Referral route from General Practice to Community Paediatrics (CDC) for PRIMARY SCHOOLAGED CHILDREN presenting to GPs with developmental difficulties

A Primary School-aged child is in Reception Class to Year 6 (approximately 5 to 11 years).

Child is presenting with possible neuro-developmental delays/disorder.

The family may be requesting a referral for assessment in Community Paediatrics for possible autism spectrum disorder, learning disability. **Currently referral is to CAMHS for ADHD.**

Is the child having **significant difficulties in school** with indications of possible autism spectrum disorder or learning disability, which may include combinations of:

- Significant academic attainment and progress concerns
- Behavioural challenges despite normal measures
- Anxiety, and unusual sensory behaviours
- Difficulties with peer relationships
- Difficulties with communication

NO

*GP to make referral to Community Paediatrics giving:

- Short developmental history
- Summary of current difficulties

This could be supplemented by parent notes.

Referral should be made to School Nurses for sleep, continence and work on anxiety if present.

TRIAGE IN COMMUNITY PAEDS

Referral accepted according to criteria.

This route may be supported when needed by CDC Nurse liaison.

YES

Family directed (back) to **school SENCO** to make referral: standard letter provided to GPs to share with the family

School makes referral on updated information gathering form (MIGF), which has been supplied to schools and is on their intranet.

As part of their referral, school SENCOs can refer to School Nurses for Sleep, Continence and Dietary Tier 1 advice.

TRIAGE IN COMMUNITY PAEDS

Referral
accepted if copy
of Front Door
referral received
and adequate
information is
available on the
form.

School unwilling to make referral because difficulties are not being experienced in school.

GP to refer *

MIGF requested from school by Community Paediatrics (CDC) after referral received.