**London Complications of excess weight (CEW) clinics**

**Key referral criteria (must meet all 3):**

1. Obesity
2. Significant obesity-related medical comorbidity that would benefit from weight loss (eg type 2 diabetes, sleep apnoea, NAFLD with fibrosis) that has not responded to treatment with specialist team
3. Family wants help to change

There are two CEW services based on the home address. Find which borough they come from here: <https://www.gov.uk/find-local-council>

|  |  |
| --- | --- |
| **West London CEW - based at Great Ormond Street Hospital, in collaboration with UCLH and Tavistock** | |
| Eligible Patients: | North-central London (NCL): Barnet, Camden, Enfield, Haringey, Islington  North-west London (NWL): Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington + Chelsea, Westminster  South-west London (SWL): Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth |
| Referrals to: | gos-tr.cew@nhs.net |
| **East London CEW** - based at King’s College Hospital and Royal London Hospital (Barts Health) | |
| Eligible patients: | South-east London (SEL): Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark  North-east London (NEL): Barking & Dagenham, City & Hackney, Havering, Newham, Tower Hamlets, Redbridge, Waltham Forest |
| Referrals to: | kch-tr.kings.bartscew@nhs.net |

**Referrer details:**

We will work together with the treatment team. Safeguarding responsibility remains with existing local lead clinician.

|  |  |
| --- | --- |
| Referrer Name |  |
| Email |  |
| Telephone |  |
| Referrer Role |  |
| Hospital/Service and address (including postcode) |  |
| Team |  |
| Admin phone |  |
| Admin email |  |

**Patient Details**

|  |  |
| --- | --- |
| First Name |  |
| Known as (if different to first name) |  |
| Last name |  |
| Date of birth |  |
| Sex and gender |  |
| NHS number |  |
| Ethnicity |  |
| Home Address |  |
| Post Code |  |
| Fluent English spoken by whole family | Yes / No |
| Translator required | No / Yes - which language: |

**Parent/Carers/responsible adult details**

|  |  |
| --- | --- |
| First Name |  |
| Known as (if different to first name) |  |
| Last name |  |
| Parental responsibility? | Yes / no - give details: |
| Home Address (if different to CYP) |  |
| Post Code |  |
| Email address |  |
| Telephone number |  |

**Education/training**

|  |  |
| --- | --- |
| Name of school / college / nursery |  |
| Attendance rate |  |
| Is health impacting on education/training |  |

**What support has the family had to date?** *We assume that input from local and specialist team have already been attempted*

|  |  |  |
| --- | --- | --- |
| **Support** | **Which team** | **Clinical details** |
| Safeguarding/child protection plan or safeguarding referrals |  |  |
| Child in need plan |  |  |
| Social prescribing |  |  |
| Dietitian |  |  |
| Youth support / family support workers/early help |  |  |
| Mental health (including psychology) |  |  |
| Physiotherapy |  |  |

**Key professionals:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional role** | **Name + address** | **Telephone** | **Email** |
| GP |  |  |  |
| Local lead general paediatrician |  |  |  |
| Community paediatrician |  |  |  |
| Local authority social worker |  |  |  |
| Other |  |  |  |

**Clinical Information**

|  |  |  |
| --- | --- | --- |
|  |  | **Centile or SD/z if above 99.6th centile** |
| **Weight** |  |  |
| **Height** |  |  |
| **BMI** |  |  |

Centile charts available from RCPCH website: [Body mass index (BMI) chart | RCPCH](https://www.rcpch.ac.uk/resources/body-mass-index-bmi-chart)

**Physical health conditions (add row if needed):**

|  |  |  |
| --- | --- | --- |
| Condition | Treatment team | Status/summary of condition |
| Asthma - mild |  |  |
| Constipation |  |  |
| Hypermobility |  |  |

**Mental health conditions (eg depression, anxiety)** please note we will not have a team to provide treatment for conditions such as depression, anxiety and eating disorders. These will need to be managed by local CAMHS (Child and Adolescent Mental Health Services) services.

|  |  |  |
| --- | --- | --- |
| Condition | Treatment team | Status/summary of condition |
|  |  |  |
|  |  |  |
|  |  |  |

**Mental health/developmental needs:**

|  |  |  |
| --- | --- | --- |
|  |  | **Input to date** |
| Learning difficulties | No / Yes - details: |  |
| Developmental delay | No / Yes - details: |  |
| Social communication difficulties | No / Yes - details: |  |
| Needle phobia | No / Yes - details: |  |

**Essential screening tests:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | | **Result** | **Date** |
| HbA1c | |  |  |
| Blood pressure | **Systolic** |  |  |
| **Systolic centile** |  |  |
| **Diastolic** |  |  |
| **Diastolic centile** |  |  |
| Cholesterol | **Total** |  |  |
| **HDL** |  |  |
| **LDL** |  |  |
| **Trig** |  |  |
| Liver function | **ALT** |  |  |

**Blood pressure centile charts (p20-23):** https://www.nhlbi.nih.gov/files/docs/resources/heart/hbp\_ped.pdf

**Other tests:**

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| Severe obesity Genetics Panel | Not done / normal / abnormal - give details: |  |
| Other genetics | Not done / normal / abnormal - give details: |  |
| Sleep study | Not done / normal / abnormal - give details: |  |
| 24 hour blood pressure (if raised blood pressure) | Not done / normal / abnormal - give details: |  |
| Liver ultrasound | Not done / normal / abnormal - give details: |  |
| Liver elastography/fibroscan | Not done / normal / abnormal - give details: |  |

**Current medication (please indicate route administered):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Frequency** | **Issues with medical adherence** |
|  |  | No / yes - details: |
|  |  | No / yes - details: |
|  |  | No / yes - details: |

**Reasons for referral**

**What would referrer like from this referral?**

|  |
| --- |
|  |

**Is the patient/family aware of the referral?**

|  |
| --- |
|  |

**What would the family like from this referral?**

|  |
| --- |
|  |

**Any engagement issues?**

* Missed appointments
* Not responding to phone calls/emails/letters
* Difficulties following advice?

We may ask you to attend a virtual team meeting to discuss this referral further before accepting the patient.

**PLEASE SEND COPIES OF RELEVANT CORRESPONDENCE, SUCH AS HOSPITAL LETTERS**

Key Links

1. Genomics England R149 Genetics Panel (hyperphagia and BMI >3SD before 5): [NHS England » National Genomic Test Directory](https://www.england.nhs.uk/publication/national-genomic-test-directories/)
2. RCPCH growth charts: [Body mass index (BMI) chart | RCPCH](https://www.rcpch.ac.uk/resources/body-mass-index-bmi-chart)