



Neurodevelopmental Follow-Up

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Guideline History		
Date	Comments	Approved By
May 2020	Update and reformatted, minor changes	Chairman's action Discussed NGG Oct 2019

Patients first • Personal responsibility • Passion for excellence • Pride in our team

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Neuro-developmental follow-up of babies from St. Peter's Neonatal Unit

HIGH RISK babies

Special follow up arrangements are available for a selected group of higher risk babies who are discharged from St. Peter's NICU. There is a monthly development clinic (Tuesday morning) held by Dr Tracy Lawson, Consultant Neonatal Paediatrician and Carolyn Shaw, specialist paediatric physiotherapist from White Lodge (centre for children and adults with neurodisability). The aim of this clinic is the early identification of neurodevelopmental delay. **If babies are identified on NICU as being neurologically abnormal, please refer directly to White Lodge for a therapy services assessment – please see appendix 1.**

A database of eligible babies is kept by our NICU Data co-ordinator. **Patients are booked in to the clinic by Dr Lawson at the appropriate corrected gestational age (around 6 months post due date).** This appointment will be in addition to their usual follow up with their attending Neonatal Consultant. Eligible babies are:

1. Very preterm (< 31 weeks gestation) or low birth weight (<1250g)
2. Parenchymal changes on ultrasound (HPI, PVL, porencephalic cyst, post haemorrhagic hydrocephalus)
3. Moderate encephalopathy; therapeutic hypothermia
4. Meningitis or encephalitis
5. Seizures

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Babies are seen once in this clinic. If abnormal neurology is present, babies will be referred to White lodge for a therapy assessment – see appendix 1. If there are no concerns, the baby will be discharged from the clinic back but will have ongoing follow-up with their named Neonatal Consultant.

Please discuss with Dr Lawson any other baby who you feel might require neurodevelopmental follow up. We are only able to offer follow up for St. Peter's local babies.

Colleagues in other clinics who have concerns about a baby's motor development (delay) can also refer either for community physiotherapy via the surrey one stop portal:

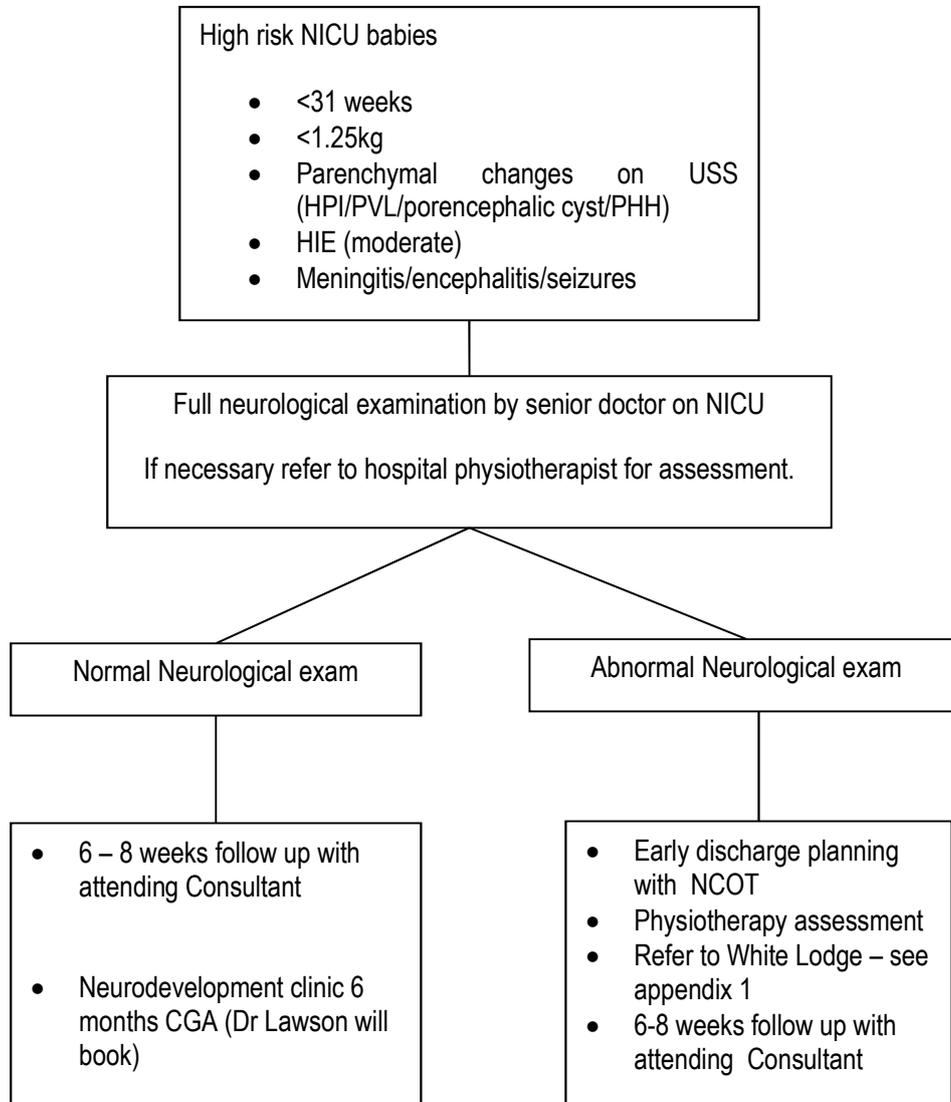
<https://childrenshealthsurrey.nhs.uk/services/one-stop>

or directly to White Lodge for a therapy assessment if there is evidence of abnormal neurology/primary movement difficulty – see appendix 1

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Ashford and St. Peter's Hospitals NHS Foundation Trust

Neurodevelopmental follow up pathway





Appendix 1

White Lodge Centre Paediatric Therapy Services

White Lodge Centre Paediatric Therapy Services is commissioned by Guildford and Waverley CCG for NHS provision of Physiotherapy, Occupational Therapy and Speech and Language Therapy. We provide services for babies and children prior to starting school who meet the criteria below.

Referral Criteria

- Children with a diagnosis of Cerebral Palsy
- Children yet undiagnosed but who present with a primary movement difficulty* resulting from a non-progressive brain insult.
- Children with a complex neurological presentation requiring a period of specialized multi-disciplinary therapeutic management.

*Primary movement difficulties being

- Abnormal tone
- Retained primary reactions/reflexes
- Abnormal patterns of movement
- Delayed secondary reactions

Population Covered

Children with a GP in Runnymede, Elmbridge, Spelthorne, Woking and Surrey Heath. (Children who meet our referral criteria with a GP based outside of these boroughs will require prior agreement from the Commissioner at Guildford and Waverley CCG).

Paediatric Therapy Services Include

- Comprehensive joint assessment of children’s abilities and needs by a multidisciplinary team including Physiotherapy, Occupational Therapy and Speech and Language Therapy
- Child centered, family focused, specialist multi-disciplinary intervention.
- Centre based intervention through individual and/or group work to maximise childrens’ ability to participate, ensure quality of life and enable children to meet their full potential.
- Working in partnership with families, carers and professionals.

To Make a Referral

- Referrals letters can be made by Consultants and current therapists via post or via email to sarah.norman14@nhs.net. Alternatively, please email if you would like a referral form sent to you.
- For further information or queries about referrals please contact Sarah Norman, Therapy Coordinator via email sarah.norman14@nhs.net or call 01932 567131 to speak to a member of the Children’s Therapy Team.

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4. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for babies across neonatal intensive care, transitional care and maternity.

b. Purpose

- i. This guideline aims to facilitate a common approach to the management of babies admitted under neonatal care. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.
- ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

Health care professionals should be aware of this guidance when booking follow up for high risk infants.

d. Approval and Ratification

This guideline will be approved and ratified by the Neonatal Guidelines Group.

e. Dissemination and Implementation

- i. This guideline will be uploaded to the trust intranet 'Neonatal Guidelines' page and thus available for common use.
- ii. This guideline will be shared as part of ongoing education within the Neonatal Unit for both medical and nursing staff.
- iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

- a. This policy will be reviewed on a 3 yearly basis.
- b. If new information comes to light prior to the review date, an earlier review will be prompted.
- c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Neonatal Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

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g. Equality Impact Assessment

<p>Background</p> <ul style="list-style-type: none"> Who was involved in the Equality Impact Assessment
<p>Neonatal guidelines group chair</p>
<p>Methodology</p> <ul style="list-style-type: none"> A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) The data sources and any other information used The consultation that was carried out (who, why and how?)
<p>All groups were considered for patients, parents and staff</p>
<p>Key Findings</p> <ul style="list-style-type: none"> Describe the results of the assessment Identify if there is adverse or a potentially adverse impacts for any equalities groups
<p>No evidence of inequality</p>
<p>Conclusion</p> <ul style="list-style-type: none"> Provide a summary of the overall conclusions
<p>Guideline appropriate for use</p>
<p>Recommendations</p> <ul style="list-style-type: none"> State recommended changes to the proposed policy as a result of the impact assessment Where it has not been possible to amend the policy, provide the detail of any actions that have been identified Describe the plans for reviewing the assessment
<p>Guideline to be shared, and reviewed as per standard terms</p>

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: neurodevelopmental follow up

Policy (document) Author: Tracy Lawson

		Yes/No/ Unsure/NA	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Scope/Purpose		
	Is the target population clear and unambiguous?	Y	
	Is the purpose of the document clear?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
3.	Development Process		
	Is there evidence of engagement with stakeholders and users?	Y	
	Who was engaged in a review of the document (list committees/ individuals)?		2020 minor changes only
	Has the policy template been followed (i.e. is the format correct)?	Y	
4.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	NA	
	Are local/organisational supporting documents referenced?	NA	
5.	Approval		
	Does the document identify which committee/group will approve/ratify it?	Y	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	NA	
6.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
7.	Process for Monitoring Compliance		

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		Yes/No/ Unsure/NA	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?	NA	
8.	Review Date		
	Is the review date identified and is this acceptable?	Y	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	
10.	Equality Impact Assessment (EIA)		
	Has a suitable EIA been completed?	Y	

Committee Approval (Neonatal Guidelines Committee)

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

Name of Chair	M. S. Edwards	Date	<u>4 May 2020</u>
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Ratification by Management Executive (if appropriate)

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

Date: n/a