

CHILDREN AND YOUNG PEOPLE'S SPECIALIST COMMUNITY NURSING TEAM REFERRAL GUIDANCE

The Children and Young People's Specialist Community Nursing Team comprises specialist-trained Community Children's Nurses, Learning Disability Nurses, Specials School Specialist Nurse, Associate & Assistant practitioners and team administration assistant.

Our aim is to provide high quality evidence based care and support, and we believe that all children and young people have the right to achieve their full potential physically, intellectually, emotionally, socially and spiritually. We are committed to working in partnership with families and other statutory and voluntary organisations in order to achieve this.

CHILDREN ELIGIBLE FOR REFERRAL

Any child / young person aged 0 – 19 years residing within the Harrogate and Rural District CCG locality within the following two groups:

Group 1 Child / young person with nursing needs who have a life-limiting / life threatening condition and / or technology dependence.

Group 2 Child / young person with significant learning disability (including Autistic Spectrum Condition [ASC])
Young person with a learning disability who is nearing transition age (16 – 19 years)

This is not an exhaustive list and eligibility criteria and service provision may be subject to ongoing review.

REASON FOR REFERRAL

Please specify need for a service from the following categories:

Group 1

- Nursing intervention such as care and support with gastrostomy, tracheostomy, ventilation, nasogastric tube, central venous access device, complex medication administration and stoma care;
- Training families & statutory agents
- Palliative Care.

Group 2

- Children / young people with behaviours that are considered to be challenging
- Significant difficulties with activities of daily living such as sleeping, feeding, continence
- Requiring offer / completion of a Health Action Plan
- Requiring offer / completion of a Communication, Hospital & Health Passport

REFERRAL PROCEDURE

- ❖ Obtain consent from parent / carer / child / young person to refer to team;
- ❖ Medical responsibility to be identified and agreed before a referral is acceptable ie GP, Paediatrician;
- ❖ **Complete all sections marked with an asterisk** on the referral form and send or fax or email to the team as detailed below. Receipt of referral will be confirmed.

Please do not hesitate to contact us for further information or advice

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