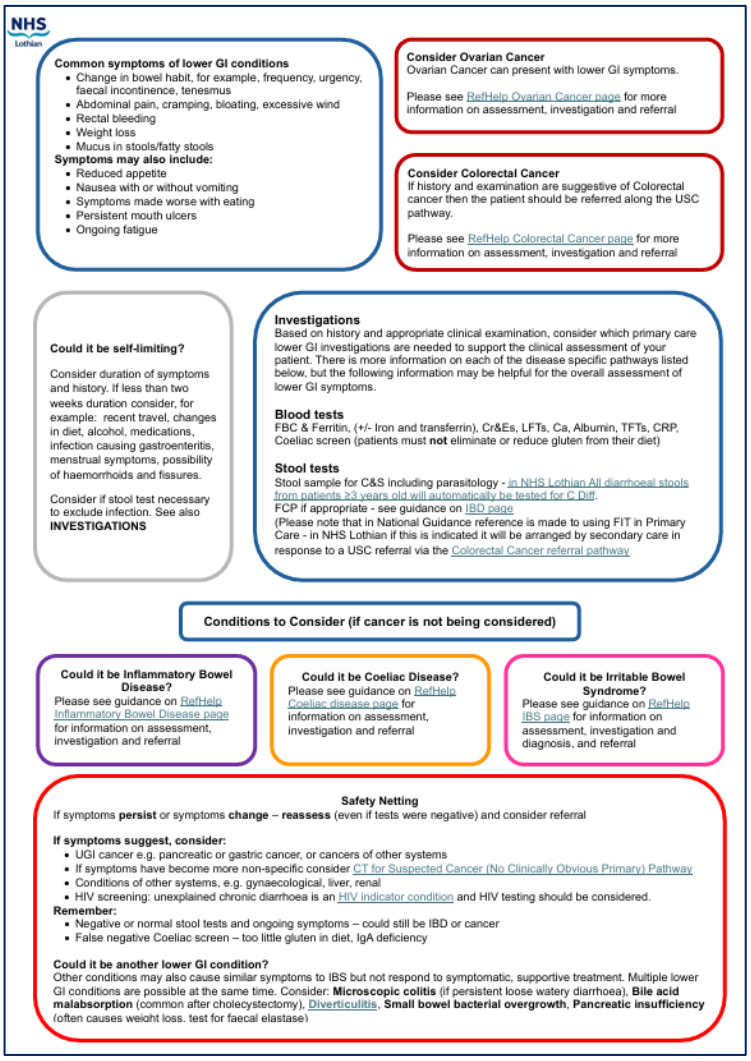
relevant locality pages. Referrers can now navigate back and forward between MOE pages, and the pages are now in a format that means there are more accurate results when searching.

Getting these pages up to date has involved a lot of work, and RefHelp are grateful to the Primary Care Teams who have been in touch with helpful questions that led this work and are grateful to our Secondary Care colleagues who have worked with us to update the pages.

Like RefHelp, MOE services in NHS Lothian are really keen to listen to referrers so if there is any further information you would like to see on the MOE pages, please do get in touch via the Contact Us options on RefHelp.

Lower GI Symptoms

Under the Adult Gastrointestinal section on RefHelp, the page that was formerly known as Altered Bowel Habit, has been updated and is now titled: Lower GI Symptoms (Not acutely unwell). This page has been updated as part of the work nationally that has been taking place to streamline pathways for patients and referrers, when a patient has lower GI symptoms, and a cancer referral is not being considered.



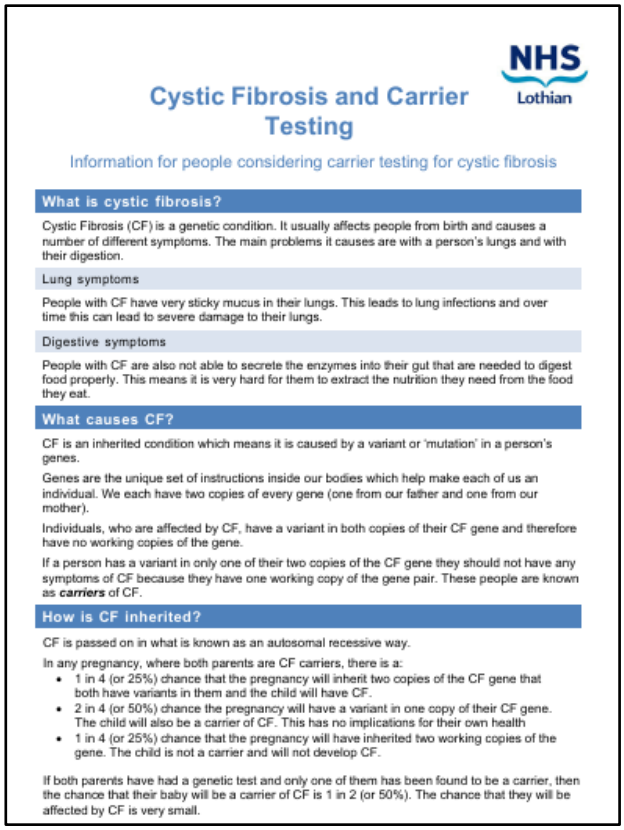
Updating this page and work on the associated pathways has been done with the input of Primary Care and Secondary Care in NHS Lothian, with support from the national charity Crohn's and Colitis UK. There are a lot of resources available to support referrers when consulting with patients who present with Lower GI symptoms, including some resources that are helpful for sharing with patients. The video on how to correctly get a stool sample is particularly helpful: Collecting your Faecal Calprotectin sample (4 mins)

For practices that use Accurx, a template with a link to the above video has been created. The template is called **What's Up with My Gut – Faecal calprotectin explainer** and can be found by searching for Calprotectin or can be found under the **Clinical – Gastrointestinal** templates. There are also a number of other related templates that link to the What's Up With My Gut website in the same section.

To support this work Dr Shahida Din from the Western General's Gastroenterology team will be leading a RefTalk in November. Please look out for details on booking on RefHelp and in the weekly update closer to the time.

Cystic Fibrosis Carrier Testing

There is a new page on RefHelp covering Cystic Fibrosis Carrier Testing. This page has been developed by the Clinical Genetics team, in response to regular queries that they receive from Primary Care about who it is appropriate to arrange Cystic Fibrosis Carrier testing for.



Cystic Fibrosis and Carrier Testing

Information for people considering carrier testing for cystic fibrosis

What is cystic fibrosis?

Cystic Fibrosis (CF) is a genetic condition. It usually affects people from birth and causes a number of different symptoms. The main problems it causes are with a person's lungs and with their digestion.

Lung symptoms

People with CF have very sticky mucus in their lungs. This leads to lung infections and over time this can lead to severe damage to their lungs.

Digestive symptoms

People with CF are also not able to secrete the enzymes into their gut that are needed to digest food properly. This means it is very hard for them to extract the nutrition they need from the food they eat.

What causes CF?

CF is an inherited condition which means it is caused by a variant or 'mutation' in a person's genes.

Genes are the unique set of instructions inside our bodies which help make each of us an individual. We each have two copies of every gene (one from our father and one from our mother).

Individuals, who are affected by CF, have a variant in both copies of their CF gene and therefore have no working copies of the gene.

If a person has a variant in only one of their two copies of the CF gene they should not have any symptoms of CF because they have one working copy of the gene pair. These people are known as ***carriers*** of CF.

How is CF inherited?

CF is passed on in what is known as an autosomal recessive way.

In any pregnancy, where both parents are CF carriers, there is a:

- 1 in 4 (or 25%) chance that the pregnancy will inherit two copies of the CF gene that both have variants in them and the child will have CF.
- 2 in 4 (or 50%) chance the pregnancy will have a variant in one copy of their CF gene. The child will also be a carrier of CF. This has no implications for their own health
- 1 in 4 (or 25%) chance that the pregnancy will have inherited two working copies of the gene. The child is not a carrier and will not develop CF.

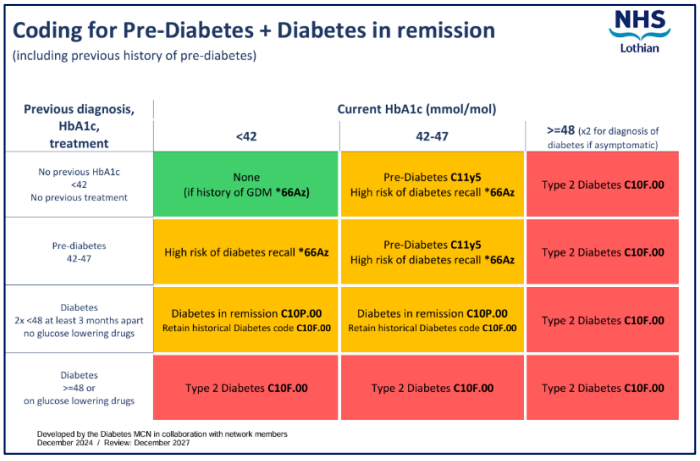
If both parents have had a genetic test and only one of them has been found to be a carrier, then the chance that their baby will be a carrier of CF is 1 in 2 (or 50%). The chance that they will be affected by CF is very small.

However GPs who wish to carry out carrier testing themselves in Primary Care, now have a detailed resource that gives clear guidance on who is suitable for testing, how to arrange the test, how to interpret the test, and how to refer patients in whom carrier testing indicates they are appropriate for Clinical Genetics review.

There is a lot of information on the page. The Clinical Genetics team, alongside support from the LMC and with the input of RefHelp have tried to develop a page that responds to queries that Primary Care have raised, and to make sure whichever route to assessment GPs take, they have information that is available and accessible. There is a link to the Clinical Genetics produced leaflet on Cystic Fibrosis Carrier Testing that can be a useful resource to share to patients.

Diabetes

HbA1c is not reliable for monitoring Pre-diabetes in patients with anaemia, haemoglobinopathies, reduced red-cell survival (e.g. haemolytic anaemia, splenomegaly), post-splenectomy or on renal dialysis; in these cases, use an OGTT. More info here: https://apps.nhslothian.scot/refhelp/guidelines/prediabetes



Coding for Pre-Diabetes + Diabetes in remission

(including previous history of pre-diabetes)

Previous diagnosis, HbA1c, treatment	Current HbA1c (mmol/mol) <42	42-47	>=48 (x2 for diagnosis of diabetes if asymptomatic)
No previous HbA1c <42 No previous treatment	None (if history of GDM *66Az)	Pre-Diabetes C11y5 High risk of diabetes recall *66Az	Type 2 Diabetes C10F.00
Pre-diabetes 42-47	High risk of diabetes recall *66Az	Pre-Diabetes C11y5 High risk of diabetes recall *66Az	Type 2 Diabetes C10F.00
Diabetes 2x <48 at least 3 months apart no glucose lowering drugs	Diabetes in remission C10P.00 Retain historical Diabetes code C10F.00	Diabetes in remission C10P.00 Retain historical Diabetes code C10F.00	Type 2 Diabetes C10F.00
Diabetes >=48 or on glucose lowering drugs	Type 2 Diabetes C10F.00	Type 2 Diabetes C10F.00	Type 2 Diabetes C10F.00

Developed by the Diabetes MCN in collaboration with network members
December 2024 / Review: December 2027

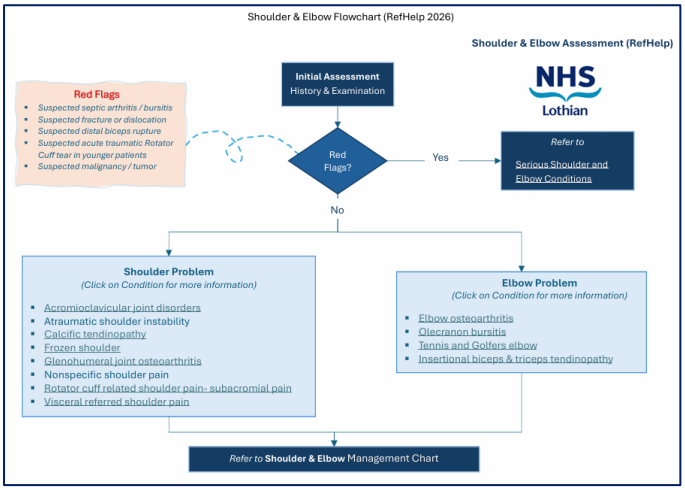
Patients with progressive Diabetes CKD with rising proteinuria and modifiable risk factors can be referred to Joint Renal Diabetes Clinics for intensive multifactorial intervention to help prevent progression to stage 4 CKD. For management and referral info see Diabetes CKD – RefHelp

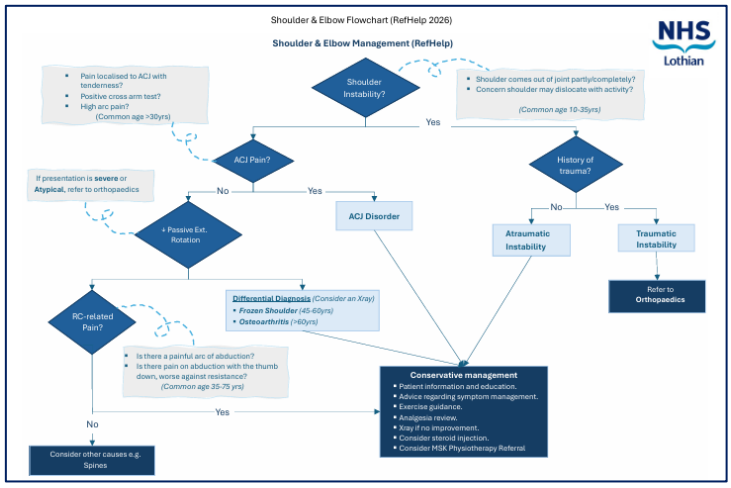
Frailty significantly influences diabetes prognosis and treatment goals in older adults, making routine frailty assessment essential to tailor glycaemic targets and reduce harms such as hypoglycaemia. Many older people are overtreated, so therapy simplification or de-escalation, particularly of hypoglycaemia-inducing medications, should be considered according to frailty level and HbA1c. For further guidance see Diabetes-Prescribing Guidance – RefHelp & Diabetes & Frailty – RefHelp

We are currently working with the endocrine team to update the guidance for Management of long term high dose steroid therapy which should be published soon.

MSK Physiotherapy

We have been working closely with NHS Lothian MSK Physiotherapy to align RefHelp guidance with the Right Decisions pathways, reducing the need for Primary Care clinicians to access multiple websites when assessing and managing patients with shoulder and elbow, lumbar spine or cervical spine problems. In collaboration with Phillip Ackerman, we have developed three clinical decision-support flowcharts covering lumbar spine, cervical spine, and shoulder and elbow problems. These tools support assessment, management and referral within Primary Care. Patients referred to MSK Physiotherapy can access the relevant multidisciplinary integrated pathway. For further information, see the MSK Physiotherapy section on RefHelp.





Neurology

When referring patients to the First Seizure Clinic, please note that you no longer need to phone to book an appointment. Instead, email DCN Outpatients to request the next available slot, and state the appointment date and time in your SCI Gateway referral. See https://apps.nhslothian.scot/refhelp/guidelines/neurology/firstseizuresandepilepsy/ for full details.

In case you missed it, the Neurology team have compiled a factsheet on the management of incidental asymptomatic cerebrovascular and retinal vascular changes, which are common age-related findings on imaging. See Decision aid for management of asymptomatic cerebrovascular or retinal changes – RefHelp

Plastic Surgery

Congenital hand differences (CHD) occur in around 1 in 600 births. Children can be referred to the Hand Clinic and managed by a multidisciplinary team. Surgery may be required and, when needed, is usually performed after the age of one. For further info see: https://apps.nhslothian.scot/refhelp/guidelines/plasticsurgery/handsurgery/congenitalhanddifferences

Pregnancy & Postnatal Care

Patients presenting to their GP with difficulties establishing breastfeeding should be signposted to their Health Visitor, Family Nurse or Community Midwife. When additional support is needed, they can refer the family to the Breastfeeding Clinic. For further information see Breastfeeding: Problems with establishing breastfeeding – RefHelp

Rheumatology

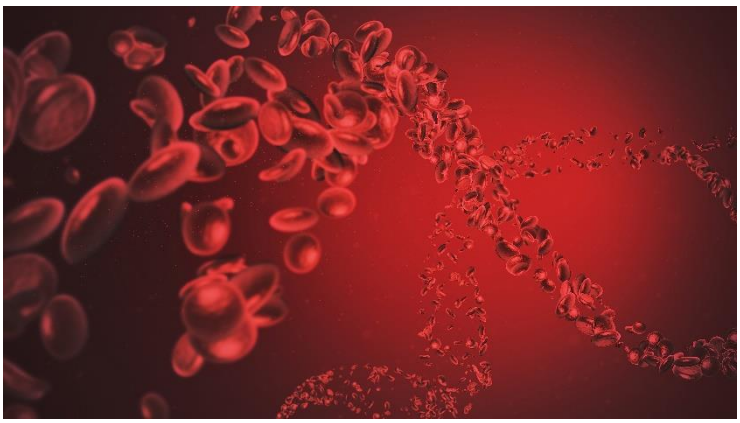
The Rheumatology team have recently reviewed and updated their guidance on Raynaud's Phenomenon, Myositis, Lupus and Connective Tissue Disease, Immunology testing and Gout.
New Fibromyalgia guidance is currently being finalised and will be published shortly, while guidance for Hypermobile Ehlers-Danlos Syndrome is also in development. Stay tuned for further updates.

Important changes in the management of Hyperlipidaemia

New guidance is due to be published on RefHelp in the coming weeks on the management of Hyperlipidaemia and Hypertriglycerideaemia.

Cardiovascular disease causes more than 1 in 4 (28 per cent) deaths in Scotland, or over 17,000 deaths each year - that's nearly 50 people per day or 1,500 per month BHF Scotland Cardiovascular Disease Factsheet. Primary Care plays a key role in the primary and secondary prevention of Artherosclerotic Cardiovascular Disease (ASCVD). This is a consultation most of us will have with patients on a daily basis, let's stay up to date!

The way Lipids are reported by the labs will also be changing. Non-HDL Cholesterol (non-HDL-C) will be reported by the lab and will be used to determine cardiovascular risk in addition to ASSIGN Score. There will be a flow chart on the main Lipids RefHelp page on primary and secondary prevention for quick reference. Of note, cut offs for both ASSIGN version 1.5 and version 2 are included in the chart as both remain validated for use.

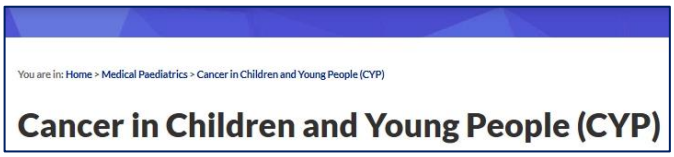


Other topics are also covered; Approach to Statin Intolerance, Statins and Deranged LFTs, Hypertriglyceridaemia, Suspected Inherited Lipid Disorders, an update on new medications available to treat Hyperlipidaemia when specific criteria are met and also a list of FAQs.

We hope you find this new page useful. It contains more information than we would normally include on our RefHelp pages but all of it is applicable to Primary Care and should ultimately improve outcomes for our patients. We have worked closely with Dr Malo, Consultant Chemical Pathologist, and a cohort of GPs to format this page into as user-friendly a lay out as possible.

Children and Young People (CYP)

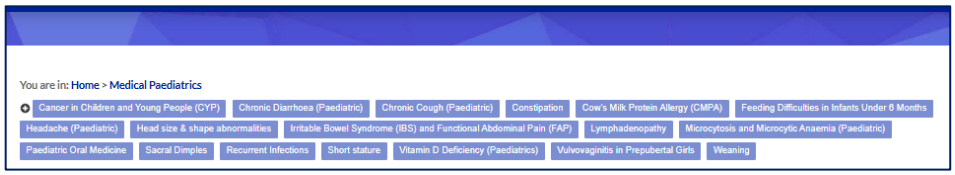
Cancer in Children and Young People – new RefHelp page



Cancer sadly remains the most common cause of death in children aged 1-15 in the developed world. Whilst it may be regarded as an uncommon presentation in Primary Care, it is important it is considered as a differential diagnosis in a child presenting with unexplained symptoms, especially those who present repeatedly. Early diagnosis is likely to reduce morbidity and mortality and in Primary Care we play a vital role in helping to achieve this. Based on the Scottish Referral Guidelines for Suspected Cancer, published in 2025, and in collaboration with local Paediatric specialists, we have created a RefHelp page Cancer in Children and Young People (CYP) – RefHelp. This discusses tips on the assessment for suspected cancer in CYP, including the clinical features that can be associated, as well as where and how to refer CYP where cancer is suspected as a differential diagnosis.

If a child or young person has symptoms suspicious of cancer, and/or there is any doubt where, or how urgently to refer the patient, their case should be discussed with the senior **Medical Paediatrician** on call. Occasionally, direct referrals to specialties may be appropriate, and this is detailed on the page.

Medical Paediatrics



Our Medical Paeds section continues to grow! Further common presentations in CYP have been added. These offer useful tips on the assessment, management and referral of common presentations in Primary Care. See Headache (Paediatric), Recurrent Infections – RefHelp, Chronic Diarrhoea (Paediatric) , Weaning – RefHelp for further details.

Surgical Emergencies in CYP

A new Surgical Emergencies section, full of diagnostic tips, has been added to our Paediatric pages. See appendicitis, incarcerated hernias, intussuception, malrotation, testicular torsion Not to be missed!!

Useful advice for parents, caregivers and professionals alike!

Where can you go to find a wealth of information on a number of common conditions affecting children and young people? Here! https://children.nhslothian.scot/health-resources/ . This advice Hub has been created by doctors at the RHCYP, supported by the NHS Lothian Charity and provides lots of information available to give to parents and caregivers. From mental health to common injuries the advice hub covers it all.

And breathe.....new Respiratory page updates are on their way!

Do you know your pleural plaques from your diffuse pleural thickening? Several adult Respiratory RefHelp pages are due to be updated in the coming months. The updates that are already completed can be found here: Asbestos Related Diseases – RefHelp, Interstitial Lung Disease – RefHelp, Pneumoconiosis – RefHelp and West Lothian Integrated Respiratory Team – under development – RefHelp

Urology - Straight to MRI for raised PSA

The new Raised PSA – RefHelp page was highlighted in our last e-Bulletin. This was updated by our Urology colleagues to reflect changes in the new Scottish Cancer Referral Guidelines.

As a reminder, in the NHS Lothian Urgent Suspicion of Cancer (USC) prostate pathway, suitable patients under 75 now go direct to MRI. Please inform anyone under 75 who is being referred on the USC prostate pathway that it's likely they will be sent directly for MRI scanning before seeing a specialist and so to expect to be contacted by telephone to arrange an appointment for an MRI scan in the first instance. To enable the scanning to take place, please make sure an eGFR has been taken within the last 6 months if the patient is older than 65, is Diabetic, or there is known/history of previous renal impairment.

All in the Mind: Mental Health updates

There are two new SCI Gateway pathways for mental health:

- Edinburgh emergency mental health services (MHAS) – please still phone first but then follow up with a SCI Gateway. That can be super-simple, and the team is happy with the consultation note in the GP record just being copied and pasted across – with SCI now giving the team the rest of the patient's background detail.
- A new CAMHS Eating Disorder SCI Gateway will go live at the end of August. This will ensure that key safety concerns are documented – and *a reminder that where there is any possibility of metabolic instability or risk of cardiovascular collapse, please send the child or young person to A&E, but also a follow-up SCI Gateway to CAMHS.*

There are full details here – and why not spend 5 mins watching our RefBite, which emphasises the risks, but also gives advice about how to sensitively approach what can be a challenging consultation.

Forensic Assessment and Support Team (FAST)

This new page outlines the services offered by FAST, a highly specialised forensic mental health team. They can assess and help manage patients with intellectual disability where there is a history, or risk, of the person committing a serious offence. That includes any offending which may result in significant harm to themselves or others. There is a handy FAST leaflet advising professionals of the referral scope and process.

Parental / Carer help for anxious or depressed youngsters

There are now on-line support programmes for the parents and carers of children and young people suffering from anxiety or depression. Referral is easy – just send the links and parents and carers can then access the videos and workbooks themselves online. The programmes are based on cCBT principles and are designed to help trusted adults support the child in feeling safe and accepted and make sense of difficult emotions that can feel overwhelming. They can help parents and carers reduce withdrawal, build hope, and support recovery over time.

For a quick glance at the programmes please see:

- CAMHS Depression Online Resources: Parents & Carers – RefHelp - with a handy resource flyer for the patient's family
- CAMHS Anxiety Online Resources: Parents and Carers – RefHelp – and here is the anxiety workbook for parents and carers also available in different languages.

Patient and Infant Relationship service (PAIRS)

Finally – when parents are struggling to bond with their infant or child (aged under 3) PAIRS can help support. Referrals are mainly from HVs but useful for GPs to know about the service too. It is geographically limited but recently extended to cover Midlothian and all of Edinburgh.

Fertility – new criteria, easier consent process

There are now new national exclusion criteria for referral to Fertility services, based on BMI. SCI Gateway will shortly be updated to reflect these. The woman being referred must have a BMI of 35 or under, but for those needing specific treatments such as IVF, the criteria are more exacting, and worth advising couples of this if the woman being referred has a BMI over 30. Women with a BMI exceeding the criteria can be referred to the weight management services: please indicate that this relates to a fertility referral, and they will be fast tracked to be seen within 12 weeks.

Two other sets of changes:

- There are now more extensive indications for earlier (6 months) or immediate referral, with those couples not having to wait a full year of trying to conceive;
- The consent process to allow the male partner's details to be included in the woman's referral are now embedded in the semen analysis referral form and accompanying SCI Gateway. Therefore, there is no longer a requirement to complete the separate consent form for him, but that is still needed for same-sex couples.

Drugs and Drug Toxicology

The illicit drug scene is becoming ever-more complicated, and Lothian laboratories have now extended their testing repertoire to 25 drugs. Our new Drug Toxicology page also gives advice about how to optimise testing, how to interpret results and duration of detectability. Please note that cannabis is not routinely tested for and requires a specific request and a urine sample for toxicology.

Educational Resources & Updates

Following our recent survey in March-April 2026, we received feedback that RefHelp users would like to know when there are changes to guidelines or new pathways being introduced.

Here's our way of bridging the gap in communication by sending you all the info you need to know in just one click. Keep yourself up-to-date and become a RefChamp! Sign up to our mailing list and receive all the latest news and updates - Join our mailing list – RefHelp

Brand new RefBites on GP Appraisal outlining key information, CPD and PDP. A must watch: Key information about gp appraisal | Videos & Movies on Vimeo and CPD and PDP for gp appraisal | Videos & Movies on Vimeo

To catch up on previous webinar recording please see Archives – RefHelp and to watch the previous short videos please visit: RefBites – RefHelp

Best Wishes,
RefHelp Team

Image credits: MO365 Stock Images and @CANVA.com

Contributors to this issue were:

Dr Becky Cheesbrough, Dr Catriona Morton, Dr Jane Burnett, Dr Mohammad Alshaikly, Dr David R Millar, Aparna Amanna & Maria Mazoy Saavedra. Thank you to all who have supported the development and content of 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 Follow us on RefHelp 🩶 (@RefHelp_Lothian) / X and/or BlueSky @refhelpnhslothian.bsky.social