Early Years Family Practitioner (EYFP) Feedback Pathway

 Concerns No Concerns

**Mental Health**

**Immediate concerns**

Parent/carer discloses ideas of harming or killing themselves

**Do not leave patient alone**

**Contact PCLS First**

Primary Care Liaison Service (PCLS) – during visit **01793 715000**

Immediate conversation with HV as soon as possible

**Concerns**

General low mood – feedback to named HV if in work or duty HV to make a decision re - following

HV to help assess and decide if follow up action or RF1 and EFYP to discuss with HV and complete RF1

HV to decide if follow up is required and documented

Documentation

Two year contact - Child

Parent contact – low mood/ DV

Submit summary sheet and information updated consent sharing form for scanning

Document on Template and save to Childs Electronic file

Complete Capita entry

**Development**

Slight develop mental delay

Advice to parents re activities to promote development

Review in three months

Feedback to named HV

Concerns where referrals may be indicated

EYFP can refer to SALT Audiology and 2yr Funding

Other concerns re development need to be discussed with named HV and action plan agreed

EYFP can initiate referrals but these need to be completed and signed off by named HV

**Safeguarding**

Follow the LSCB policy

**Immediate threat**

To life/serious injury

Child left alone

**Call Police 999**

**Any concerns**

Where children may be at risk of harm

(E.g. bruising, parents being hostile and abusive home environment)

Immediate phone call to named/duty HV or safeguarding nurse

**Domestic Abuse**

**Immediate concerns**

Parent/carer discloses

If any DA is disclosed

Signpost to:

**SWA 01793 610610**

Advise parent to phone police if feels immediately threatened

If **you** feel threatened **LEAVE and record on Capita as an alert**

Immediate feedback to named HV if in work or duty HV