GP referrals to CHFT paediatric services

Referral letters

Please check the service name before referring. Often medical services receive surgical referrals (and vice versa) and this can delay patients being seen in clinic.

Please make it clear in your letter what the clinical problem is you wish us to see. We are receiving an increasing number of copy and pasted "consultation notes" and these are sometimes difficult to interpret and likely to be rejected, delaying the referral for the child and family.

Attachments

We often receive referrals without letters/attachments, so please remember to add these.

Please collate attachments into a single PDF rather than individual JPG files per page.

Appropriate booking of patients

When booking patients to e-Referrals, please ensure they are directed appropriately as this just results in delay for patients. Common mis referrals are for ENT and Urology:

- Urology will see patients with undescended testes, phimosis, and requests for circumcision – these are Urology / Paediatrics
- Paediatrics will see UTI and renal tract issues – these are Paediatrics / Urology.

Please consult the DOS for further information.

Asthma

Guidance for adults is for spirometry for diagnosis. This does not apply with children. If a child is well maintained on Inhaled Corticosteroids, there is no need for spirometry or referral into asthma clinic.

There is also guidance for managing children with viral wheeze and asthma on the BTS website - https://www.brit-thoracic.org.uk/.

Sleep issues

Sleep issues are common in children. Problems with obstructive sleep apnoea due to tonsillar hypertrophy are best directed to ENT.

The Sleep Charity is a good resource for families with advice line: https://thesleepcharity.org.uk

There are also other resources dependant on are,a such as Unique Ways / Sleep Fairies.

Updates made by: Dr A Morris, Dr E Crosbie, Dr G Sharpe, Dr V Thiyagesh and E. Gelsthorpe-Hill. Last updated on 07/07/2023

The primary management of sleep issues is behavioural and studies have shown over a third improve with behavioural management only and any medications need these behavioural strategies in place.

There are new commissioning guidelines from the West Yorkshire ICS on permitted use of melatonin. This is primary limited to children 2-18 with ASD, Smith Magennis and Learning Disability. It is not recommended for ADHD without concomitant diagnosis of ASD. Please refer to the following - https://www.swyapc.org/wp-content/uploads/2022/10/Melatonin-commissioning-statement_final_11-10-2022.pdf

The child needs assessing by a specialist CAMHS doctor, paediatric doctor with expertise in sleep management, or neurodisability paediatric doctor.

Tic disorder

Our role is simply for excluding other diagnoses that can mimic tics. The diagnosis of a tic disorder and the management is primarily through the psychological services. We do not prescribe medication for these as the drugs are in the remit of CAMHS doctors.

Developmental Coordination Disorder

Our role is exclude other neurological disorders. If the child has a normal neurology examination and has been assessed by Physiotherapy or Occupational Therapy with a movement ABC, then a diagnosis can be made.

Sensory Processing Disorder

We have no ability to assess or comment on Sensory Processing Disorders. Occupational Therapy in Kirklees have set up a service now and patients can be accessed via school.

ASD / ADHD

There are no assessment or management services commissioned at CHFT Paediatrics. In Kirklees, all children are assessed by CAMHS. In Calderdale, pre-school children are assessed by 'any qualified provider' (se guidance shared by the ICB) and school age via CAMHS. Please consult your DOS.

Cognitive assessments in school age children / dyslexia / irlens

These should be performed by Educational Psychologists – we have no ability to perform these.

Developmental delay

If there are concerns over a delay, please refer to suitable therapists alongside the paediatric referral. This streamlines the pathway for families.

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Constipation

There is little role for lactulose in constipation. Movicol disimpaction and then maintenance with / without senna is a good combination. There are good guidelines for management of constipation in primary care here: https://www.what0-18.nhs.uk/application/files/8415/8694/9198/CS51247_NHS_Constipation_Pathway_Primary_and_Community_Care.pdf

Cow's milk protein intolerance

Consider this as babies with symptoms of GORD / constipation / eczema / loose stool / severe colic.

Diagnostic/management pathway: https://www.what0-18.nhs.uk/application/files/5416/7847/7558/CS48256_NHS_Feeding_pathways_Info_Sheet_Oct2018_Managing_cows_milk_protein_allergy_CMPA2amend_2.pdf

Management is via pathway on the SWYAPC website: https://www.swyapc.org/wp-content/uploads/2021/08/FINAL-SWYAPC-Prescribing-Specialist-Infant-Formula-in-Primary-Care-July-2021-1.pdf

Babies do not need a paediatric opinion if their symptoms resolve with hydrolysed milk. They can be referred directly to the paediatric dieticians via letter to their base at HRI for advice on milks / weaning / milk ladder.

Allergy clinic

There are clear criteria for allergy clinic on DOS – please consult this for details.

Children with eczema often have raised RAST generally which is not helpful to measure. These children with exacerbations of eczema with triggers can be referred to dermatology.

Eczema / Dermatology

There is no paediatric dermatology at CHFT. Referrals can be made to Priderm or Locala, who are both commissioned for Paediatrics. These providers are then able to send inward referrals to CHFT Dermatology.

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