

Endocrinology

A Follow-up of established outpatients

Follow-up of established outpatients should be as follows:

- ▶ patients with thyroid disease: delay four months, but issue Blue Access Cards under the access/follow-up card system (see Appendix), plus planned selective follow-up (Yellow Card) for those with unstable disease.
- ▶ patients with pituitary disease: delay four months, but issue Blue Cards, plus planned selective follow-up (Yellow Card) for those with unstable disease.
- ▶ patients with adrenal disease: delay four months, but issue Blue Cards, plus planned selective follow-up (Yellow Card) for those with unstable disease.
- ▶ all patients with reproductive endocrinopathy: delay four months (Blue Card).
- ▶ all patients with metabolic and lipid disorders: delay four months (Blue Card).
- ▶ all patients with obesity: delay four months (Blue Card).

B New patient appointments

It is assumed that acute medical and surgical emergencies demanding immediate admission will be seen in A&E or an admissions unit.

Examples of those new life-threatening or severe symptoms that should be referred for admission or outpatient consultation (together with priority indicator P1, P2, P3 (see Table 2, p4) and the card to be issued) include:

- ▶ pituitary or parasellar tumours with visual field defects (P1: Yellow Card) or without visual field defect (P2: Yellow Card)
- ▶ new-onset hypopituitarism (P1: Yellow Card)
- ▶ new-onset Addison's disease (P1: Yellow Card)
- ▶ new-onset thyrotoxicosis (P1/P2: Yellow Card)
- ▶ new severe metabolic abnormalities such as profound hypernatraemia, hyponatraemia, hypocalcaemia, hypercalcaemia (P1/P2/P3: Blue or Yellow Card, depending on severity)
- ▶ adrenal masses of uncertain aetiology (P1/2: Yellow Card)
- ▶ endocrinopathy in a pregnant patient (P1/P2/P3: Blue or Yellow Card, depending on severity).

All other new referrals must be delayed (either by the GP or by the consultant) for four months. This emergency strategy will undoubtedly affect usual standards of care.

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