**RMS Newsletter**

**August 2025**

**Key Updates For Healthcare Staff**

**Evidence Based Interventions**

The Cornwall and IoS commissioning policies have been updated to reflect national evidence based intervention guidance from the Academy of Royal Medical Colleges.

The RMS is currently reviewing referrals for conditions that have criteria based access including Carpal Tunnel Syndrome, Dupuytren’s, trigger finger, varicose veins and benign skin lesions. The Commissioning policy can be found on the RMS and ICB websites.

Referrals will need to continue to demonstrate how the referral criteria have been met within the information in the letter.

**Benign Skin Lesions**

Please note removal of benign skin lesions is considered a procedure of limited clinical value and are only commissioned under specific conditions. The list of conditions has expanded. Please see the RMS website for full details.

**Asthma**

The Asthma guidelines have been updated in line with the new NICE guidance. The guidance gives useful updates on asthma diagnosis, AIR, MART and when to consider referral for poor control. There is a link to the Cornwall and IoS Asthma Prescribing guidelines which provides an ‘at a glance choice’ on which inhalers to consider for AIR and MART therapy.

**Thyrotoxicosis**

The Thyrotoxicosis guidelines have been updated on management whilst referring to Endocrinology, for those that are happy to initiate treatment whilst referring. Referrals will of course, still be accepted for those who prefer to wait for specialist review and advice and guidance can be accessed for any diagnostic or management uncertainty.

**Post Menopausal Bleeding and Unscheduled Bleeding On HRT**

The Post Menopausal Bleeding guidelines for those not on HRT and Unscheduled Bleeding on HRT guidelines have been updated. Both have had extensive discussions with the local gynaecology specialists.

For Post Menopausal Bleeding not on HRT, in addition to the usual fast track criteria, the NICE criteria on when to consider a pelvic ultrasound for women aged 55 and over have been included for consideration.

For Unscheduled Bleeding on HRT, the local guidelines are different to the British Menopause Society guidelines. This is a decision made by the local gynaecology specialists. Please see the flow chart on the fast track process. There is also guidance on what to consider if the woman is under 65 years and BMI < 40 with unscheduled bleeding who does not wish to stop HRT, although it is recommended to follow the flow chart where possible. Gynaecology advice and guidance is available for any outside of the remit or for any uncertainty.

**Pain Cafes**

Pain cafes provide information based on the Ten Footsteps Pain Management model, providing support, peer support and opportunities to learn pain management skills and improve wellbeing. Please see RMS page for further details. They are held across Cornwall and patients can self refer to them by phoning 01872 492872 between 9am and 5pm. Health professionals can refer by email to info@pain.cafe with person’s name, contact details and confirmation of consent.

**RMS Are Here To Help**

The RMS team are here to help patients to be seen in the right place, right time, provide choice to them on providers where possible and reduce duplication for them. If there are any clinical queries or advice we can help with on elective referral routes or pathways for a patient, please contact us on ciosicb.rmsclinicians@nhs.net.

**MSK Study Day Save The Date**

There will be a MSK Study Day at Bedruthan Hotel on Friday 28 November 2025, free to attend. Jordan Wood, Duchy will email further details on how to book in to the day.

**Gynaecology Study Day**

There is a Gynaecology Update Day For Primary Care Providers on Friday 21 November 2025 at the Headland Hotel, Newquay, 9.30-16.00, cost £120 per delegate, to register visit https://gynaecology-website.web.app

**Key Updates For Administrative and Secretarial Staff**

**Referral letter information eRS returns**

There are 2 processes for sending returns to practices due to technical reasons within eRS.

If the RMS review a referral and it needs to be returned during initial triage, it will be returned to the referrer (practice) via eRS and should be managed by the practice from their returns worklist.

If the RMS reviews a referral and it is appropriate, an onward referral on eRS is created and sent across to the relevant provider. This onward referral will generate a new UBRN, with the RMS being the referrer. There is no technical way to return these rejections back to the practice via eRS, so they are emailed to the practices generic email address. If there are any queries from email returns please contact the provider directly. The RMS will include which provider has rejected the referral in the email, the name of the person who rejected the referral can be found by looking at the referral history within eRS.

**General queries**

If you have a general query for the RMS, such as referral pathways, please email the RMS generic email address – CIOSICB@Health@nhs.net

**Referrals not managed by the RMS**

Please note that the following services/clinics are not processed by the RMS, and queries regarding referrals to these services should be raised with the department direct:

• Fast track suspected cancer referrals

• Physiotherapy

• Occupational Therapy

• Speech and Language Therapy

• Podiatry

• ToPS – although these are managed by the RMS, there is a dedicated telephone line, which is 01872 226720, or referrals can be sent via email to CIOSICB.Health@nhs.net

• Clinical Imaging - CT, X-Ray and MRI

• Wheelchairs – 03333 218 312

• Mental Health

• GU Medicine – Brook 0300 303 0714

• Obstetrics

• Orthotics and Prosthetics

• Fracture clinic

• Palliative Medicine

• Advice and Guidance The contact details for these services will depend on which provider the referral has been sent to.

**The RMS team hope you have had an enjoyable summer with**

**opportunity for some rest and sunshine!!**

Rebecca Hopkins, GP RMS Lead

Fran O’Mahony, RMS Manager