Community Paediatrics Service Referral Criteria

**Age and geography:** Children and young people up to 18 yrs of age who are registered with Bromley GP. This extends to 19 yrs for young people with disabilities who are in full time education in Bromley.

**Source of referrals:** This service takes referrals from general practitioners, health visitors, school nurses, therapists, hospital paediatricians, education professionals (schools, pre-schools, education psychology and specialist advisory teachers), social services and tertiary hospitals. This service does not accept self-referrals.

Consultants hold a weekly referrals meeting to scrutinise all the referrals to the team, and decide on appropriate action. Unaccepted referrals are signposted to alternative services better placed to meet the need.

**Children with following conditions are seen:**

2. Children and young people with social communication/interaction difficulties or suspected Autism Spectrum Disorder (ASD)
3. Children and young people (over 5 yrs of age) with attention/concentration skills difficulties that are suspected to have Attention Deficit Hyperactivity Disorder (ADHD). Younger children with those difficulties should be referred to Health visitor and/or consideration should be given for referral to Bromley Children’s Project
4. Long term follow up of children with neuro-cutaneous conditions, genetic conditions i.e. Downs syndrome
5. School age children with daytime enuresis and/or night time enuresis who have already been seen in nurse led enuresis clinic
6. Sleep difficulties in children with known neuro-developmental disorder
7. Statutory assessment for Special Educational Needs and Disability
8. Children with constipation where first line management initiated by primary care has been ineffective.
9. Specialist Immunization clinic: when there are concerns about general or specific allergies or when previous reactions would require immunisation under supervision.
10. Looked After Children (LAC) & Pre-Adoption medicals - referrals are made by Children’s Social Care and/or the Looked After Children Health Team
11. Initial assessment of children with Tics or suspected Tourette’s syndrome
12. Assessment of children with suspected physical abuse/neglect (above 2 years of age), or historical allegation of sexual abuse. These referrals are only accepted from Social Care. Any other professional should refer to Social Care first, if they think a “child protection medical assessment” is needed.
Community paediatrics services are not offered for:

1. Children with learning difficulties or specific learning difficulties eg Dyslexia. These children need evaluation by school and educational psychology services.

2. Children with challenging behaviour who do not have suspected neuro-developmental disorder as identified by referrer, eg children with normal ability with primary behavioural problems, oppositional defiant behaviour, school refusal, aggressive behaviour etc. These children should be referred to Bromley well-being service.

3. Challenging behaviour, conduct and opposition defiant difficulties in school in children with established learning difficulties: these children should be referred to Bromley well-being service.

4. Children with mental health issues as a primary concern, children and young people who present with severe, complex and/or persistent psychological and emotional difficulties, children with mood disorder e.g. anxiety, depression or suspected psychiatric diagnosis. These children should be referred to Bromley well-being service.

5. Sleep problems in a normally developing young child: these children should be referred to health visitors or/and health visitor led sleep clinics.

6. Failure to thrive: these children should be referred to general paediatric team at Princess Royal University Hospital (PRUH).

7. Obesity where an underlying medical condition is suspected: these children should be referred to general paediatric team at Princess Royal University Hospital (PRUH).

8. Bedwetting under 5 years of age: these children should be referred to health visitor for advice and support, and/or information from ERIC website should be provided to parents (www.eric.org.uk).

9. Children with suspected Developmental Co-ordination Disorder: these children should be referred to occupational therapy service first. If appropriate, these will be referred to community paediatrics service by Occupational Therapy team after their initial assessment.