

Community Paediatric Service

Information Standards for Community Paediatric Referrals

These information standards should be read in conjunction with the Community Paediatric Service Referral Guidance and Criteria (page 4). Referrals should clearly state 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.

In order to ensure children 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:

- 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 has a Hospital Paediatrician (General or Specialist Paediatrician).
- For children 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's needs more quickly.

Powered by:

Referrals

1. Pre-school children where there are developmental concerns

- If there are identified communication needs, a referral to Speech and Language Therapy should be made.
- If the child is not in educational provision (for example a nursery, school or childminder), they should be referred to Rodney House Early Years Service (RHOSEY).
- 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

- School aged children with concerns over Social Communication Difficulties should initially be referred to Child and Adolescent Mental Health Services (CAMHS).
- If there are concerns regarding Moderate or Severe Learning Difficulties please include an Educational Psychology Report.
- Before assessing the child, the Community Paediatric Team may need to contact the child's school or other sources to gain information to help in their assessment of the child. 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 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 with suspected physical disability

- Children **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, assessment by Physiotherapy or Podiatry is the most appropriate first step. Please consider making a referral to these services first.

4. Children with motor skills difficulties at all ages

- Please provide full information about the child'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.



Community Paediatric Service

Referral Guidance and Criteria

Referral guidance

- Referrals should be sent to the central base at Universal Square (see over 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.

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 coordination of services, 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 coordination of services, and to need additional help in school.
- **Social communication disorder**: pre-school and school age children who require assessment for possible social communication disorder - assessed in partnership with Child and Adolescent Mental Health Services (CAMHS) by Social Communication Assessment and Intervention Team (SCAIT).
- **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.
- Children with **complex immunisation problems** or parental concerns regarding immunisation should be referred to the Special Immunisations Clinic, care of the Community Paediatricians. Internal services should make referrals via Emis. External services should complete the Children's Community Health Services' referral form highlighting within the referral that is for '**immunisations advice**' and email to mft.comm-paedslong@nhs.net.

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 (referral via Local Authority).
- Rapid Response for Sudden Unexpected Death in Childhood (referral via police or A&Es).

Inappropriate referrals

Referral to the Community Paediatric Service is not appropriate for:

- Children who are acutely ill.
- Children who have medical problems not associated with disability or complex social issues.
- Children with behaviour problems not associated with developmental or learning problems.
- Children with obesity (who should be referred to ABL Health 01204 570 999, admin@ablhealth.co.uk).
- Babies or children with failure to thrive or abnormal growth.

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

Community Paediatric Service base:

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

North team tel/email: 0161-537 0402 - cmm-tr.communitypaediatricnorth@nhs.net
Central team tel/email: 0161-537 0403 - mft.comm-paedslong@nhs.net
South team tel/email: 0161-537 0404 - mft.comm-paedslong@nhs.net