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

**St Thomas’ Hospital,**

**South Wing, 2nd Floor,**

**Westminster Bridge Road,**

**London SE1 7EH**

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**Referral Criteria for Paediatric Audiology Clinics**

**(Lambeth, Southwark and Lewisham 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.

***Second-tier clinics***

The service runs second-tier clinics in the Kaleidoscope Children’s and Young Persons’ Centre (Lewisham), Gracefield Gardens (Lambeth) and Sunshine House (Peckham). The second-tier clinics have a filtering role for assessing pre-school and school-age children to determine whether they:

* are hearing normally
* have middle-ear disorder (for which they may be referred to their general practitioner or an Ear Nose and Throat (ENT) surgeon)
* may possibly have a more serious disorder which requires further investigation in the third-tier clinic

***This service is only commissioned for LSL children and young people***

***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 significant 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 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.

**Criteria**

**All referrals will be triaged into the most appropriate second or third tier clinic according to the information supplied by the referrer.**

***Second-tier clinic***

Children will be seen in the second-tier audiology clinic only if their developmental age is 6 months or older and they do not have any primary risk factors for permanent hearing impairment (see list of risk factors attached). A child with an active infection in the outer or middle ear should be referred initially to the GP or to an ENT Department. Non-infective otitis media with effusion does not preclude referral to the audiology clinic.

Examples of second-tier clinic criteria are listed below:

1. The child fails two successive hearing screening tests, *or*

2. The child fails one hearing screening test and there was significant parental concern regarding the child's hearing, before the screening test was carried out, *or*

1. The child’s parents express concerns about the child’s hearing on two successive occasions, separated by at least 4 weeks, but no more than 8 weeks, *or*
2. There is professional concern about the child’s hearing, *or*
3. The child is not showing at least two age-appropriate features of hearing or listening behaviour, as shown on the parental questionnaire in the parent-held record, *or*
4. The child has delayed speech and language development, but only if it is confirmed by a speech and language therapist or a developmental paediatrician. (Note that a child who has no recognisable speech by two years of age may be referred directly to the second-tier audiology clinic, but should be referred to the speech and language therapy service at the same time).

**Note: If the parents or involved professionals remain concerned, even after the child appears to pass a hearing screening test, the child should be referred to Audiology.**

***Third-tier clinic***

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 clinic if:

1. There is a post-natal event which puts the child at increased risk of acquiring a permanent hearing impairment (see list of risk factors attached), whether or not there is concern about the child's hearing, *or*

2. There is parental or professional concern about the child's hearing and the child has disabilities other than hearing impairment, or there are other reasons why it may be difficult to test the child's hearing.

**Referrals from ENT departments**

ENT staff should refer a child with suspected or known hearing impairment to the paediatric audiology service if:

1. The child is under 4 years of age, *or*

2. The child's hearing cannot be tested reliably, *or*

3. There is a suspicion that the child has sensorineural hearing impairment, *or*

4. It is thought that the child may need to be fitted with hearing aids.

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

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**London SE1 7EH**

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The third-tier audiology clinic at St Thomas’ also accepts **St Thomas’ Hospital** **ENT referrals** for children from areas outside of southeast London by a separate agreement. Clinicians wanting to refer should, however, consider whether a more local audiology service would be appropriate.

**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 audiology services 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**

* Family history of early, permanent hearing loss
* Parental consanguinity
* 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

**Syndromic**

* Any syndrome in which hearing impairment is known to be a likely element

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