

# RMS Newsletter

December 2024



## Key Updates For Healthcare Staff

### Work Well

Work Well is a great new service in Cornwall to help support patients with health needs starting, staying in and returning to work. Cornwall is one of 15 areas in the UK who will benefit from the service.

Work Well health and work coaches provide an early intervention work and health assessment and provision of low intensity support, tailored to the individual to address work and health needs and overcome health barriers.

### How do patients access Work Well?

Work Well health and work coaches are accessed via the Kernow Community Gateway

**Patients can self refer on 01872 266383 (Community Gateway is open 08:00 – 20:00 365 days a year).**

If lines are busy, a message can be left and the community gateway will call back. Health care professionals and their wider social prescribing team can also make a referral with the patient's consent, please see [Work Well](#) for further information.

Work Well are very happy to come to visit practices to introduce their service further, please contact [kate.mitchell@ageukcornwall.org.uk](mailto:kate.mitchell@ageukcornwall.org.uk) if you would like a visit.

### Escape Pain Online

[Escape Pain Online](#) is a great free 6 week programme produced in the NHS for patients with knee and hip osteoarthritis. Patients can start at any time, there are two sessions a week which combine education and exercise. Please consider for patients who would benefit.

### Lipoma and Suspected Sarcoma

Please note the Lipoma and suspected sarcoma guidelines have changed to reflect national guidelines. The red flag features have changed to:

Refer fast track suspected sarcoma if:

- Unexplained lump which is increasing in size
- Ultrasound or other imaging findings are suggestive of soft tissue sarcoma

- Ultrasound or other imaging findings are uncertain and clinical concern persists

Following imaging, the patient will either be referred to the Sarcoma MDT meeting or returned to the care of the GP with explicit management recommendations on the USS report.

If there is significant persistent pain that is not solely pressure related and/or rapid growth (doubling in size in 3 months is a guide), a repeat scan is indicated. If there are any queries following imaging, the Radiology email advice service can be used: [rch-tr.GPRadiologyEnquiries@nhs.net](mailto:rch-tr.GPRadiologyEnquiries@nhs.net)

### **Removal of benign lipoma**

There is currently no commissioned pathway for large, symptomatic lipomas that have been deemed benign on imaging.

### **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.

Sebaceous cysts will only be considered for removal if they are persistently or recurrently infected, with documented evidence of the recurrent infections in the referral. Please continue to manage actively infected sebaceous cysts as usual, discussing with same day general surgery as required.

Benign eye lesions that are persistently or recurrently infected, or causing significant functional impairment such as affecting vision, recurrent bleeding or pain can be accepted. Benign skin lesions that affect wearing glasses and hearing aids can be accepted.

### **Palliative care resources**

[The Cove Macmillan Support Service](#) provides a wide range of cancer-related services including Citizens Advice support on financial and welfare rights, nutritional advice, complimentary therapies and counselling/psychological support.

[Cornwall Hospice Care Neighbourhood Hubs](#) provide support, practical advice, information and treatment including 1-1 OT and Physio appointments, Living Well workshops to deal with fatigue, anxiety, breathlessness, advance care planning and calming the mind.

They also provide bereavement support groups, a listening ear 1-1 service for people who have experienced the death of a loved one within the last 3 years, drop in sessions and walking groups. [Bereavement Support with Cornwall Hospice Care](#)

## **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](mailto:ciosicb.rmsclinicians@nhs.net). Please note that the email is currently checked Tuesdays, Thursdays and Fridays. Any administrative queries should be sent to the main RMS account [C IOSICB@Health@nhs.net](mailto:CIOSICB@Health@nhs.net).

## **RMS Study Day Save The Date!**

There will be a RMS Study Day at Bedruthan Hotel on Friday 13<sup>th</sup> June 2025, we are hoping for a great day with updates on Osteoporosis, ENT and more. Jordan Wood, Duchy will email further details on how to book in due course.

## **Key Updates For Administrative and Secretarial Staff**

### **Engagement sessions for administrative teams**

The RMS will be setting up regular drop in sessions on Teams for practice admin teams. This will be an opportunity for the teams to ask any questions about referral related issues or queries. More details to follow.

### **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 – [C IOSICB@Health@nhs.net](mailto:C IOSICB@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](mailto:CIOSICB.Health@nhs.net)
- Clinical Imaging - CT, X-Ray and MRI
- Wheelchairs
- 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 wish you all a very happy Christmas and new year!!**

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