

Somerset Local Authority Medical Advice (Appendix C)

This advice is given as part of the Education Health and Care Needs Assessment under the terms of the Children & Families Act 2014 (section 36) and in accordance with The Special Educational Needs & Disability Regulations 2014 (sections 6, 7 and 8) and in accordance with the Special Educational Needs and Disability Code of Practice 2015 (section 9.45 – 9.52).

Please refer to link for further information about the use of personal data:

[Privacy Notice – Special Educational Needs and Disabilities \(SEND\) \(somerset.gov.uk\)](https://somerset.gov.uk/privacy-notice-special-educational-needs-and-disabilities-send)

Copies of this advice will be sent to young people and/or parents and all professionals who have contributed to the assessment. It will not, otherwise, be communicated to third parties except for reasons listed in Section 15 of the Regulations.

Name of child/young person	Miss Felicia Bailey
Date of Birth	01/01/2015
NHS Number	712 4554 4545

GP Name and Address	Dr. Williams Anytown Medical Centre Somerset
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Date contact was last made with the child/young person?	01.02.24
Have they been discharged from your service?	No

Details of the health needs of the child/young person which are related to their special educational needs;

1. Relevant Medical Factors

- Details of any diagnosis of a medical condition or need, together with the likely effects of this condition and its treatment on the child's learning and development

Autism Spectrum Condition
Demand avoidance traits with a PDA profile
Poor sleep latency
Walking avoidance due to leg and back pain - improved
Under continence team for constipation and day time and night-time wetting
Sensory Processing Difficulties
Concerns around accessing school
Awaiting assessment for possible ADHD

- Current medication (drug name only, not dose)

Melatonin for sleep
Movicol
Multivitamins

- Current medication &/or medical procedures that are likely to be delivered/required during school/educational setting hours

nil

2. Describe the child's development and needs in the relevant areas and identify the impact this may have on the child/young person's education:

- Hearing

- Vision/coloured vision

- Nutrition

- Physical health

- Mobility

Seen paediatrician felt that walking avoidance linked to PDA profile. Also found to be low in vitamin D so multivitamins suggested.

- Motor Control

Seen private OT with concerns regarding dyspraxia - I will refer to NHS OT for further assessment in view of concerns around walking too.

- Continence & toileting

Under continence team for constipation, daytime and night-time wetting.

- Independence skills (feeding/dressing)

- Speech and language

- Social Communication

- Emotional/mental health

Awaiting assessment with CAMHS team awaiting assessment regarding concerns around fears and anxiety with leaving house.

- Social circumstances

- Any additional comments

3. Please list all the medical equipment the child/young person needs/has:

4. **What specialist medical training is needed? Please list who by and the frequency:**

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5. **Over the next 18 months, what provision will your service provide to this child/young person, including who, when and how often:**

Continue to review with regards sleep latency

6. **Please provide health aims & outcomes to support the child/young person:**

To continue to support Felicia's medical needs.

Name	Dr. Macey
Job Role	Consultant Paediatrician
Date	13 Dec 2023