

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 have an Education Health Care Plan and are still in an education/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), 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 will be seen and initial treatment started within 18 weeks.

Children with 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 or suspected Autism Spectrum Disorder (ASD). 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 social communication concerns. This would include a social communication questionnaire. Where a child is not in school, information should be enclosed from another professional (eg Speech Therapist, Educational Psychologist, Behavioural Therapist) highlighting the difficulties the child is showing, including their observations of the child.
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). Children between the ages of 5-6 years old should only be referred if their Parents/Carers have attended a Parenting Course run through the Bromley Children's Project (BCP) as this is the first line 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 Health visitor and/or BCP.
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 failed to respond to input from nurse led enuresis clinic.
6. Sleep difficulties in children with known neuro-developmental disorder
7. Statutory assessment for Special Educational Needs and Disability – referrals made by Education services.
8. Children with 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 Social Care and should be made on the appropriate referral form (see Procedure for Child Protection Medicals) 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. Assessment of Children with learning difficulties or specific learning difficulties eg Dyslexia. These children need evaluation by school and educational psychology services.
2. Assessment of 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. Assessment of 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. Assessment of 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 Wellbeing service.
5. Assessment of Sleep problems in a normally developing young child: these children should be referred to Health Visitors or Bromley Children's Project.
6. Assessment of Failure to thrive: these children should be referred to General Paediatric team at Princess Royal University Hospital (PRUH).
7. Assessment of Obesity where an underlying medical condition is suspected: these children should be referred to General Paediatric team at Princess Royal University Hospital (PRUH).
8. Assessment of 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. Assessment of 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. Assessment of Behavioural problems in children with known diagnosis of Autism Spectrum Disorder: these children should initially be referred to MENCAP for advice and then consideration made of a referral to Bromley Community Well-being Service.