**The Children & Young People’s Audiology Centre**

**St Thomas’ Hospital,**

**South Wing, 2nd Floor,**

**Westminster Bridge Road,**

**London SE1 7EH**

**Tel: 020 3049 8560**

**Email: gst-tr.CYPACReferrals@nhs.net**

September 2016

**Referral Criteria for Third-tier Paediatric Audiology Clinics**

**(Bromley, Bexley and Greenwich residents)**

**Introduction**

The Paediatric Audiology Service runs second-tier and third-tier clinics for the assessment of hearing in children of all ages, registered with GP practices in Lambeth, Southwark and Lewisham (LSL). It also provides a tertiary service for the assessment of children registered with GP practices in Bromley, Bexley and Greenwich (BBG) for the audiological care of children found to have significant hearing impairment or complex needs. The Service has close links with community and acute paediatric medical services, and local educational services, over a wide area of southeast London.

***Third-tier clinics***

The service runs a third-tier clinic at the St Thomas’ Hospital Children’s Audiology Centre, Kaleidoscope Children’s and Young Persons’ Centre (Lewisham) and Sunshine House (Peckham), with more advanced facilities for the assessment of:

* very young infants (< 6 months)
* children with multiple disabilities or who are difficult to assess for other reasons
* children who are referred from the second-tier clinics
* children with already identified hearing loss for hearing aid consideration

The location of the child's appointment is dictated by the needs of the child. Whenever possible the parent/carer is able to choose the clinic location most easily accessible to them.

***This service is commissioned for both LSL and BBG children and young people***

**Please note:** before referring children with persistent middle ear disorder for consideration of hearing aid provision, they must first have been seen by an ENT specialist to rule out underlying medical conditions and/or surgical treatment.

**Who can refer?**

Children can be referred to the third-tier audiology clinics by any Health Service staff, as long as the referral criteria are met. Referrals should only be made with the informed consent of children's parents or carers. When a referral is made by anyone other than the child's General Practitioner, the G.P. should be advised of the referral.

**Referral criteria**

A child under 6 month’s developmental age will be seen in the audiology clinic if:

1. There is parental or professional concern about the child's hearing, *or*

2. The child has not obtained a clear response in one or both ears on their newborn hearing screening test, *or*

3. There are congenital factors which put the child at increased risk of permanent hearing impairment (see list of risk factors attached) and the child has not had a newborn hearing screening test, whether or not there is concern about the child's hearing.

A child of any age should be referred to the third-tier clinic if it has not been possible to assess hearing in a local second tier audiology clinic. This includes children who have any of the following:

* A confirmed diagnosis of autistic spectrum condition
* A significant developmental delay
* Additional needs ie sensory or physical impairments which may make it difficult to test the child's hearing.
* A known hearing loss for consideration of hearing aid fitting or management

***If the child does not meet the third tier referral criteria please refer them to their local second-tier audiology clinic:***

**Bexley & Greenwich**

Community Audiology

Single Point of Access Admin Team

Acorns

Queen Mary’s Hospital

Frognal Place

Sidcup

Kent DA14 6LT

**Bromley**

Community Audiology

Phoenix Children’s Resource Centre

0208 466 9988

40 Masons Hill

Bromley

Kent BR2 9JG

Phone: 0208 466 9988

**A child with an active infection in the outer or middle ear should be referred initially to the G.P. or to an E.N.T. Department.**

**All referrals are to be sent to:**

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**Westminster Bridge Road,**

**London SE1 7EH**

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**How to refer**

1. *Referrals by health visitors and school nurses*

These must be made on the attached form, copies of which should be taken as necessary.

2. *All other referrals*

Referrals to this tier audiology service should be made either on the attached form or by letter, with the following information:

* Child's name, gender, date of birth, address and NHS number\*
* Referrer’s name and contact details\*
* Parents' or carers’ surnames (if different from the child's)
* Parents' or carers’ contact telephone number(s)
* Social worker’s name and contact details, if the child is in the care of social services
* GP’s name and address, if the GP is not the referrer\*
* Reason for referral**\***
* Pregnancy and birth history
* Details of the child's past medical history and developmental progress
* Details of any past hearing screening test results
* Details of family history of early, permanent hearing impairment or speech and language delay
* A clear indication if the child is on a child protection register

The informed consent of the child’s parent or carer must be obtained prior to referral.

**\*indicates mandatory information – referrals without these details will not be accepted and will be returned to referrer**

**RISK FACTORS FOR PERMANENT HEARING IMPAIRMENT**

**Congenital**

* Parental consanguinuity
* Maternal rubella during pregnancy
* Maternal drug ingestion during pregnancy
* Birth weight less than 1500g
* Congenital infection (rubella, CMV, syphilis, toxoplasmosis, herpes)
* Neonatal anoxia
* Neonatal jaundice, requiring exchange transfusion
* Neonatal septicaemia
* Anatomical malformation of the head, neck or ear
* Treatment with ototoxic drugs (e.g. aminoglycoside antibiotics) in the neonatal period

**Post-natal**

* Bacterial meningitis
* Mumps
* Skull fracture

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