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| **Children and Young People’s Continuing Care Referral Form**  (Please see guidance for completing referral at the end of this document) | | | | | |
| **PART ONE: TO BE COMPLETED BY REFERRER** | | | | | |
| **Child or Young Person’s Details** | | | | | |
| Name: |  | | | | |
| Date of birth: |  | | NHS Number: |  | |
| Address: |  | | | | |
| Gender: (delete as appropriate) | **MALE** | | **FEMALE** | | |
| First language: (if not English) |  | | Translator needed: | | |
| Other communication  support needed: | | |
| Mother’s name: |  | | Father’s name: | |  |
| Contact no. |  | | Contact no. | |  |
| NB. details of one parent only are acceptable, but it must be the parent with responsibility. | | | | | |
| **If Parental Responsibility Is Not Held By Parents** | | | | | |
| Parental responsibility held by: |  | | Contact no. | |  |
| E-mail: | |  |
| Basis of parental responsibility:  (e.g. legal guardian, LA section 20 etc.) |  | | Address: | |  |
| Address of GP practice: | |  | | | |
| Name of GP: (if child or young person has a named doctor) | |  | | | |
| Local Authority: | |  | | | |

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| **Medical History** | |
| Provide an overview of the child or young person’s current health needs and their medical history: |  |
| **Domain** | **Please include the following: diagnosis, summary of primary health need, current health provision and supporting evidence, including information from other professionals involved** |
| Breathing |  |
| Eating & Drinking |  |
| Mobility |  |
| Continence & Elimination |  |
| Skin & Tissue Viability |  |
| Communication |  |
| Drug Therapies & Medication |  |
| Psychological & Emotional Needs |  |
| Seizure |  |
| Challenging Behaviour |  |

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| **Social Care** |
| Provide a brief summary below of the child or young person’s social care needs with details of any services in place. |
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| **Education** | |
| Name of nursery, school or college attending: |  |
| Year Group: |  |
| Contact Details: |  |
| Summarise any special arrangements made in the school environment to support the child or young person: |  |
| Does the child or young person have special educational needs? |  |
| Does the child have an Education, Health and Care Plan or SEND statement? |  |

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| **Details of referral** | |
| Date of referral completion: |  |
| Name of person completing (use the box below for details of other contributors): |  |
| Employer: |  |
| Contact no. |  |
| E-Mail: |  |
| What benefits or outcomes for the child/young person or family/ carers would eligibility for children’s continuing care support? |  |

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| **Other Individuals/Organisations Who Support The Child or Young Person** | | |
| Please give details below of individuals or organisations supporting the child. | | |
| 1. | Name |  |
| Organisation |  |
| Role in relation to the child or young person |  |
| Nature of contribution |  |
| Contact no. |  |
| E-mail |  |
| 2. | Name |  |
| Organisation |  |
| Nature of contribution |  |
| Nature of contribution |  |
| Contact no. |  |
| E-mail |  |
| 3. | Name |  |
| Organisation |  |
| Nature of contribution |  |
| Nature of contribution |  |
| Contact no. |  |
| E-mail |  |

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| **Supporting Information** |
| Summarise details of any relevant assessments made in the last 2 years to support this referral. |
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| **Referrals Must Include Supporting Evidence, Please List Supporting Evidence Attached** (Evidence must be current i.e. within the last year) |
| 1. |
| 2. |
| 3. |
| 4. |

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| **Consent** ✓ as appropriate | | | |  | **Yes** | **No** |
| I have gained the consent of the child/young person/family to provide the above information to be used in a pre-assessment/assessment using the separate consent form. | | | |  |  |  |
| **Recommendation** ✓ as appropriate | | | |  | **Yes** | **No** |
| I have provided the above information and supporting evidence for this child to undergo a pre-assessment checklist completed by a nurse assessor. This information and supporting evidence is accurate and up to date to the best of my knowledge. | | | |  |  |  |
| Signature: |  |  | Print Name: |  | | |
| Date: |  |  | Relationship/Designation: |  | | |
| E-mail: |  |  | Contact Number: |  | | |

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| The referral form must be fully completed sent to the Children’s Complex Care Team at:  BNSSG CCG   |  | | --- | | **E-Mail**: bnssg.cc.childrens@nhs.net **Tel**: 0117 984 1656 | |  | |
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| **PART 2: TO BE COMPLETED BY CCG CHILDREN’S NURSE ASSESSOR** | | | | |
| **Details of Triage** | | | | |
| Name of Nurse Assessor: | | |  | |
| Date of Triage: | | |  | |
| **Triage Against Domains** | | | | |
| **Care Domain** | **Assessor’s Score** | | | **Assessor’s Comments** |
| Breathing |  | | |  |
| Eating and Drinking |  | | |  |
| Mobility |  | | |  |
| Continence or Elimination |  | | |  |
| Skin and Tissue Viability |  | | |  |
| Communication |  | | |  |
| Drug Therapies and Medication |  | | |  |
| Psychological and Emotional Needs |  | | |  |
| Seizures |  | | |  |
| Challenging Behaviour |  | | |  |
| Other Comments and Recommendations: | | | | |
| **Outcome of Triage** | | | | |
| Decision (Delete as appropriate): | | For Full Assessment  Further Information Required  Not for Full Assessment | | |
| Rationale: | |  | | |
| If not for full assessment, advice/signposting: | |  | | |
| Nurse Assessor Signature: | |  | | |
| **Second Assessor Review Comments** | | | | |
| Name of Second Assessor: | |  | | |
| Date of Review: | |  | | |
| Decision: | |  | | |
| Signature of Second Assessor: | |  | | |

**Appendix A : Children’s Continuing Care: A guide for making referrals**

A continuing care package is required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone. Continuing care does not cover children and young people with care needs that may be met appropriately through existing universal or specialist health services.

**What to consider before making a referral**

-Refer to the completed assessments e.g. single assessment, EHCP or Lifetime and please take into account the professionals already involved and the recommendations from that assessment.

-Think about which health services may already be involved such as Jessie May, Charlton Farm, Lifetime, CAMHS/LD CAMHS. It would be unusual for a CCC referral to be accepted for assessment prior to these services being involved.

- If you are unsure about whether to make a referral, please contact a member of the team who will be more than happy to talk to you. **01179 841656**.

**What to include in your referral**

When completing the referral please complete all boxes to the best of your knowledge, you may need to seek the advice of other professionals and parents/carers. If a domain is not completed it will be assumed that the child/young person has no additional needs in this area.

Please be clear in your referral what the unmet health need is and the family preferences for how this need would be met.

A diagnosis of the child’s condition would be helpful, however this will not influence the decision as that is based on the child/young person’s clinical presentation.

Evidence to support the information contained in the domains must be submitted for the team to triage the referral.

**Completing the care domains:**

1. Please give a brief explanation with examples of the health need or ability within each box. Use the ‘what to consider’ section below as a guide.
2. When thinking of the child’s/young person’s needs please take into account their age and development.
3. There is a ‘health dictionary’ created by Great Ormond Street Hospital which may be useful.

<https://www.gosh.nhs.uk/conditions-and-treatments/health-dictionary>

**What to consider:**

**Breathing:**

Does the child need inhalers/nebuliser? Do they need antibiotics all the time to prevent infections? Do they require chest physio? Do they require oxygen? Are they ventilated? If so for how many hours per day? Does the child/young person need suctioning, if so approximately how many times per day and/or night? Is it oral or nasopharyngeal? Does the child have frequent chest infections? Health advice given so far? Has this helped? If not reason why.

Examples;

High – child with tracheostomy, night time ventilation can be disconnected without clinical harm. Effective suction beyond back of throat

Severe –unstable tracheostomy requiring frequent changes due to frequent blockage, night time ventilation would survive disconnection but likely to be unwell and require hospitalisation.

Priority – 24/7 ventilation, disconnection would be fatal. Highly unstable tracheostomy requiring daily changes or difficult to change. Congenital Central Hypoventilation Syndrome (CCHS)

**Eating and Drinking:**

Does the child eat orally? Do they have issues with feeding? Do they have reflux or vomit frequently? How long does it take somebody to feed them? Have they issues with their swallow? If they have a gastrostomy, PEG etc. does it block frequently? Is it frequently infected or does it bleed? Does the child/young person pull it out? Does the child/young person struggle to absorb their food? Do they need a specialist diet plan? Are they under/overweight? How are their needs being addressed and have these measures been effective? If not reasons why. Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Examples;

High – faltering growth despite specialised feeding plan and professionals indicating concern. Complex feeding routine by SALT but still at risk of chocking or aspiration. Severe undernourishment due to anxiety which prevents intake i.e. anorexia. Complex Naso Gastric feeding (does not include Gastrostomy or Jejunostomy tube). Straightforward Gastrostomy or Jejunostomy tubes are moderate

Severe – Total Parenteral Nutrition (TPN) – feeding via intravenous route

**Mobility:**

Are they able to take any weight through their legs? Do they have any functional movement of their hands? Do they have issues with bone density, skin or jerky movements that affect the way carers move them? Are parents/carers disturbed in the night to turn them or reposition them? What health intervention has been advised? Is this helping, if not reasons why. Do they have a physio program, how long does this take? Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Examples;

High – managed by mechanical moving and handling, unable to mobilise or assist in moving position. High risk of fracture due to bone density.

Severe – total paralysis, movement causing blocking of airway, some severe skin conditions

**Continence/Elimination:**

Is the child continent? Do they have urine or faecal accidents? Do they smear? Do they have frequent urine infections? Do they need stoma’s/catheters or medical intervention to control their elimination needs? Are they constipated? Advice and treatment so far? Has this helped? If not, please give reasons. Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Examples;

High – Severe on-going diarrhea, maybe caused by a long term infection, problematic urinary issues such as a leaking urostomy, sometimes known as leaking out. hemodialysis in hospital, intermittent catheterisation.

Severe – hemodialysis or peritoneal dialysis at home

**Skin and Tissue Viability:**

Does the child have a diagnosed skin condition? What treatment medical advice has been given? Has this helped? Reason why it has not helped. Does the child have problems due to excessive dribbling, frequent loose stools, and gastrostomy? How often does the condition need clinical assessment? Does the child/young person need specialist dressings? How long do these take to do? Does the carer need specialist advice and training to do the dressings? Do they need any special medication/creams to prevent infection, skin breakdown? Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Examples;

High – open pressure wounds requiring daily treatment and pressure relieving equipment, complex skin condition e.g severe neurofibromatosis.

Severe – life threatening skin conditions ( e.g necrotising fasciitis or Epidermolysis bullosa EB) requiring daily and complex interventions or severe burns.

**Communication:**

Are they able to express their basic needs e.g. hunger, pain. How do they do this? Do they use PECS, eye gaze, body language? Is their communication effected by their mood, tiredness etc? What support have they had so far? Is this support helping? Please give reason if support not helping. Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Example;

High – may be able to smile and cry but unable to communicate needs or limited access to communication systems but not reliable.

**Medication:**

How is medication given, oral/rectal/needle/gastrostomy? Can the child/young person take it themselves? Is the medication hidden to ensure it is taken? Do they require medication in the night? Do they require emergency medication, how often? How often does the child/young person need to be hospitalised because medication has not been effective, if so how often? Does the carer need extra training to give medication? How often is the medication reassessed by a qualified medical practitioner?

Examples;

High – regular (at least weekly) changes to medication e.g anti convulsants . (over the phone with parents putting changes into place).

Severe – Daily medication changes, by registered nurse and doctor e.g associated with end of life pathway and pain relief (nurse visiting daily).

Priority – would need 1-1 from nurse with input from doctor.

**Psychological/Emotional Needs:**

Is the child generally cheerful? Does the child have any anxiety issues? What support has been offered so far? Has this been helpful? If not please give reason. Does the child attend school/college? Do they engage with activities? Has there been a significant deterioration in the child’s engagement, social functioning and self-care? Can this deterioration be attributed to age, peer pressure, recent event or stressful situation? Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Examples;

Moderate – Has CAMHS involvement and is responding to interventions/treatment.

High – Being supported by CAMHS at an increased level, i.e. specialist outreach services engaged. Interventions prescribed show limited responses. Requires MHA assessment and potential admission to T4 CAMHS for assessment and treatment.

**Seizures:**

Has the child been diagnosed with epilepsy? Was the seizure linked to an event e.g. temperature, fall etc. Is the child/young person’s medication needing regularly review, if so how often and by who? Is the child/young person prescribed emergency medication? How often do they need it? How often does the child/young person need hospital admission? Has the child/young person have a VNS or other surgical seizure control procedure? Does the child need care in the night due to seizure management, if so how often? Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional?

Examples;

High – Tonic/Clonic seizures requiring rescue medication (such as Midazolam) on a weekly basis.

Severe – Uncontrolled daily seizures not responding to medication and requiring hospital treatment.

**Challenging Behaviour:**

When thinking about this domain please consider what the cause of the challenging behaviour is. If it is more related to the CYP mental health please score in the emotional and psychological domain. This domain is generally for CYP with challenging behaviour related to their Learning Disability.

Is the child’s behaviour predictable, e.g. when they experience something new, if they have not understood events planned. Are they using it as a way to communicate? How has their behaviour been addressed? Has any health or behaviour intervention been helpful? Is a specialist health team involved or been involved? If not please give reasons. Describe the behaviour displayed. Which medical professionals are monitoring this condition? How often are they reviewed by a medical professional? **Please note the weighting of challenging behaviour is unlikely to be a High or greater if specialist health involvement is not being currently offered and a current health assessment and plan is not available to the CCG.**

Examples;

High – Expect specialist CAMHS to be involved including PBS

Severe – intense multi agency support including CAMHS, PBS and risk of exclusions from home and school and requiring alternative provision.

Priority – Presentation continues to deteriorate and immediate safety of the child or those around them are at risk, requires MHA assessment and possible admission to specialist T4 CAMHS inpatient.

**What happens next?**

* On receiving the referral it will be triaged by two members of the team.
* If it is unlikely that a child will get 3 highs or one severe the referral will not be progressed to a full assessment.
* If a referral indicates 3 ‘highs’ then a full assessment will be recommended. If full assessment recommended the nurse assessor will contact the family and the multi professional team to co-ordinate.
* If there is any uncertainty about a third high then it will be progressed to a full assessment.
* If there is a lack of evidence to support a referral it will be returned to the referrer to provide more evidence alongside a re-referral.
* If the referral is not accepted for assessment there will be signposting and/or advice as to what other services may be able to offer support.

All forms should be submitted to [bnssg.cc.childrens@nhs.net](mailto:bnssg.cc.childrens@nhs.net)

If you have any queries please contact a member of the team on the above email or phone 01179 841656