Worcestershire Acute Hospitals NHS Trust

Referrals To Community and Acute Paediatricians for Aetiological Testing Following ABR Testing

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guidance is intended to aid paediatric audiology clinicians on when and how to refer babies and children to community paediatricians for aetiological studies, including congenital cytomegalovirus(cCMV) screening

This guideline is for use by the following staff groups :

Paediatric Audiologists

Lead Clinician(s)

Kim Doughty	Local Manager/Team Leader
Approved by Audiology Governance meeting	28th April 2026
Review Date: This is the most current document and should be used until a revised version is in place	28th April 2029

Key amendments to this guideline

Date	Amendment	Approved by:
April 2026	New document approved	Audiology Governance

INTRODUCTION

This guidance is intended to aid paediatric audiology clinicians on when and how to refer babies and children to community paediatricians for aetiological studies, including congenital cytomegalovirus(cCMV) screening

Process for suspected Permanent Childhood Hearing Loss following ABR referred from Newborn Hearing Screen

Acute Paediatricians
If a sensorineural hearing loss is diagnosed or suspected, on an ABR, a referral must be made to the Acute Paediatrician service so that cCMV testing can be arranged.
If baby is seen at Worcester Royal Hospital ask them to wait to see if a paediatrician can see them then and there.
To diagnose cCMV, a positive sample needs to be confirmed within the first 3 weeks. After that, if a positive urine sample is obtained, it would not be known if the CMV is postnatally or congenitally acquired. The sample would need repeating and the neonatal blood spot tested for CMV. If the urine is negative then bloods aren't required.

To contact the Consultant Paediatrician on call, bleep them:

- Dial 60 – listen to automated message
- Enter the user number 676
- Enter the extension number you are calling from
- Listen to the end of the message and the end tone. Hang up.
- Wait for the consultant to call
- The consultant will need baby's Name, NHS number and Date of Birth.
- If any concerns arise ask for Ezgi Seager – Consultant Paediatrician
- If a consultant does not respond to the bleep, please contact Riverbank Ward/ Paediatric Assessment Ward on 30116 or 30112

Community Paediatricians
When a moderate or worse, bilateral or unilateral sensorineural hearing loss is diagnosed in a child of any age, a referral is to be made to the community paediatricians. A mild loss can be referred only if it is accompanied by other risk factors – syndromic features, family history of progressive loss or a positive cCMV result.

The referral form is found in Letters on Auditbase, headed Community Paediatric Referral Form.

Complete the form, highlighting if a baby has been referred for cCMV testing. If the baby/child has a mild sensorineural hearing loss, please add in detail why you are referring them and what other risk factors are present.

Save the completed form to the childs Documents on Auditbbase.

Email the form to the generic community paediatrics email address:
whcnhs.access.commpaeds@nhs.net

Following a referral to Community paediatrics, please forward all future hearing tests and information, until they are discharged from community paediatrics. Please highlight if the hearing loss appears to be progressing, as consideration for further aetiological tests may be needed.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Ensure that all babies/children that need a referral are referred to Acute/Community paediatricians	A routine Paediatric Referral Audit will be undertaken to ensure that the process is followed correctly	Annually	Local Manager Newborn Hearing Screen	Audiology ServiceManager/ Governance Team	Annually following audit

References

Newborn Hearing Screening Programme (NHSP) operational guidance. Published November 2016. Updated 26 July 2018. Public Health England.

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Edward Southan – Interim Countywide Audiology Manager
Kim Doughty– Newborn Hearing Screen Lead
Jess Scully – Paediatric lead

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Audiology Governance

Worcestershire Acute Hospitals NHS Trust

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	✓	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Kim Doughty**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn Hearing Screening manager/Interim Lead**	**Kim.doughty@nhs.net**
Date assessment completed	**22/10/2025**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title**: Referrals To Community and Acute Paediatricians for Aetiological Testing			
What is the aim, purpose and/or intended outcomes of this Activity?	To check that babies/children are being referred to paediatricians correctly.			
Who will be affected by the development & implementation of this activity?	✓ ❑ Service User ✓ ❑ Patient ✓ ❑ Carers ❑ Visitors		✓ Staff ❑ Communities ❑ Other _____	
Is this:	✓ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussion with Community and Acute paediatricians
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**November 2028 when guidance needs reviewing**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	K Doughty
Date signed	
Comments:	
Signature of person the Leader Person for this activity	K Doughty
Date signed	22/10/2025
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.