

Children's Physiotherapy Service Core NHS Offer BNSSG October 2022

The Physiotherapy service provides assessment and a range of therapeutic interventions for children who have a complex, severe or enduring physical and or developmental conditions that are significantly affecting their ability to achieve their potential in terms of activities and movement.

Who is the service for?

For children and young people from birth to eighteen years who:

- Have complex and enduring physical, developmental health needs affecting their function and where they are not meeting their potential.
 - If the young person has physical impairment but is reaching their potential this service may not be needed.
 - If the young person has learning difficulties but is reaching their potential this service may not be needed.
- Have a physical health need following injury or surgery.
- Are pre-school children who live in, or who have a GP within the North Somerset Bristol and South Gloucestershire area (BNSSG).
- Are school age children and young people who have a GP and live within the BNSSG area. If they attend a school outside of the area, the school follow up work cannot be carried out by this service and the work may have to be referred to a different locality.

Who is priority given to?

- Preschool children with potential complex neurological disorders. Aim to be seen within 4 weeks.
- Children identified as having a life-limiting condition will be seen within 4 weeks.
- Children who need Occupational Therapy following a specific medical intervention where there is a limited window for follow-up therapy to be effective.

Making a referral:

Families, carers, health professionals and schools can make a referral.

All referrals then go via Sirona care & health's single point of entry. Referrals are made using a single point of entry (SPE) referral form and it is helpful with some school age children to include a functional skills checklist. The links for these are on the website. [Children's Physiotherapy - CCHP | Community Children's Health Partnership](#)

Aims of the service:

To enable children and young people referred to Physiotherapy to achieve their movement potential; identifying their needs as prioritised by the young person and their family.

Therapists provide a range of interventions for those children who have significant and enduring physical and or movement difficulties. These interventions are designed to help improve a young person's:

- Access to equipment necessary for health and to enhance independence
- Ability to manage pain, manage posture and prevent deformities.

Interventions are focused on either skill acquisition in the following areas of; school performance (access and engagement), play and leisure and in age-appropriate personal activities of daily living or in managing challenges of pain, mobility and positioning.

We aim to see all standard referrals within 18 weeks. Pre-school children with neurological conditions will be seen within 3 weeks.

Intervention:

Assessment

First appointment will predominantly be offered via a clinic-based assessment, or if indicated, a home, school or nursery visit. (First contact may be via a telephone call to the family or carer). Further assessments will be based around the concerns highlighted in the referral or clinical decisions following the initial contact

Therapy and support

Therapy and support will range from advice, group or a specialist intervention. These are described in more detail below.

Therapy is based on available research, and national best practice guidelines which are reviewed regularly. Therapy sessions are provided from locality health bases, schools or in a young person's home and may include telephone or video link contacts.

Community visits

Therapists may provide school or home visits and or a telephone consultation as appropriate based on the needs of the young person. School visits are made if the initial assessment indicates clinical reasons that a school visit is required and if the school is within BNSSG.

Home visits are carried out based on a clinical judgement that this is the most appropriate space, considering the child and family's needs as well as circumstances.

Specialist Equipment

Therapists may recommend equipment and discuss options with the child or young person's family. Where there is a clear clinical need. Therapists have a responsibility to request this equipment via the relevant agency. This could include North Somerset, Bristol or South Gloucestershire ICB, the 0-25 Disabled Children's Team or Disablement services. Ongoing care of the equipment is the responsibility of the provider but the therapist will provide advice about the use of the product and consultation as needed, this could include the setting up of the equipment in school or a child's home.

Some school environmental and equipment needs assessments, and all home adaptations are carried out by 0-25 Disabled Children's Team Occupational Therapists.

Splinting/orthotics

Children can be referred for assessment of a lower limb orthosis by Physiotherapy colleagues only. The service provides assessment and if a splint is provided then regular reviews as clinically required or requested by the child's referring therapist who will monitor the wearing of the splint. Children can also be referred to local NHS orthotics or Lycra service as appropriate.

Special Educational Need and Disability (SEND):

This service works closely with partners in the local educational authorities to support children and young people with SEND across BNSSG and follows statutory guidance.

Reasonable requests for an Education and Health Care Plan needs assessment (EHCPNA):

The therapy services will offer support to the local education authorities in relation to reasonable requests for children who are currently on an open therapy caseload or have been open on the therapist's caseload in the past 12 months. For children who are still currently working with a therapist, the therapist will provide a specific contribution for the EHCP needs assessment which will include clear specific recommendations and identify how any recommendations can be delivered. All recommendations for provision are based on the child's needs, not on core service criteria.

For children where the case was closed within the past 12 months, the therapist will provide their most up to date report. Contributions and reports will be provided within the 6-week timescale.

Any request for a new assessment will follow core service referral criteria. A child or young person accepted for assessment will be seen within 18 weeks unless they require priority which is based on their immediate health needs.

The service is unable to provide assessments following a reasonable request for a child or young person who has not been seen within the last 12 months or who is not yet known.

A therapist will attend an EHCP annual review when there is complexity around the agreement related to the therapy needs of the young person. Reports for annual reviews can be provided if the child or young person is still open to the therapies team

Tribunals and appeals:

The Physiotherapy service will offer support to the local education authorities in relation to SEND appeals and tribunals for children or young people whose cases are currently open or have been open on therapist's caseloads in the past 12 months. In these situations, the therapist will provide a report and attend the tribunal.

We are unable to support appeals or tribunals for a child or young person whose case was previously open but who has not been seen in over 12 months or who are not known to our service.

Multi Agency Working:

Therapists will work in partnership with children and young people and their families, other health professionals, education staff and the 0-25 years Disabled Children's Teams as appropriate to the needs of the child, ensuring confidentiality and child safeguarding standards are met.

Discharge:

Once a child/young person reaches 18 (or 19 if in special education) or their physiotherapy needs suggest that they no longer require ongoing physiotherapy, the child/ young person will be discharged. If at this time, there are new ongoing physical health needs with an outcome described that is within the remit of Physiotherapy the child or young person can be offered further Physiotherapy assessment (if they are under 18 or 19 if in special education).

Age range and access

1. Children aged 0-18 years with consent from the person with parental responsibility (Children between 13 years and 16 years (if Gillick competent) can give their own consent but should be accompanied by a caregiver to the first appointment)
2. Children up to the age of 19 if in a special school
3. Children registered with a North Somerset GP
4. Children who attend a Special School in Bristol, North Somerset or South Gloucestershire (BNSSG) and may live in another area across BNSSG
5. Children 'Looked After' by other Local Authorities but placed in Bristol, North Somerset or South Gloucestershire. Information about the Local Authority who has responsibility for the child will need to be included in the referral, otherwise it will not be accepted.
An extra-contractual referral agreement may be required

On discharge, the written communication to the family must be clear about this end of contact, where to get follow-up support and who to contact in the service should the young person need further support from Occupational Therapy. This can be done via a specific discharge letter or as detail on a final summary report.

For those children with an EHCP on discharge, the summary or final letter will need to be copied to relevant case officers, school staff or referrers to inform them of ongoing needs and provision for the young person as related to Physiotherapy.

Re-referral: Any infant, child, or young person can be re-referred into the service using the same process as for a first referral. The referral will be accepted as described above.

iThrive model The delivery of Occupational Therapy services is based on the i thrive model. In order to support the child/young person to thrive, we offer services in 3 main areas of the model: Getting Advice, Getting Help, Getting More Help.



Levels of Intervention Within Physiotherapy

This is a description of Levels of Service which are used within the Children’s Physiotherapy service. Young people may move between different Service Levels if needs change:

The level of care and support is based on current National Institute of Clinical Excellence (NICE) guidelines.

SERVICE LEVELS	IDENTIFICATION BNSSG unless otherwise indicated	EXPECTED LEVEL OF INTERVENTION
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Universal level/targeted (before referral)	<p>Where parents or carers (and professionals) may have concerns about their child's physical development, postural variations eg. flat feet or in-toeing, walking patterns or general concerns, with their child or young person.</p>	<p>Our website, which has several universal resources including APCP guidance on postural variations</p> <p>An advice line is available for 3hrs every week for parents or other professionals to ring for any advice or referral information</p> <p>Therapists attend some community Early years groups to answer questions and give advice</p> <p>Clear signposting via Website</p>
Targeted	<p>Available to any children on the Motor Co-ordination pathway and those with Global Developmental Delay</p>	<p>Groups: - Bike Group Alert Group Motor co- ordination group</p> <p>Training for parents and/or practitioners (webinars / live) CPD for schools as part of our Additionally Commissioned Service eg. Postural Management, Specialist Equipment.</p> <p>Any staff in school involved in moving and handling should be encouraged to attend a Basic Manual Handling course delivered as part of our Additionally Commissioned work</p>
Transition from Acute to community services	<p>Children transitioning from Acute Service to community i.e. from NICU (NBT and UH Bristol) and Bristol Children's Hospital</p>	<p>Attend Discharge Meetings and communication regarding transfer and equipment needs</p> <p>Attend therapy 'hand over 'sessions in person to meet child and parents (potentially multiple appointments depending on child's need)</p>
Specialist/targeted	<p>Where the SPE referral meets the criteria.</p>	<p>The Physiotherapist will complete an assessment then the options could include.</p>

<p>All accepted referrals will receive this level</p>		<ul style="list-style-type: none"> • Provide advice for family or school or signpost • Contribute to a MDT diagnosis • Offer a block of intervention by a physiotherapy technician in school • Provide a report/summary letter. which could include a contribution to an EHCP assessment or not • Offer information about bookable review clinic.
<p>Specialist Assessment plus (Usually Triaged on to OT Uni and Joint OTPT Pathway)</p>	<p>Wide range of Children who have on-going Physiotherapy needs and interventions that can be best supported by their caregivers and/or education staff.</p> <p>Includes: GDD School age neurodisability children requiring review</p> <p>Specialist Services:- Complex Neuro Disability- Early Years School Age Motor Co ordination & Neuro Diversity Global Developmental Delay/LD</p> <p>Acute episode of Care/Botox/ Post op rehab</p>	<ul style="list-style-type: none"> • Possibly MDT or OT/PT assessment • An assessment of strengths and needs, skills and difficulties is made. • A school, nursery or home visit can be offered if appropriate to continue the assessment. • A written report is provided. • Early Years • Initial appointment at Base or home within 3 weeks of referral • Assessment includes Base-line video of child's abilities. • Child and family referred to and/ or discussed at Multi-professional 'Intake'/Core meeting • Child assessed as part of multi professional 'Motor Assessment' contribution to Report/recommendations • Attendance at and contribution to all multi-professional support meetings for child and family (minimum of 6 monthly intervals) • School Age: • Between 6-12 weekly review dependent on need • CPIP Assessment • Set Goals; Advice and programme provided and taught to carers and school • Coordinating Specialist Equipment for school & home • CPIP assessment 1x year (2x year if under 7) • MOT Assessment 1x year

		<ul style="list-style-type: none"> • Integrated Physio & OT clinical assessment and intervention, for example referral to a group, episode of care (121), referral to technician for a block of intervention. <ul style="list-style-type: none"> ○ Include summary of need, recommendations, and what the next steps are. ○ Include a child/family led outcome plan or goal. • Discharge plan is clear, the therapist will outline how the child can be re-referred to the service should new functional difficulties be identified. • TOMS category
<u>Service Level</u>	<u>Identification</u>	<u>Expected level of intervention</u> <u>L=Low, M= Medium, H=High</u>
1	Referral <i>does not meet referral criteria</i> /referral not appropriate for physiotherapy	Referral declined on Care Plus/SPE And/or Referral returned to referrer (if referral criteria obviously not met from information in referral)
2a	<ol style="list-style-type: none"> 1. Global Developmental Delay, 2. General Hypotonia 3. Non-acute orthopaedic conditions with Functional Difficulties 	<ul style="list-style-type: none"> • Placed on waiting list for Assessment Clinic (up to 18 week wait). • Assessed x 1 at Base <ol style="list-style-type: none"> 1. Set Goals; Advice/programme provided and taught to carers and school. 2. Referral on to other services as appropriate. 3. Will receive up to 2 'Review' appts. within 3-6 months, prior to discharged. 4. If attending a Special School will be assessed and treated/reviewed in school (Carers invited to attend relevant appts.)

<p>2a+</p>	<ol style="list-style-type: none"> 1. Global Developmental Delay with additional physical problems (pre-school) 2. Congenital Hypotonia 3. Joint Hypermobility with pain/functional difficulties, up to age 8 or below, otherwise will be rejected and sent to local MSK services. 	<ul style="list-style-type: none"> • Intervention level remains at level <i>2a Plus</i> <ol style="list-style-type: none"> 1. Nursery or home visit if necessary to advise on equipment /seating needs and to teach programme 2. Referral on to other services as appropriate 3. May receive up to 3 'Review' appointments according to need, prior to Discharge. • Hydrotherapy:- <ul style="list-style-type: none"> • Children with joint hypermobility and pain may be offered a block to work on specific Goals according to availability and need L
<p>2b</p>	<ol style="list-style-type: none"> 1. Children with Motor Coordination concerns as their main presenting problem and who comply with the Joint OT/Physio criteria for acceptance of referral 	<ul style="list-style-type: none"> • Placed on waiting list for Assessment (up to 18week wait) • Assessment at Base: <ol style="list-style-type: none"> 1. Set Goals; Advice / programme provided for home and school. School/carers to carry out with child if appropriate 2. May be referred for a block of 1:1 therapy from therapy technician 3. May be referred to a Therapy Group 4. Will receive up to 4 Review appts by physiotherapist prior to discharge • Hydrotherapy:- <ul style="list-style-type: none"> • Children may be offered a block to work on specific Goals according to availability and need L

<p>3a</p>	<ol style="list-style-type: none"> 1. Severe Hypotonia 2. Downs Syndrome with more severe hypotonia (pre-school) 3. Motor Delay in the absence of GDD 4. School age neurological conditions (GMFCS level 1 &II) 5. Pre-school Muscular Dystrophy 6. School age non- progressive neuro muscular conditions 7. Motor /movement problems as part of a Syndrome or Learning Disability who attends a special school setting 	<ul style="list-style-type: none"> • Placed on Assessment waiting list (up to 18 week wait) • Assessment and treatment carried out at Base, home or school if appropriate: <ol style="list-style-type: none"> 1. Set Goals; Advice/ programme provided and taught to carers and school 2. Assessment of equipment needs as appropriate 3. Referral on to other services as appropriate. 4. Reviewed 3 monthly on average or reviewed in a generic review clinic • <u>Hydrotherapy:-</u> • School-age non-progressive neuro muscular conditions will be offered a block within an academic year <u>if</u> functional abilities are deteriorating M • Pre-school children with Muscular Dystrophy may be offered a block of hydrotherapy according to availability and need L
<p>3b</p>	<ol style="list-style-type: none"> 1. Functional Neurological Disorder (FND) 2. Chronic Fatigue syndrome 	<ul style="list-style-type: none"> • Referral must come from CAMHS and child receives physiotherapy as part of a multi-disciplinary approach (including CAMHS) referral must be made when Child Young Person (CYP) is at point of returning to school /mainstream activities.

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| | | <ul style="list-style-type: none">• Placed on Assessment waiting list (up to 18 week wait)• Assessment and an episode of care to enable CYP to return to school /mainstream leisure activities• Up to 6 weeks of weekly intervention and then reviewed and DC. |
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<p>4a</p>	<p>1. Primary School-age neurological conditions (GMFCS III)</p> <p>2. School-age (Primary and Secondary)neurological conditions (GMFCS IV-V) within a mainstream/resource- base setting</p>	<ul style="list-style-type: none"> • Placed on Assessment waiting list (up to 6 week wait) • Assessment and treatment carried out at Base, home or school if appropriate: • Set Goals; Advice and Programme provided and taught to carers and school • Assessment of equipment needs as appropriate • Referral on to other services as appropriate • Reviewed 4-6 weekly on average • 6 monthly/ yearly CPIP (dependent on age) surveillance assessment to be carried out. • <u>Hydrotherapy:-</u> • All secondary- age children GMFCS IV and V will be offered ongoing hydrotherapy (programme will be set by a physiotherapist but usually carried out by a LSA) H • Primary –age children GMFCS IV and V will be offered a block of hydrotherapy within the academic year M • Primary-age children GMFCS III may be offered a block to work on specific Goals according to availability and need L <p><i>For all Level 4 :- At times of change of equipment/ transition/ additional LSA teaching may receive an episode of care and move to Level 5 for that period of time</i></p>
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4b	<ol style="list-style-type: none"> 1. Secondary school age neurological conditions (GMFCS III) 2. School age Muscular Dystrophy/Degenerative conditions 3. Preschool non-progressive neuromuscular conditions 	<ul style="list-style-type: none"> • Placed on Assessment waiting list (up to 6 week wait) • Assessment and treatment carried out at Base, home or school if appropriate: • Set Goals; Advice and Programme provided and taught to carers and school • Assessment of equipment needs as appropriate • Referral on to other services as appropriate • Reviewed 2 monthly on average • 6 monthly/ yearly CPIP (dependent on age) surveillance assessment to be carried out. <p><u>Hydrotherapy:-</u></p> <ul style="list-style-type: none"> • All children with Degenerative Conditions who are wheelchair dependant will be offered ongoing hydrotherapy (programme will be set by a physiotherapist but may be carried out by a LSA) H • Secondary-age children GMFCS III may be offered a block to work on specific Goals according to availability and need L <p><i>For all Level 4 :- At times of change of equipment/ transition/ additional LSA teaching may receive an episode of care and move to Level 5 for that period of time</i></p>
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<p>4c</p>	<p>School-age neurological condition (GMFCS IV-V) in Special School</p>	<ul style="list-style-type: none"> • Placed on Assessment waiting list (up to 6 week wait) • Assessment and treatment carried out at Base, home or school if appropriate: • Set Goals; Advice and Programme provided and taught to carers and school • Assessment of equipment needs as appropriate • Referral on to other services as appropriate • 6 monthly/ yearly CPIP (dependent on age) surveillance assessment to be carried out. • Reviewed every 6-12 weeks on average • <u>Hydrotherapy</u>:- • All secondary age children GMFCS IV and V will be offered ongoing hydrotherapy (programme will be set by a physiotherapist but usually carried out by an LSA) H • Primary –age children GMFCS IV and V will be offered a block of hydrotherapy within the academic year M <p><i>For all Level 4 :- At times of change of equipment/ transition/ additional LSA teaching may receive an episode of care and move to Level 5 for that period of time</i></p>
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<p>5 Episode of Care</p>	<ol style="list-style-type: none"> 1. Acute episode neuromuscular condition 2. Post Botulinum toxin injections (if already on caseload) 3. Post-op orthopaedic surgery (child already on caseload) including Soft-Tissue Multi-level surgery 4. Post-op SDR surgery (excluding rehab funded by CCG) 5. Nursery or School Transitions 6. Re-assessment for Specialist equipment 7. Additional teaching for Nursery/School/LSA 8. Episode of serial casting 	<ul style="list-style-type: none"> • Appointment given within 3 weeks of referral • Assessment and Treatment carried out at Base, home or school • Offered an episode of care (6 sessions) carried out weekly or fortnightly by Physio or Physio Technician to: <ol style="list-style-type: none"> 1. Set Goals; Advice and programme provided and taught to carers and school 2. Management--- assess for specialist equipment/ orthotics etc. needed for home or school • Child may need more than 1 episode of care (based on clinical need and decided by physiotherapist) • After episode of care revert to child's usual service level based on primary diagnosis. <p><u>Hydrotherapy:-</u></p> <ul style="list-style-type: none"> • For children with an acute neuro muscular condition, post-op surgery and post SDR will be offered a block of hydrotherapy (programme will be set by a physiotherapist but may be carried out by an LSA/ physio technician) M
<p>6</p>	<p>1. Post-op Multi-Level Surgery- Cerebral Palsy (Bony plus soft tissue)</p>	<ul style="list-style-type: none"> • Joint planning for ongoing therapy with hospital physio team prior to discharge to: Set Goals and decide on Therapy Programme. Move to level 5 for intervention.
<p>7</p>	<p>Preschool neurological conditions (GMFCS 1-V) and complex Motor Disorders</p>	<ul style="list-style-type: none"> • Initial appointment at Base or home within 3 weeks of referral • Assessment includes Base-line video of child's abilities. • Offered 2-3 weekly appointments (jointly with OT/SLT if appropriate.) at home or Base to: <ol style="list-style-type: none"> 1. teach carers handling skills/positioning etc. to promote function

The hydrotherapy service levels are dependent on the physiotherapy service continuing to have access and use of current hydrotherapy pools/sessions

References:

<https://www.nice.org.uk/guidance/ng62>

<https://www.nice.org.uk/guidance/cg145/chapter/1-guidance>

<https://www.nice.org.uk/guidance/ng62/chapter/recommendations>

<https://www.gov.uk/government/publications/postural-care-services-making-reasonable-adjustments/postural-care-and-people-with-learning-disabilities>

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