**RMS Newsletter**

**May 2024**

**RMS website**

The clinical team at the RMS recognise that many of the guidelines on the RMS website are due review. We are working steadily to rectify this, but it will take time, so please bear with us. Please use clinical discretion as always.

**Key Updates For Healthcare Staff**

**Up to date X rays**

Up to date hip X ray duration has been increased to 12 months.

Up to date knee X ray duration remains at 6 months due to the clinical need to assess for varus deformity and progression of arthritis from unicompartmental to more compartments as different surgeons specialise in partial versus total knee replacements.

**Adult Low Back Pain Guidelines**

For patients with mild to moderate spinal and/or radicular pain with or without non-progressive sensory loss, yellow flags or diagnostic uncertainty where no serious cause is suspected, conservative measures for progressive strengthening exercise guidance and appropriate manual therapy duration is now **12 weeks** in line with national recommendations. The choices in Cornwall for this are:

* AQP under 1 year duration
* Cognitive functional physiotherapy [Low Back Pain Cognitive Functional Therapy (cornwall.nhs.uk)](https://rms.cornwall.nhs.uk/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/spinal_neurosurgery/low_back_pain_cognitive_functional_therapy)
* MSK Physiotherapy

Referrals that have not met [the criteria](https://rms.cornwall.nhs.uk/primary_care_clinical_referral_criteria/spinal_neurosurgery/adult_low_back_pain_guidelines) will be returned from spinal interface.

**Routine Lumbar Spine MRIs**

Please note that patients who may need a routine lumbar spine MRI should be referred to Spinal Interface. Routine Lumbar Spine MRI requests can only be obtained by the Spinal Interface service. Out of the patients that seen in Spinal Interface, only approximately 30% require MRI imaging. Primary care and community routine requests will be returned from radiology.

Routine Lumbar Spine MRIs are not required for Spinal Interface referral.

**Child ADHD and Autism Referrals**

We support the LMC position on child ADHD and Autism referrals and the new online portal. Whilst this situation is being sorted out, please note we support the LMC’s advice that you are entitled to refer into the neurodevelopmental pathway via a letter if you need or wish to do so.

**ME/Chronic Fatigue Referrals**

The ME/CFS Service is receiving a number of referrals without a recent CRP result, which is a pre-requisite of referral. Please ensure that the patient has had the following within 3 months of referral:

Urinalysis, FBC, CRP, LFT, U&E, BONE, TFT, CK, random glucose and HbA1c , Coeliac testing, Ferritin (if age < 25), additional bloods as clinically indicated as per the guideline [Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (cornwall.nhs.uk)](https://rms.cornwall.nhs.uk/primary_care_clinical_referral_criteria/chronic_fatigue_syndrome_myalgic_encephalomyelitis)

**Carers and Past Medical History Information**

If a referral is being made for a patient who is not able to book their own appointment, and requires help from a family member or carer, please include this information within the referral letter. Due to confidentiality, the RMS are unable to speak with anyone other than the patient unless consent has been given.

Please could you also include any significant information from the patient’s medical history as this may impact on the choice of provider offered.

**Fracture Liaison Service**

Please note that the Fracture Liaison Service identify, offer DEXA and review to patients identified as having wrist, humeral, NOF, vertebral, incidental and insufficiency fractures from ED/MIU, recommend treatment and offer follow up at 4 and 12 months. They will inform by letter when they have seen the patient. If there are any additional suspected fragility fractures you have identified, then you are able to refer into the Fracture Liaison Service if needed. We are working with Orthopaedics to change the standard box on fracture clinic letters.

**Rheumatology OT Referrals**

Rheumatology OT referrals have a separate eRS to Rheumatology referrals. Please select Rheumatology OT dropdown for referrals specifically to Rheumatology OT.

**Gender Dysphoria referrals**

Referrals for Gender Dysphoria services are not managed locally in Cornwall.

The service closest to Cornwall patients (over 17-years-old) is at The Laurels, in Exeter.

Information for referrer’s can be found here: https://www.dpt.nhs.uk/ourservices/gender-identity/for-gps-and-professionals

Gender Dysphoria Clinic The Laurels 11-15 Dix’s Field Exeter EX1 1QA

Telephone number 01392 677 077

Email address dpn-tr.thelaurels@nhs.net

Gender Dysphoria referrals for patients under the age of 17 should be sent directly to the Young People’s Gender Incongruence National Support Service.

[National Referral Support Service for The NHS Gender Incongruence Service for Children and Young People - NHS Arden & GEM CSU (ardengemcsu.nhs.uk)](https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/)

Referrers are required to complete the referral form on the website and email the form to agem-cyp@gnrss@nhs.net.

**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.

Rebecca Hopkins, GP RMS Lead

Laura Vines, GP RMS Deputy Lead

Jemma Warne, RMS Deputy Operations Manager