

Community Paediatric Service

Information Standards for Community Paediatric Referrals

Referrals should provide clear detail about the reason for referral or the problem to be addressed.

Community Paediatricians accept referrals for children and young people who are registered with a Manchester General Practitioner (GP).

The role of a Community Paediatrician is to assess children with a variety of clinical presentations. Following assessment, the Paediatrician provides a management plan which may include, further diagnostic tests, treatment with medications, advice, referral to specialist services, and liaison with other professionals.

Referral Criteria

Referrals are appropriate for children aged 0-18 (or 19 if in a specialist support school in Manchester) with:

- **Developmental delay**; including those with severe/complex difficulties who require assessment, investigation and those with significant difficulties who are likely to need additional help in school.
- **Significant learning disability and/or significant physical disability**; pre-school and school aged children with significant and complex learning disability, who are likely to require assessment, investigation and need additional help in school.
- **Concerns about social communication difficulties in children under the age of 3 years only**; children over the age of 3 years should be referred directly to the Social Communication Pathway.
- **Complex emotional and behavioural problems**; especially in pre-school children or associated with learning difficulties. (Usually seen in partnership with colleagues in CAMHS.)
- **Significant visual and multiple sensory impairments.**
- **Severe complex medical needs** that impact on schooling and the child's activity. (These children are likely also to need the input of a specialist paediatrician in the hospital.)
- **Vulnerable children** where there are concerns that health and development needs are not being met.

Other linked services

- Children with **enuresis**: Children with nocturnal enuresis, especially severe and persistent bed wetting should be referred to the Paediatric Continence Service, Charlestown Clinic, Charlestown Road, Blackley, Manchester, M9 7ED.

Other services provided by the Community Paediatric Service

- Medical advice for Adoption and Fostering (referrals via Local Authority).
- Medical assessment of children who are Looked After (referral via Social Services).
- Medical assessment of children who are suspected of having been physically abused (referrals via Social Services).
- Medical assessment of children having formal assessment of Special Educational Needs and Disability (referral via Local Authority).
- Rapid Response for Sudden Unexpected Death in Childhood (referral via police or A&E).

Inappropriate referrals

Referral to the Community Paediatric Service is not appropriate for:

- Children who are acutely ill.
- Babies or children with failure to thrive or abnormal growth.
- Children who have medical problems not associated with disability or complex social issues.
- Children with behaviour problems not associated with developmental or learning problems.

For these children, the GP should decide whether referral to a hospital based paediatric service, or CAMHS, is appropriate.

- Children between the ages of 3-18 with Social Communication Difficulties should be referred directly to the Social Communication Pathway after the parental and education questionnaires have been completed.
- Children with obesity should be referred to their health visitor if under 3 years old; the Healthy Weight Pathway (mft.healthyweightteam@nhs.net) if 3-5 years old AND BMI on or above the 99.6th centile for age and sex AND attending a mainstream school or nursery within the Manchester City Council area; and their school nurse if over 5 years old.
- Children with **complex immunisation problems** should be referred to Dr Stephen Hughes, Consultant Paediatric Immunologist via eRS Advice and Guidance.

In order to ensure children/young people referred to the Community Paediatric Service receive timely intervention and appropriate care, the following information is essential in order to triage and prioritise referrals.

Referrals must include:

- Full name, address, date of birth and NHS number of the child/young person.
- Name(s) and contact details of parent(s) or carer(s).
- Interpretation or signing needs for parents or child.
- Vision and hearing test results (or confirmation that a referral has been made).
- The child's past medical history including birth history, medications and allergies.
- Information about other health professionals involved, especially if the child/young person has a hospital Paediatrician (General or Specialist).

- For children/young people that have moved into the area, a summary of previous health involvement.
- Any safeguarding concerns **must** be highlighted.

Further advice

- Liaison with the family's GP must take place before referral to prevent duplication or inappropriate referrals.
- If parents have difficulty attending appointments this should be highlighted. Please let us know any special arrangements which would help, eg contact details of relevant people to support attendance at appointments; support from Transport for Sick Children, etc.
- Please provide any supporting written information, eg relevant clinic letters; minutes of meetings; reports etc. This will help us identify and address the child/young person's needs more quickly.

Referrals

1. Pre-school children where there are developmental concerns

- If there are identified communication needs, a referral to the Speech and Language Therapy Service should be made. A referral to the Audiology Service for a hearing assessment should be considered.
- If the child is not in educational provision (for example a nursery, school or childminder), a referral to Rodney House Early Years Service (RHOSEY) is recommended after consent is gained from the parents.
- A recent Ages and Stages Questionnaire should be provided.

Advice for GPs who have concerns regarding the development of a pre-school child:
Please contact the child's Health Visitor and ask that they see the child to complete the Ages and Stages Questionnaire and assess the family's needs for support.

Advice for Speech and Language Therapists referring pre-school children with developmental concerns:

Please contact the child's Health Visitor and ask that they see the child to assess the child's general health (for example, diet, sleep pattern, continence, and family support).

2. School aged children/young people

- School aged children/young people with concerns over social communication difficulties should initially be referred to the Social Communication Pathway.
- If there are concerns regarding moderate or severe learning difficulties please include an Educational Psychology Report.
- Before assessing the child/young person, the Community Paediatric Team may need to contact the child/young person's school or other sources to gain information to help in their assessment of the child/young person. Referrers **must** ask parents to provide permission for this to take place, and this permission should be documented as part of the referral. If parents do not provide permission this **must** be highlighted on the referral.
- Referrals of school aged children/young people with concerns about attention and concentration are **not** accepted by the Community Paediatric Team, unless there are associated learning difficulties. These children should be

referred directly to CAMHS with a school report to support the referral.

3. Children/young people with suspected physical disability

- Children/young people **must** be assessed by the family's General Practitioner (GP) before referral.
- The outcome of the GP assessment should be included in the referral.
- For some children/young people, assessment by Physiotherapy or Podiatry is the most appropriate first step. Please consider making a referral to these services first.

4. Children/young people with motor skills difficulties at all ages

- Please provide full information about the child/young person's activities of daily living, ie eating and drinking, washing, hygiene and toileting.
- If there are associated sensory issues, for example sensitivity to loud noise or particular textures, this should be described and a referral to the Occupational Therapy Service should be considered.

Referral guidance

- Referrals should be sent to the central base at Universal Square (see below for address).
- Referrals are accepted from GPs, hospital and community consultants, health visitors, school nurses and therapists.
- Referrals for the Child Protection Clinic are accepted from Social Services **only**.
- Referrals should make clear the reason for referral or the problem to be addressed.
- The referrer must check that the child has not been referred elsewhere, such as to a hospital paediatrician, for the same problem.
- Referrals should be made on the Children's Community Services referral form wherever possible. They are also accepted by letter as long as all necessary information is included. Referrals from other community services are only accepted via the EMIS internal referral system.

Community Paediatric Service base:

Community Paediatric Service,
Children's Community Health Services,
First Floor, Universal Square, Devonshire Street North, Manchester M12 6JH

North team telephone/email: 0161-537 0402 - mft.communitypaediatricsnorth@nhs.net
Central team telephone/email: 0161-537 0403 - mft.comm-paedslong@nhs.net
South team telephone/email: 0161-537 0404 - mft.comm-paedslong@nhs.net