

Community Paediatrics Service - Referral Criteria

Age and Geography: Children and young people up to 18 years of age who are registered with Bromley GP. This extends to 19 years for young people with disabilities who have an Education Health Care Plan (EHCP) and are still in an education setting / training post.

Source of Referrals: This service takes referrals from general practitioners, health visitors, school nurses, therapists, hospital paediatricians, education professionals (schools, pre-schools, educational psychologists and specialist advisory teachers), children's social care services and tertiary hospitals. This service does not accept self-referrals. Where a child has a suspected Autism Spectrum Disorder (ASD), the referral should be made via their school/ educational setting enclosing the requested information (SCQ) and referral form/letter (*see below).

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 will be seen for a comprehensive assessment and initial treatment started within 18 weeks.

Children with the following conditions are seen:

1. Children with suspected developmental delay, neuro-developmental disorders and disabilities.
2. *Children and young people with social communication/interaction difficulties, suspected ASD or Autism Spectrum Conditions. These referrals must be accompanied with information about the child's difficulties in school/pre-school. School age children should be referred by their school using the Referral Form for School age children with the social communication concerns. This would include a social communication questionnaire (SCQ). Where a child is not in school, information should be enclosed from another professional (e.g. Speech Therapist, Educational Psychologist, Behavioural Therapist) highlighting the difficulties the child is showing / demonstrating, including their observations of the child.
3. Children and young people (over 5 years of age) with attention/concentration skills difficulties that are suspected to have Attention Deficit Hyperactivity Disorder (ADHD). Children between the ages of 5-6 years old can be referred only after their Parents/Carers have attended a Parenting Course run through the Bromley Children's Project (BCP) as this is the first line of intervention / treatment for ADHD-type behaviours. Referrals should enclose information from the child's school/pre-school highlighting similar difficulties in the school setting. Children younger than 5 years old should be referred to the Health visitor and/or BCP.
4. Long-term follow up of children with neuro-cutaneous conditions, genetic conditions e.g. 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 a known neuro-developmental disorder
7. Statutory assessment for Special Educational Needs and Disability – Education Health and Care Needs Assessment (EHCNA) referrals are made by Education services.

8. Children with chronic constipation where first line management initiated by primary care has been ineffective over a period of 3- 6 months.
9. Children Looked After (CLA) & Pre-Adoption medicals - referrals are made by Children's Social Care and/or the Children Looked After Health Team.
10. Initial assessment of children with Tics or suspected Tourette's syndrome.
11. Assessment of children with suspected physical abuse/neglect (above 2 years of age). These referrals are only accepted from Children's Social Care (CSC) and should be made on the appropriate referral form (see Procedure for Child Protection Medicals). Any other professional should refer to CSC first, if they think a "child protection medical assessment" is needed.
12. Children who have been exposed to antenatal alcohol (during maternal pregnancy), when there are additional neurodevelopmental concerns and a suspicion of foetal alcohol spectrum disorder (FASD).

Community Paediatrics services are not offered for:

1. Children with learning difficulties or specific learning difficulties e.g. Dyslexia. These children need evaluation by school and educational psychology services.
2. Children with challenging behaviours who do not have a suspected neuro-developmental disorder as identified by the referrer, e.g. 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 or/and CAMHS.
3. Challenging behaviour, conduct and opposition defiant difficulties in school 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, suspected obsessive compulsive disorder (OCD) or suspected psychiatric diagnoses. These children should be referred to Bromley Wellbeing service or/and CAMHS (including the Crisis team in Acute situations).
5. Sleep problems in a normally developing young child: these children should be referred to Health Visitors or Bromley Children's Project.
6. Failure to thrive: these children should be referred to the General Paediatric team at Princess Royal University Hospital (PRUH), King's College Hospital NHS Foundation Trust.
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 Visitors 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.
10. Behavioural problems in children with known diagnosis of Autism Spectrum Disorder, FASD: these children should initially be referred to BCP for advice and then consideration made for a referral to Bromley Community Well-being Service, if subsequently required.

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