

Neurodevelopmental Assessment Pathway - Red Flag Medical Concern Indicators Guidance For Priority Onward Referral To The Community Paediatrics Team

Introduction - Medical Red Flag Criteria Guidance for the Neurodevelopmental Assessment Pathway



The neurodevelopmental assessment pathway

The Neurodevelopmental assessment pathway for children and young people is designed to support early identification, assessment, and management of neurodevelopmental disorders such as Autism, ADHD, and other related conditions.

However, during the assessment process, it is essential to recognise potential medical concerns that may require urgent attention, known as the "**red flag**" criteria.

These red flags serve as critical indicators of underlying **medical conditions** that may either mimic or coexist with neurodevelopmental disorders, impacting the child's overall health and development.

Identifying red flags ensures that timely referrals, investigations, and interventions are made, preventing delays in care that could affect long-term outcomes. Red flags may include sudden regression in skills, unexplained significant developmental delays, or signs of neurodegenerative diseases.

This guidance outlines the key medical concern red flag criteria that clinicians and healthcare professionals must be vigilant about whilst navigating the neurodevelopmental assessment pathway process.

Key points to note relating to the difference between medical red flags and expediting other concerns through the neurodevelopmental assessment pathways for Nottingham City and Nottinghamshire County

- **Medical concerns red flag** criteria are described on the next page.
- ADHD assessment referrals for children **under the age of 5 years** are **not** accepted into the Community Paediatric Team. For concerns of ADHD in **under 5's**, please refer to the Healthy Families Team or 0-19 Service.
- Neurodevelopmental assessment pathway teams have their own priority concerns criteria for expediting non-medical concerns – such as concerns regarding escalating/risk taking behaviours, looked after children, children with significant safeguarding concerns. **However, please contact your local neurodevelopmental assessment pathway team to discuss further, as priority concerns are determined on a case-by-case basis.**
- **Speech and Language Therapy (SLT)** – referrals are accepted from age 2 onwards for [Home Talk](#) support across Nottingham & Nottinghamshire (including Bassetlaw).

Speech and Language Therapy (SLT) - for more information about the Doncaster and Bassetlaw service, referral criteria and how to refer see the link [here](#). For information about Nottingham & Nottinghamshire Speech and Language support (excluding Bassetlaw) referral criteria and referral form, please see the link [here](#) for information in the 'How to refer' section.

Advice line information for parents (excluding Bassetlaw) can also be found [here](#).

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Red flag medical concerns criteria - any of (this is not an exhaustive list)

Activity	Age
Unable to sit unsupported	By 10 months
Failure to turn to sounds (following hearing test)	By 6 months
Unable to hold object in hand	By 5 months
Does not reach for objects	By 6 months
Unable to walk	By 18 months
Unable to run	By 2.5 years
Walking on tip toes only - over 3 years of age (if bilateral), if unilateral or concerns around tightness please refer straight away to Community Paediatrics	Age - over 3 years
Evidence of dysmorphic features or unusual facial features	Any age
Evidence of suspected significant tics & Tourette's presentation	Any age
Regression of gross motor skills and/or speech and language (not behaviour regression)	Any age
If child is not showing an interest in people, does not respond to their name, makes limited eye-contact, does not point, and has few or no words to communicate with others (following a point or pointing to show and no or limited expressive language)	Age by 2 years
Few or no words used to communicate with others – please refer for hearing test assessment and SLT – not Community Paediatrics	
Moderate to severe learning disability - to include evidence of early years delayed developmental milestones.	Any age
More information regarding learning disability functional symptoms can be found here . (Please also refer to introduction notes on the previous page). i.e. attaining year 1 level or below at the end of year 6	

Medical red flag concerns - referrals to services other than Community Paediatrics

No visual tracking – refer to ophthalmology – not Community Paediatrics	Age 6-8 weeks
Few or no words used to communicate with others – please refer for hearing test assessment and SLT – not Community Paediatrics	Age by 2 years
Lack of social smile - refer to ophthalmology – not Community Paediatrics	Age 6-8 weeks

Please note - if there are multiple medical red flag concerns (as above) this would be an indication of increased concern – if unsure please seek advice via the child's GP

Please consider all referral options regarding the child or young person



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If the child meets the medical red flag criteria a referral should be made (in the first instance) directly to the GP as below for onward referral to Community Paediatrics Team (and SLT Team/other wider services where appropriate)



Healthy Families Team/0-19 Service/Community Childrens and Young Peoples Services (CCYPS) - refer child to the GP for onward referral to the Community Paediatric Team for assessment

Referral should include a covering letter with full details of the “red flag(s)” identified. Letter should include - outline of concerns and ASQ scores describing the child's capabilities, learning age/early developmental milestones, any safeguarding concerns and overall impression of the child.

Consider if a referral to SLT is also needed to support with the child's communication.

GP - refer the child directly to the Community Paediatric Team for assessment via your usual referral process

Child should be **physically examined** by the GP to support the referral.

Following **physical examination** - onward referral to the Community Paediatrician including a covering letter with full details of concerns along with any evidence of the “red flag(s)” identified.

The referral must also include any letters from other health professionals involved in the assessment of the child.

GP's can also refer to the paediatric outpatient guidance on F12

