

Buckinghamshire Children and Young People's Physiotherapy Service Referral Criteria

Statement of Purpose

'To facilitate a child's optimum independence and quality of life within the family, educational or wider social environment.'

Physiotherapists support children and young people who have difficulty with movement and treat short and long term conditions that impact on their physical development, activity and participation. We work with the child/young person, their family and Health and Educational colleagues to encourage each child to fully develop his/her potential so that maximal function is achieved, deformity prevented or reduced and the effect of disability minimised, from birth to the time they transition to adult services.

A 'movement difficulty' may include but is not limited to:

- Muscle tightness that limits movement of a joint or limb
- Difficulty moving from one position to another
- Difficulty moving independently
- Poor quality of movement
- Difficulty participating in PE or other physical activities
- Chronic conditions that can impact on normal everyday functioning

Who and where to refer to

The Children and Young People's Physiotherapy service accepts referrals for all conditions for children aged less than 6 years of age.

Children aged 6 years and over who present with a movement difficulty, or other conditions such as chronic fatigue or cystic fibrosis, are seen by The Children and Young People's Physiotherapy service

NB: Children aged 6-16 years and over who present with a musculoskeletal condition (e.g. back or joint pain or injury) should be referred to the musculoskeletal service at SMH using their referral form, and to MuSIK (adult MSK team) for young people over the age of 16.

The Physiotherapists work across the whole of Buckinghamshire and are based in three locations (clusters), in Aylesbury, Amersham and High Wycombe – the addresses of which are on the referral form.

How to refer

Referrals are accepted from healthcare professionals for children who are registered with a Buckinghamshire GP. Professionals should obtain consent from the parent or guardian before sending the referral.

The referral form will prompt the referrer to document the child or young person's **specific functional difficulties**. Every effort should be made to provide adequate clinical and background information in order to support clinical decisions. **Referrals that do not contain sufficient information will be returned to the referrer.**

Referrals, such as from Health Visitors, made via RiO should be followed up with a phone call to inform the Physiotherapy service that a referral has been made. Referrals can be sent electronically to a secure email address found on the bottom of the referral form.

Referral to treatment

Parents and referrers will be notified that the referral has been received by our service upon receipt. All referrals are triaged and prioritised according to clinical need and are seen in date order. All referrals are seen within a maximum of 18 weeks.

Rapid Access – within 48 hours if the child requires:

- Urgent assessment of equipment needs following hospital discharge.
- Urgent assessment and advice for babies diagnosed with Obstetric Brachial Plexus Palsy
- Urgent assessment for rapidly changing condition
- Re-provision of broken equipment

Routine Access - within 18 weeks if the child requires:

- Assessment for moderate/significant physical difficulty impacting on activity and participation
- Assessment of gross motor skills where these differ significantly from their overall performance.
- Assessment for children under 5 years who are at risk of, or showing delay in acquisition of gross motor skills
- Assessment of a musculoskeletal condition (under 6 years)
- A non urgent equipment assessment
- Assessment following deterioration in a long-term condition

Self-referral for parents/carers

If a child has a long-term complex condition impacting on physical ability and has been discharged from physiotherapy, parents can self-refer if:

- There has been a significant change in functional abilities
- Orthotic provision requires re-assessment.
- Medical or surgical intervention is planned or has taken place e.g. Botox or orthopaedic surgery
- Equipment review is required regarding size, safety or suitability for child's needs