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| **Name of Clinic or Clinical Pathway** | **PAEDIATRIC NEURO-DISABILITY CLINIC** |
| **Narrative description of the clinic or clinical pathway** (no more than 50 words) | This is a Community Paediatric Neurodisability Clinic for Leeds resident children with a Leeds GP. Children will be accepted up to their 19th birthday, if they have special needs and/or are under the care of the School Medical Service.The clinics are run by Community Paediatricians.  |
| **Who can refer?** | * GP (and e.g. advanced Nurse Practitioner)
* Health professionals:
* Physiotherapy,
* Speech and Language Therapy,
* Occupational Therapy,
* School Nurse
* Dieticians
* Health Visitors
* CAMHS
* Audiology and Ophthalmology
* Community Paediatricians
* Hospital Paediatricians
	+ Neonatal Paediatricians may refer children with an established neurodevelopmental problem
	+ The clinic will not accept children with a “high risk” of neurodevelopmental, where any specific developmental problems have not been definitely established.
	+ Some syndromic diagnoses with an established association with significant neurodevelopmental problems will be accepted in the neonatal period e.g. Down Syndrome
 |
| **Who can’t refer?** | * Parents and Children
* Social Care
* Education
* Other agencies outside Healthcare
 |
| **What intervention is expected by the referrer before a referral is made?** | * Adequate identification of the child
* Contact phone numbers (preferred)
* History and examination
 |
| **Referral Criteria 1 – Developmental Delay** |  |
| **Inclusions** |  **Presenting symptoms** | **Exclusions (including referral route)** |
| Developmental delay affecting one or more areas of development. | * Any developmental delay
* Developmental delay in the form of suspected Autistic Spectrum Disorder (also see exclusion criteria)
* Neurological Disorders likely to affect development e.g. Down syndrome, Prader-Willi Syndrome, etc.
* Suspected Autistic Spectrum Disorder in children under 5 years age
* Suspected Cerebral Palsy
 | * Urgent medical problem – the referrer should consider whether urgent admission is required, whether Rapid Access Clinic is appropriate or discussion with tertiary specialist e.g. if cancer is a differential diagnosis. The Paediatric Consultant of the Week at LTHT is available.
* Suspected autistic spectrum disorder and suspected ADHD should be referred to CAMHS **if aged 5 years and over**
* Child protection
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| ***PLEASE NOTE*****NEWLY DIAGNOSED DOWN SYNDROME - SHOULD NOT BE REFERRED FOR TRIAGE AND BOOKED DIRECTLY IN PND.IF REFERRED FOR TRIAGE, DOESN’T NEED TRIAGE AND NEEDS TO BE BOOKED INTO NEXT AVAILABLE PND NEW PATIENT SLOT IN LIAISION WITH PAEDIATRICIAN IN HUB****CHILDREN ALREADY ON SILC CASELOAD- ANY NEW REFERRALS NEED TO BE REDIRECTED TO SILC NURSES FOR LIASION WITH THE APPROPRIATE SILC PAEDIATRICIAN FOR REVIEW****PRESCHOOL MILD TO MODERATE PATHWAY** **FROM 1/7/18 THIS PATHWAY IS NOT AVAILABLE PENDING THE OUTCOME OF AN AUDIT. PLEASE CONSIDER PND AND PHYSIO CRITERIA, AS WELL AS PODIATRY TO HELP DECISION MAKING.** |  |  |
| **Referral Criteria 2** – **Complex Communication Disorders** |
| **Inclusions** | **Presenting symptoms** | **Exclusions (including referral route)** |
| Complex communication disorders (see other referral requirements in Presenting Symptoms and Exclusions) | * [Language disorder](http://en.wikipedia.org/wiki/Language_disorder) (after initial consideration of referral to speech and language therapy and audiology) –
	+ difficulties in learning and using language,
	+ receptive
	+ expressive
* [Speech sound disorder](http://en.wikipedia.org/wiki/Speech_sound_disorder) –
	+ problems with pronunciation and articulation (consider initial referral to speech and language therapy and audiology)
	+ Childhood-Onset Fluency Disorder (consider initial referral to speech and language therapy and audiology)
	+ [Social (pragmatic) communication disorder](http://en.wikipedia.org/wiki/Pragmatic_language_impairment)(consider initial referral to speech and language therapy and audiology)
	+ difficulties in the social uses of verbal and nonverbal communication in naturalistic contexts,
	+ affects the development of social relationships and discourse comprehension.
	+ The difference between this diagnosis and autism spectrum disorder is that in the latter there is also a restricted or repetitive pattern of behavior.[[7]](http://en.wikipedia.org/wiki/Communication_disorder#cite_note-DSM-5-7)
* [Unspecified communication disorder](http://en.wikipedia.org/w/index.php?title=Unspecified_communication_disorder&action=edit&redlink=1) – for those who have symptoms of a communication disorder but who do not meet all criteria, and whose symptoms cause distress or impairment.
 | * Isolated communication disorders such as may be treated exclusively by Speech and Language Therapy. Refer directly to Speech and Language Therapy
* Urgent medical problem – the referrer should consider whether urgent admission is required, whether Rapid Access Clinic is appropriate or discussion with tertiary specialist e.g. if cancer is a differential diagnosis. The Paediatric Consultant of the Week at LTHT is available.
* Suspected autistic spectrum disorder and suspected ADHD should be referred to CAMHS if aged 5 years and over
* Child protection
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| **Referral Criteria 3 – Behaviour/Sleep** |
| **Inclusions** |  **Presenting symptoms** | **Exclusions (including referral route)** |
| Concerns about Behaviour and sleep | Behavioural concerns associated with developmental delay/social communication difficulties in less than 5 years of age.Sleep problems associated with developmental delay, autism and neurodisability which already have input by universal services (Health visitor/school nurse) and in need of further medical review and medication  | * Primary behavioural difficulties and suspected ADHD:

1. Less than 5 years of age – to Universal services ie health visiting.2. Over 5 years of age should be referred to CAMHS* Sleep problems

Referred to universal services |
| **Referral Criteria 4- Learning** |
| **Inclusions** | **Presenting Symptoms** | **Exclusions (including referral route)** |
| Concerns about learning (if not seen by a PND clinician before) | * Significantly reduced ability to understand new or complex information, to learn new skills
* Suspected Autistic Spectrum Disorder
* Suspected Cerebral Palsy
 | * Isolated specific learning disabilities such as:
	+ Dyslexia
	+ Dysgraphia
	+ Dyscalculia
* Urgent medical problem – the referrer should consider whether urgent admission is required, whether Rapid Access Clinic is appropriate or discussion with tertiary specialist e.g. if cancer is a differential diagnosis. The Paediatric Consultant of the Week at LTHT is available.
* Primary behavioural difficulties and suspended ADHD should be referred to CAMHS
* Suspected autistic spectrum disorder and suspected ADHD should be referred to CAMHS if aged 5 years and over
* Child protection
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| **Referral Criteria 5** – **Motor coordination** |
| **Inclusions** | **Presenting Symptoms** | **Exclusions (including referral route)** |
| Concerns about co-ordination | * Significant impairment of coordination
 | * Specific disabilities such as might be treated by a single practitioner:
	+ Dyspraxia
	+ Dysgraphia
	+ Dyscalculia
 |
| **Referral Criteria 6 – associated health problems** |
| **Inclusions** | **Presenting Symptoms** | **Exclusions (including referral route)** |
| Health problems with an impact on learning | * Epilepsy
* Cerebral Palsy
* Down Syndrome
* Other Syndromic Disorders
 | * Isolated medical conditions managed by LTHT
* Urgent medical problem – the referrer should consider whether urgent admission is required, whether Rapid Access Clinic is appropriate or discussion with tertiary specialist e.g. if cancer is a differential diagnosis. The Paediatric Consultant of the Week at LTHT is available.
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| **Referral Criteria 7 – Coordination of Care** |
| Inclusions | **Presenting Symptoms** | **Exclusions (including referral route)** |
| Co-ordination of the medical care of children with complex medical problems who have significant developmental difficulties where the developmental problem is the main medical issue  | * Cerebral Palsy
* Down Syndrome
* Other Syndromic Disorders
* Significant neurodevelopmental problems
* Isolated medical problems in children with developmental disorders, including but not limited to:
	+ Endocrine
	+ Oncology
	+ Cardiac
	+ Neurosurgical
 | * Urgent medical problem – the referrer should consider whether urgent admission is required, whether Rapid Access Clinic is appropriate or discussion with tertiary specialist e.g. if cancer is a differential diagnosis. The Paediatric Consultant of the Week at LTHT is available.
* Child protection
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