**REFERRAL CRITERIA AND 1st STEPS PRIOR TO REFERRAL GUIDANCE**

 **COMMUNITY & NEURODISABILITY PAEDIATRICS**

Community & Neurodisability Paediatrics covers two distinct broad areas of service –COMMUNITY PAEDIATRICS -Children in Care and adoption medical assessments, aspects of safeguarding and medical advice for special educational needs (SEND), and NEURODISABILITY PAEDIATRICS - neurodisability and neurodevelopmental conditions.

The NEURODISABILITY service is available up to the age of 16, accepting those with complex disability who are attending special schools who are seen up to the age of 19 years, focusing on the multi-disciplinary diagnostic assessment for children with the following health needs and with medical aspects of management.

**Neurodisability Paediatrics Referral Criteria: (see below for exclusion criteria)**

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| Developmental problems diagnostic assessment for pre-school children | *Developmental delay**Genetic syndromes**Complex disability**Cerebral palsy**Autism Spectrum Disorder* |
| Foetal Alcohol Spectrum Disorder | *Medical diagnostic assessment* |
| Autism Spectrum Disorder diagnostic assessment (2- 15 years) | *Medical diagnostic assessment* |
| ADHD diagnostic assessment (6-10 years) | *Attention deficit hyperactivity disorder (primary school age)**Diagnosis and medication treatment* |
| Dyspraxia / Developmental Co-ordination Disorder (DCD) diagnostic assessment (6-10 years). | Concerns about motor co-ordination – refer first to Occupational Therapy (LSCFT). *NOTE: Referrals for Dyspraxia / DCD are only accepted from Occupational Therapy* |
| Medical aetiological investigation of children with moderate to severe Learning or Intellectual Disability (Primary or Secondary school age) | *Aetiological assessment (causation)*NOTE: Concerns about moderate or severe learning Disability (3 or more years behind in their learning attainment) should be referred to educational psychology and cognitive profile included in the referral documentation |
| Cerebral palsy diagnosis and medical management (0-15 years) | *Medical diagnostic assessment and medical management Including tone management services* |
| Medical management of complex neurological or genetic conditions (in association with other specialist services) (0-15 years) | *Downs syndrome**Neurofibromatosis type 1 (NF1)**Genetic syndromes**Muscle disorders* |

**Signposting to Support Services is the responsibility of all professionals involved with the Child / Young Person / Family**

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| Exclusion criteria |
| Attention deficit hyperactivity disorder for young people attending secondary schools (11 -18 years) – refer to ELCAS / CAMHS |
| Epilepsy diagnostic assessments - refer to General Paediatrics |
| Speech and Language Difficulties – refer to Speech and Language Therapy (LSCFT) |
| Concerns about motor co-ordination – refer first to Occupational Therapy (LSCFT). Referral to CNP is only required if there is concerns regarding underlying neurological or muscular condition |
| CYP with Moderate or Severe Learning Disability and associated challenging behaviour should be referred to Learning Disability all age service (LSCFT) service  |
| Inpatient care of children admitted to hospital |
| Any children requiring specialist CAMHS provision or acute Paediatric input |
| Concerns about hearing should be referred directly to audiology |
| Concerns about vision/squint should be referred directly to orthoptic clinic or ophthalmology |
| Specific learning difficulties (eg dyslexia) should be assessed by the school SENCO and/or Educational Psychologist |
| Section 47 child protection medicals should be referred to Children’s Social Care. Social Worker will request Safeguarding medical via ELHT switchboard if required |
| Children with emotional or behavioural problems who fall short of the access criteria for specialist CAMHS should not routinely be referred to a Community Paediatrician as an alternative to CAMHS unless the child/young person also has physical symptoms which would indicate the need for a paediatric assessment. These children and young people are usually better served by front-line services in education and social care and/or the voluntary sector. Alternatively, advice can be taken from the local CAMHS team |
| Palliative care services |
| Complex behavioural problems requiring specialist medication should have access to assessment and treatment by a child psychiatrist or Learning disability psychiatrist |
| Children may require additional support in the transition to adult services |