

Sparkbrook

**Children's
Zone**

Clinic Reference Guide



Birmingham and Solihull
Integrated Care System
Caring about healthier lives



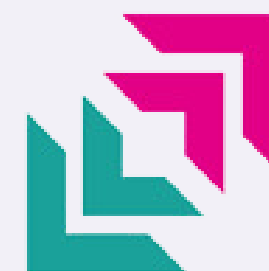
Birmingham Women's
and Children's
NHS Foundation Trust



SOUTH DOC SERVICES



Hall Green
Families



Green
Square
Accord



BIRMINGHAM
CHILDREN &
YOUNG PEOPLE'S
PARTNERSHIP

Early Help

Sparkbrook

Children's
Zone

- All families attending our clinic are offered referral to Early Help.
 - Early Help in Sparkbrook is provided by Green Square Accord's Hall Green Families team, to find out more: www.hallgreencommunities.org.uk.
- Early Help most commonly connect families to services that can provide help with food and benefits reviews, but also with support for children with SEND needs, feeding difficulties, parental mental health, contraception and much more.
- **Remember to gain consent for the Early Help referral.**
- GPs can book an Early Help referral without clinician review – just let the Early Help team know whether the family are expecting a phone call or in person Family Support appointment.
- About a third of our clinic attenders see Early Help at the same time and it is likely that families with similar support needs will be presenting to your surgery so please do encourage uptake of these appointments.

WE CAN SUPPORT
YOU WITH...



Healthy Weight

Sparkbrook

Children's
Zone

- Good practice is to measure and plot height and weight whenever you see a child. It's a marker for health (sick children stop growing) and checks for weight management.
- Children <1y old need to have all clothes/nappies removed before being weighed.
- EMIS will prompt you to calculate BMI after inputting height and weight.
- Plot BMI centile using this chart BMI centile chart (rcpch.ac.uk), BMI centile ≥ 91 = overweight & ≥ 98 = obese.

Support

- Childhood cases of unhealthy weight is strongly associated with deprivation: please consider referral to Early Help.
- Children < 5y old can be referred via Early Help for the Henry Programme, which is a parenting programme delivered by Children's Centres and supports healthy habits.
- Children aged 5-12 with BMI centile >91 are eligible for Maximus support. Please refer via this website: bhx.maximusuk.co.uk.
- Children aged >12 can be supported through Council Youth Services (Concord) - refer to Early Help.
- There is a BCH clinic called CEW (Complications of Excess Weight) for children aged 0-15. They only accept referrals for children who are under 2ndary care already but this is specifically for children with extreme unhealthy weight and/or evident complications (eg lipid/LFT derangement, acanthosis nigricans, prediabetes, benign intracranial hypertension, PCOS). If unsure – please discuss with Dr. Fran.

Healthy start vitamins

Sparkbrook

Children's
Zone

- All children living in Birmingham are eligible for free Healthy Start vitamin drops until their 4th birthday. They do not need them if having > 500ml formula/daily (formula contains the vitamins already).
- There are vitamin tablets for pregnant or breastfeeding women and any mother with a child <1y old.
- This website has a link to find where parents can find more supplies of vitamins = [Healthy Start vitamins | Healthy Start | Birmingham City Council](#)
- The Healthy Start scheme has vouchers for milk and food as well as the above vitamins. If family is not sure of eligibility please discuss with Early Help – they will support applications.

Smoking cessation

- Exposure to smoke is harmful to both parents and children.
- Please encourage smoking cessation at every opportunity.
- Please give out this care plan to encourage families to access the support they are entitled to. If you'd like a copy of this for your surgeries – please ask!

Sparkbrook

Children's
Zone

Smoking? You can quit



Why should I stop smoking?

One of the best things you will ever do for **your child and for yourself** is stopping smoking.

- Stopping smoking prevents heart attacks and strokes and it improves your mental health. It can be as good for your mental health as taking antidepressants.
- Your child will have less asthma attacks, less chest problems and less ear infections.
- You will save money (smoking 15 cigarettes/day = £2,847 a year).

Can I stop smoking? **Yes you can!**

Having support increases your chance of quitting by about 5 times. If you want to talk to someone call the free **NHS Smokefree Helpline** on **0300 123 1044**. Interpreters are available.

Can vaping help me quit?

Yes, vaping or e-cigs can help people stop smoking traditional cigarettes. Whilst switching to vaping is less harmful than smoking we don't yet know the long term health effects, and therefore recommend **you should stop vaping after switching and not use them long term.**

Our partners



You can also ask your local pharmacy for **FREE** advice and helpful tools to stop smoking.

Pharmacies can give you nicotine patches, spray, gum or tablets and will provide this every week for a total of 12 weeks. If you pay for your prescriptions the full 12 week course costs only £9.35. If you are eligible for free prescriptions it is free. This treatment works and is proven to help people stop smoking!

Speak to your local participating pharmacy today to find out more:

Sparkbrook Pharmacy B11 1RD | Medisina Pharmacy B12 0YU | Laser Pharmacy B11 4BS
Fakir Pharmacy B13 9AG | Stag Pharmacy B12 8AN | Shah Pharmacy B11 4LE

For more information search: www.nhs.uk/better-health/quit-smoking

Fussy/picky eaters

- Ask about force feeding, volumes of milk intake, bottle and dummy use.
- Advise never to force feed, reduce milk intake, and once weaned have no more than a couple of cups daily.
- Stop all bottles and dummies when the child has their first birthday.
- Measure and plot growth.
- Examine for signs of anaemia. Have a low threshold for requesting FBC and ferritin (please do not request other bloods unless indicated).

Support

- Children < 5y old can be referred via Early Help for the Henry Programme, which is a parenting programme delivered by Children's Centres. It supports healthy habits.
- Children \geq 5y old can be referred for further support from Early Help. The support offered will vary between families but may include support through youth centres, schools, or local voluntary organisations. Early Help will screen for other family advice needs.
- If growth concerns consider referral to BCHC dieticians (see dieticians referral page).

Speech delay

Sparkbrook

Children's
Zone

- Give families 'speech development concerns – parent information' card.
- Please check whether child passed newborn hearing screen and examine ears.
- Please refer all children with speech delay to audiology for hearing test (even if parents report no concerns with hearing) - ask Jo to refer.
- Encourage stopping bottle and dummy use after 1st birthday, minimising screen time (including phones) and encourage speech development using information here: [Help your baby learn to talk - NHS](#).
- Encourage nursery. Early Help can support nursery applications. Parents should share their concerns about the child's speech with nursery.
- Early Help can also access support through Children's Centres, including classes like Toddler Talk.
- SALT Advice Line for families and schools on 0121 466 6231 for therapy advice, strategies and support. M-F 9-4pm.
- SALT generally accept referrals for children age >2.5y after their ASQs (so encourage HV reviews) and children are offered drop in clinic. Families are shown tips/techniques with expectation they practice.

Speech development concerns parent information

Sparkbrook
Children's
Zone

- Attend your Health Visitor reviews at 1 and 2 years when invited
 - They can support concerns early
- Attend nursery – they can help with language development
- Speak to Hall Green Families to arrange referral to Children's Centres for Toddler Talk or Language Through Play
- Reduce screen time – if watching screens watch **with** your child
 - Recommend Miss Rachel or Mr Tumble
- Introduce open cup/beaker as soon as possible
 - **Stop dummies and bottles around 1st birthday**
- Speak to your children about what is happening in their life. Tell them the stories about their lives.

@SparkbrookCZ



Toddler Talk

For parents and their children
18 months–3 years, where children may be experienc-
ing delays with their speech and language.
This service is referral only

Wednesdays

10am–11.30am

St Paul's Trust Children's Centre
10 Malvern St, Balsall Heath, B12 8NN

Thursdays

10am–11.30am

Conway School Community Room
Conway Road

To find out more call
Wehida Mulla on
0121 464 6349 or
07958205917

forward
steps
The best start for our children

Delivered by:



Working for
the Community

St Paul's Trust Children's Centres are located at:
Malvern Street, Balsall Heath, B12 8NN & Brimley Road, Sparkbrook B11 3LA
Find us at www.stpaulstrust.org.uk or on [Facebook](https://www.facebook.com/stpaulstrustchildrenscentres) @stpaulstrustchildrenscentres

Vaccinations

- Good practice to encourage and offer opportunistic vaccination every time you see a child.
- Remember school vaccines; uptake has dropped further since pandemic and the ICB issued a request for all services to encourage and offer opportunistic vaccination.
- Remember importance of pertussis vaccine in pregnancy – any time after 16/40 - drop in available to all antenatal clinics
- If in doubt refer to PHE's Incomplete Immunisation schedule.

Vaccination of individuals with uncertain or incomplete immunisation status

UK Health Security Agency
For online Green Book, see www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • For other countries' schedules, see immunizationdata.who.int/listing.html?topic=vaccine-schedule&location=

Infants from two months of age up to first birthday

DTaP/IPV/Hib/HepB^a + MenB^b + rotavirus^c
Four week gap
DTaP/IPV/Hib/HepB + PCV^d + rotavirus^c
Four week gap
DTaP/IPV/Hib/HepB + MenB^b

^a A child who has already received 1 or more doses of primary diphtheria, tetanus, polio and pertussis should complete the 3 dose course with DTaP/IPV/Hib/HepB. Any missing doses of Hib and/or HepB can be given as Hib/MenC and/or, monovalent hepatitis B, at 4 week intervals

^b Doses of MenB should ideally be given 8 weeks apart. They can be given 4 weeks apart in order for the primary MenB immunisation schedule to be completed before the first birthday if possible (i.e. if schedule started after 10m of age)

^c First dose of rotavirus vaccine to be given **only** if infant is more than 6 weeks and under 15 weeks and second dose to be given **only** if infant is less than 24 weeks old

^d Infants who are aged 12 weeks or over when starting their primary schedule can be given their single infant priming dose of PCV with their first set of primary immunisations

Boosters + subsequent vaccination

As per UK schedule ensuring at least a 4 week interval between primary DTaP/IPV/Hib/HepB and the booster Hib/MenC dose, and a minimum 4 week interval between MenB and PCV priming and booster doses.

General principles

- unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned
- individuals coming to UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age
- if the primary course has been started but not completed, resume the course – no need to repeat doses or restart course
- plan catch-up immunisation schedule with minimum number of visits and within a minimum possible timescale – aim to protect individual in shortest time possible

Children from first up to second birthday

DTaP/IPV/Hib/HepB^a + PCV^d + Hib/Men C^{††} + MenB^{†††} + MMR
Four week gap
DTaP/IPV/Hib/HepB^a
Four week gap
DTaP/IPV/Hib/HepB^a + MenB^{†††}

[†] DTaP/IPV/Hib/HepB is now the only suitable vaccine containing high dose tetanus, diphtheria and pertussis antigen for priming children of this age. For those who have had primary vaccines without HepB, there is no need to catch-up this antigen alone unless at high risk

^{††} All un- or incompletely immunised children only require 1 dose of Hib, Men C (until teenage booster) and PCV over the age of 1 year. It does not matter if 2 Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given

^{†††} Children who received less than 2 doses of MenB in the first year of life should receive 2 doses of MenB in their second year of life at least 8 weeks apart. Doses of MenB can be given 4 weeks apart if necessary to ensure the 2 dose schedule is completed (i.e. if schedule started at 22m of age)

Boosters + subsequent vaccination

As per UK schedule

Children from second up to tenth birthday

DTaP/IPV/Hib/HepB^a + Hib/MenC^{^^} + MMR
Four week gap
DTaP/IPV/Hib/HepB^a + MMR
Four week gap
DTaP/IPV/Hib/HepB^a

^a DTaP/IPV/Hib/HepB is now the only suitable vaccine containing high dose tetanus, diphtheria and pertussis antigen for priming children of this age. For those who have had primary vaccines without HepB, there is no need to catch-up this antigen alone unless at high risk

^{^^} All un- or incompletely immunised children only require 1 dose of Hib and Men C (until teenage booster) over the age of 1 year. It does not matter if 2 Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given

Boosters + subsequent vaccination

First booster of dTaP/IPV can be given as early as 1 year following completion of primary course to re-establish on routine schedule

Additional doses of DTaP-containing vaccines given under 3 years of age in some other countries do not count as a booster to the primary course in the UK and should be discounted

Subsequent vaccination – as per UK schedule

From tenth birthday onwards

Td/IPV + MenACWY^{*} + MMR
Four week gap
Td/IPV + MMR
Four week gap
Td/IPV

^{*} Those aged from 10 years up to 25 years who have never received a MenC-containing vaccine should be offered MenACWY

Those aged 10 years up to 25 years may be eligible or may shortly become eligible for MenACWY usually given around 14y of age. Those born on/after 1/9/1996 remain eligible for MenACWY until their 25th birthday

Boosters + subsequent vaccination

First booster of Td/IPV: Preferably 5 years following completion of primary course

Second booster of Td/IPV: Ideally 10 years (minimum 5 years) following first booster

HPV vaccine

- females (born on/after 1/9/91) and males (born on/after 1/9/06) remain eligible up to their 25th birthday
- eligible individuals age 11 to 25 years should be offered a 2 dose schedule at 0, 6-24 months
- eligible individuals who are HIV positive or immunocompromised should be offered a 3 dose schedule at 0, 1, 4-6 months
- if the course is interrupted, it should be resumed but not repeated, even if more than 24 months have elapsed since the first dose
- individuals who started a 3 dose HPV schedule prior to the schedule change on 1 April 2022 should continue with their planned 3 dose schedule unless:
 - they have had two doses already with a 6 month interval – in which case no further doses are needed
 - they have only had one dose 6 or more months ago – in which case they will only require 1 more HPV dose to complete their schedule
- for individuals who started the schedule with an HPV vaccine no longer/not used in the UK programme, the course can be completed with the vaccine currently being used
- courses started but not completed before 25th birthday should be completed at the minimum interval (6 months for those following 2 dose course)

MMR – from first birthday onwards

- doses of measles-containing vaccine given prior to 12 months of age should not be counted
- 2 doses of MMR should be given irrespective of history of measles, mumps or rubella infection and/or age
- a minimum of 4 weeks should be left between 1st and 2nd dose MMR
- if child <3y4m, give 2nd dose MMR with pre-school dTaP/IPV unless particular reason to give earlier
- second dose of MMR should not be given <18m of age except where protection against measles is urgently required

Flu vaccine (during flu season)

- those aged 65yrs and older although recommendations may change annually so always check [Annual Flu Letter](#)
- children eligible for the current season's childhood influenza programme (see [Annual Flu Letter](#) for date of birth range)
- those aged 6 months and older in the defined clinical risk groups (see [Green Book Influenza chapter](#))

Pneumococcal polysaccharide vaccine (PPV)

- those aged 65yrs and older
- those aged 2yrs and older in the defined clinical risk groups (see [Green Book Pneumococcal chapter](#))

Shingles vaccine

- those aged from 70 years up to their 80th birthday

Constipation/Eczema/Asthma

Sparkbrook

Children's
Zone

- Please use care plans on EMIS for above conditions.
- Care plans help families to manage complicated treatment plans.
- Treatment adherence is key to avoidance of flares.
- Share via AccuRx, can print in room 20/22 at Sparkbrook if using desktop or ask SDS to share via AccuRx as SDS admin tasks.
- SDS Eczema clinic is bookable for F2F appointments to show parents how to apply eczema medications (add to SDS actions on template).

Neurodevelopmental conditions

- Encourage referral of all children with suspected or diagnosed ASD/ADHD to Early Help. They can support family and child with managing behaviour, nutrition, benefits advice, education support etc.
- Autism Neurodevelopmental Pathway (NDP), | Website (bhamcommunity.nhs.uk) - share link with families.
- Referrals for ?autism will be considered for children aged 2.5y-16th birthday. Referral is via the NDP form. Please complete if referral is deemed appropriate. NDP team will ask school for evidence >6 months of education support – suggest we do not make NDP referral if parents report no education support needed/tried. Suggest parents liaise with school instead.
- Referrals for ?ADHD will be considered for children 5y-16th birthday; referral is via the Community Paediatrics Referral Form.
- For both ADHD and ASD referrals; referrals can be made by any professional involved with the family (not self-referral by the family themselves). School and nursery are usually the preferred option as they provide the most detailed referral and balanced information.

Sleep disturbances in a child with ASD/ADHD

- Support available through organisations such as Cerebra and The Sleep Charity. Can refer to Community Paediatrics for consideration of melatonin but it only helps drifting off to sleep.
- Behavioural support in a child with ASD/ADHD
- Community Paediatrics do not see children for behavioural support – they are not commissioned to provide this service. Suggest referral to Early Help.
- Educational support: www.localofferbirmingham.co.uk/send-support-and-information/advice-and-support/

Oral Health

Sparkbrook

Children's
Zone

- Encourage bottle and dummy use to stop after 1st birthday
- Encourage diet low in sugar and acid
- Twice daily brushing with fluoride toothpaste
- Dental advice is that all children should see a dentist before their 1st birthday – please encourage this
- All children attending SCZ assessed using MMCM (mini mouth care matters). Amber or Red cases please email nhsbsolicb.sparkbrookchildrenszone@nhs.net with child name, contact details and whether interpreter needed and I will refer to Green Lane Dental. NB – if child has complex neurodevelopmental needs then please refer to Community Dental Service (ask SDS as action to send letter to Birmingham Dental Hospital and School of Dentistry, 5 Mill Pool Way, Birmingham, B5 7EG. Letter can be very brief 'this child has XYZ and cannot access dentist for this reason').
- Each attendee can have one toothbrush pack for every <16 child in their household.
- Poor oral health has strong associations with poverty – please encourage Early Help referrals

Healthy space to grow and play

- Physical and social opportunities to move, play, learn and develop outside the home:
- Under 2s accessing [Stay and Play Groups](#)
- After 2nd birthday children can access [Free Child Care in a choice of Early Years Settings](#)
- School aged children can access holiday clubs through [Bring It on Brum](#)
- Regular school attendance is important. If this is problematic for a child or family, Early Help can help.
- Lots of accidents can be avoided in the home, especially for young children by following some simple guidance from the [Child Accident Prevention Trust](#) Information is available in [seven community languages](#)
- Early Help Community Connectors and [Routes2Wellbeing](#) have lots more information about local opportunities.

Role of dieticians

Sparkbrook

Children's
Zone

- SDS Dieticians will see children with suspected non IgE Cow's Milk Protein Intolerance
- You can refer as soon as diagnosis is suspected and you have initiated Althera
- Please add to SDS actions at end of clinic template
- IgE allergy (all cause allergen) request GP to refer to allergy clinic via ERS for diagnosis and management
- BCHC Dieticians will see children including but not limited to:
- Weight <2nd centile and falling centiles (see Dietetics BCHC criteria.pdf for specific criteria)
- BMI centile <2
- If weight and/or BMI centile <0.4th centile consider referral to Gen Paeds (via ERS – ask GP to do) if there is unclear cause.
- Extreme selective eating (usually in context of ASD, whole food groups excluded)
- Clinician to refer via Children and Families Form – imported form saved within EMIS. Ideally attach growth chart, height and weight must be recorded
- If child is overweight suggest refer via pathways described elsewhere (Maximus, Concord and CEW).
- Always remember Early Help - eating concerns often have a ripple effect within the family adding stress and worry. Family support has an incredibly important role.

Toileting

Sparkbrook

Children's
Zone

ERIC:

- Bowel and bladder health outcomes best when toilet training occurs betw age 18m-3y
- Potty training: how to start & best age to potty train - ERIC
- Bedwetting is normal in children up to 5y
- Eneuresis alarms first line Rx (available to purchase online around £20)
- Need a level of maturity from child but usually from around aged 7y
- Paediatric continence service, Paediatric Continence and Enuresis Service | Website (bhamcommunity.nhs.uk), requires children to be physically assessed by clinician prior to referral to their service.
- Expect long waits (14-16 months), all referrals triaged
- Products (limited supply only) will only be considered for children over the age of 5 years, generally having additional needs, where at least 6 months of supported toilet training, by an appropriate professional has been completed. This is in line with national guidance. NB if a child in special school it is expected that products should be issued by special school nurse.
- Can issue eneuresis alarms and desmopressin, if suitable.
- Jo can refer via Paediatric Continence Form so please ask if needed

Healthier Together

- Healthier Together is a free resource, via webpage or app, to provide information about child health to families. All information can be translated
- This should be shared with all families, but is particularly useful as safety netting in acute illness or when families continue to present with minor viral infections
- Please ask us if you'd like posters for your practice; we can supply them
- You can also create an AccuRx template for your practice using this website as safety netting

The screenshot shows the homepage of the Healthier Together website. On the left is the Healthier Together logo with the tagline 'Improving the health of children and young people in Dorset, Hampshire and the Isle of Wight'. In the center is the RCPCH logo with the tagline 'Leading the way in Children's Health'. To the right of the RCPCH logo are five flags representing different countries: Poland, China, India, Pakistan, and Bangladesh. Below the flags is a blue button that says 'SPEAK OR TRANSLATE' with a speech bubble icon containing the word 'me'. Below that is a green button that says 'Find local services' with a magnifying glass icon. On the right side, there is an NHS logo, a red 'Recite me' button, and social media icons for Facebook, Twitter, and Instagram. Below these are two buttons for downloading the app: 'Download on the App Store' and 'GET IT ON Google Play'. At the bottom right is a purple search bar that says 'Search this website...' with a magnifying glass icon. The footer is a purple bar with white text links: Home, Pregnancy, New Parent, Babies under 3 Months, Children/young people, Mental Health, and Professionals.

Mental Health

Sparkbrook

Children's
Zone

- Please consider Early Help referrals in all cases; young people can often benefit from joined up approach with school and community support (eg young carers and youth groups).
- Online resources - [Young people's mental health & wellbeing resources | The Children's Society](#) (childrenssociety.org.uk).
- Kooth provide online support for children aged 11-25. They provide counselling and chat support. Self refer at the website www.kooth.com
- Pause hub is located in Sparkbrook every Thursday. This is a drop-in service; no need for referral. Find out the times on their website [Pause hubs | Forward Thinking Birmingham](#)
- They help with anything that impacts emotional wellbeing
- Providing strategies and techniques to cope
- Listening ear
- Practical suggestions and advice
- FTB referrals can be made by all clinicians and family support team – liaise to determine who is best to make referral. Make a referral | [Forward Thinking Birmingham](#)

Sexual Health

Sparkbrook

Children's
Zone

- Encourage use of ChatHealth for young people who want help and advice with:
 - STI
 - Sexual assault
 - PEPSE
 - Domestic abuse
- Young person sends message to the ChatHealth number 07312 263287. They'll get an automatic response and then during clinic hours a Health Advisor will reply to the message and out of hours ChatHealth will respond with where they can get help.
- Umbrella self sampling kits available for >16s only [STI self-sampling kits - Umbrella Health](#)
- FSRH guidance for contraception in young people (including emergency contraception) [FSRH Clinical Guideline: Contraceptive Choices for Young People \(March 2010, amended May 2019\) - Faculty of Sexual and Reproductive Healthcare](#)

Prescribing

Sparkbrook

Children's
Zone

- Please prescribe within primary care guidelines as written here [Birmingham and Solihull IMOC formulary](https://www.birminghamandsurroundsformulary.nhs.uk)
[Incorporating the BSSE APC Formulary \(birminghamandsurroundsformulary.nhs.uk\)](https://www.birminghamandsurroundsformulary.nhs.uk)
- Highlighting:
 - Omeprazole is Green – therefore can be safely prescribed. Liquid is very costly – so please try to use dissolvable tablets where possible
 - Melatonin is Red – meaning can only be initiated and continued by specialist. Please never prescribe.
 - Althera is Green – first line for suspected CMPI
- Antibiotic formulary is [Antimicrobial prescribing table \(birminghamandsurroundsformulary.nhs.uk\)](https://www.birminghamandsurroundsformulary.nhs.uk)
- As per guidelines try to avoid prescribing over the counter medications such as calpol, ibuprofen and dioralyte. This allows for unified messaging across primary care.

Safeguarding

Sparkbrook

Children's
Zone

- Safeguarding processes within document on Shared drive
- This details processes for children who are not brought to appointments
- Please read and familiarise yourself: [SCZ safeguarding_processes - V3.docx](#)

Referrals

- If asking GP to make referral for hospital speciality add to 'GP actions' on template.
- Include target speciality 'eg Gen Paeds, Paed Allergy, Neurosurg etc'
- Ask for GP to 'refer via ERS' - this means electronic referral system
- Write a short letter that can be copy/pasted into referral by GP. NB all PMH, meds, allergies will be included in the referral automatically – so just write 'problem, history, findings, expectations'
- Ask families to check with GP reception/secretary in 2 weeks time to ensure referral has been completed.
- Advise hospital referrals (eg ENT) can have significant waitlists.
- Please endeavour to complete community referrals as below. Any questions – ask Fran.

Clinicians: ASD referrals are made on NDP portal – see slide 10. All other referrals on your list are made by completing (within EMIS) 'BCHC Community Paeds Referral Form'. Please complete and save the form, and ask SDS to email as 'SDS actions' on template.

Health promotion nurse

- Continence referral
- Audiology referral

Clinician

- Community Paeds
- SALT
- OT/Physio
- Dietician
- ADHD
- ASD

Any team member

- FTB
- Use this link [Make a referral | Forward Thinking Birmingham](#)

Admissions

Sparkbrook

Children's
Zone

- Please call BCH switch and ask to speak to clinician taking Gen Paeds referrals
- Save child's consultation as normal, select 'print – brief summary' - ask Jo if any concern and save this PDF to your desktop to send via AccuRx to the family. They can share this document. If any problems doing this I have written letters in red book and sent simple text via AccuRx as referral note.

Follow ups

- We don't routinely follow up
- This is important as our funding is only short term
- We also want to impact as many families as possible, so bringing the same back will have limited value
- Suggest we currently use PIFU (patient initiated follow up) so that all families get a card, and the advice that they can contact the GP to request an appointment if/when it is needed and convenient for them