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Level 4 paediatric medicine outpatient services

Guide to support standardisation in NSW

Paediatric Network

September 2025

Agency for Clinical Innovation

NSW GOVERNMENT

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Background

The Children Young People and Families Executive Steering Committee charged the NSW Agency for Clinical Innovation (ACI) to review existing service arrangements. The purpose of the review was to understand current challenges and potential opportunities for level 4 paediatric medicine services to take a greater role in outpatient and community services. The ACI started work to recommend an appropriate range of paediatric outpatient services that should be delivered by level 4 paediatric medicine services. These could be expressed both by service type and service capacity.

Level 4 paediatric medicine service capability and capacity varies between and within local health districts. Generally, the larger the population served by a health facility, the broader the range of services. To date there has been no attempt to standardise paediatric outpatient services in NSW.

This guide is intended for use by level 4 paediatric medicine services. However, level 5 paediatric medicine services are encouraged to use the guide as a minimum standard, along with additional requirements outlined in the Guide to the Role Delineation of Clinical Services[1] for level 5 paediatric medicine services.

The management of privately referred non-inpatient (PRNIP) services in relation to billing practices are outside the scope of this guide.

About

Outpatient services reduce pressure on other parts of the health system and provide an integral connection point between primary and tertiary level care. Level 4 paediatric medicine services face increasing pressure to deliver a range of outpatient services.

Outpatient services are not standardised across NSW which leads to inconsistencies in the services delivered. This guide aims to address this challenge by outlining core business requirements for service delivery. The guide will support consistent, high-quality care for paediatric patients, and improved patient outcomes by outlining minimum service requirements, triage processes, waitlist management strategies and person-centred approaches to care.

The following documents provide additional detail on the delivery of paediatric outpatient services and are complementary to this guide:

- Management of Outpatient (Non-Admitted) Services (GL2023_014)[2]
- Paediatric Service Capability (Paediatric Medicine and Surgery for Children) (GL2024_005)[3]
- NSW Health Guide to the Role Delineation of Clinical Services[1]

Note on terminology and service levels

For the purposes of this guide: The terms ‘child’ and ‘children’ are used inclusively to refer to individuals from birth through adolescence. This includes:

- neonates (newborns)
- children (infants through pre-adolescents)
- young persons (adolescents up to the age of 16).

All references to level 4 paediatric medicine outpatient services will be abbreviated as ‘level 4 paediatric services’. These services encompass specialised outpatient care provided by paediatricians with expertise in managing complex and chronic conditions in children under 16 years of age.

Increasing demand for specialist outpatient paediatric services

Demand for paediatric outpatient services has increased substantially over the past 2 decades. This increase is thought to be multifactorial and includes:

- reduced capacity in primary care
- increased medical complexity with advancement of medical management
- increased recognition that Adverse Childhood Experiences (ACES) impact on health outcomes
- increased demand for assessment and management of neurodiversity including attention deficit hyperactivity disorder, autism spectrum disorder and complex behavioural concerns
- difficulty accessing specialised paediatric psychiatrists
- increased parental expectation for specialty care.[4]

Core business

Provision and capability

Paediatrician-led clinics in level 4 paediatric services provide non-admitted child and family health services delivered by a multidisciplinary team.

These services are provided in addition to services that would be provided in level 3 facilities.

Their role includes assessment and management of:

- developmental concerns
- psychosocial and behavioural concerns
- most paediatric medical conditions.

This includes provision of and capability in:

- multidisciplinary services for children with developmental and behavioural concerns
- Hospital in the Home
- short stay unit
- acute review services
- referral pathways to subspecialty services, e.g. endocrinology, cardiology
- a range of specialist paediatric outpatient services delivered face-to-face or via virtual care to meet local needs.

Person-centred care

Person-centred care places the individual at the core of all healthcare decisions. This recognises the person as more than their symptoms or condition, considering their unique social, psychological, cultural and societal context. By focusing on the whole person, person-centred care supports dignity, autonomy and meaningful engagement throughout the healthcare journey.

NSW Health has adopted the Australian Charter of Healthcare Rights (second edition)[5] and the Charter on the Rights of Children and Young People in Healthcare Services in Australia[6] (collectively referred to as the Charters). The Charters reflect the NSW Health focus on elevating the human experience and the responsibility of health service staff to ensure that patients are aware of their healthcare rights.[7]

Communication

Level 4 paediatric services are required to acknowledge receipt of a referral to parents, carers and referrers, and provide estimated wait times in writing.

This may occur via a standard messaging service (SMS), email or letter. Parents and carers should be encouraged to see their referrer if there is a change in the child's condition, as this may necessitate a new or more urgent referral being made.

Referrals

A statewide approach supports transparency and consistency in referral requirements and processes for access to outpatient services. Statewide referral criteria are outlined in Management of Outpatient (Non-Admitted) Services.[2]

The referrer should be made aware when a referral is not accepted or redirected. Alternative care options should be communicated to the child, parent or carer, and referrer.

When a referral is accepted but wait times exceed the relevant triage category assigned to the child, the anticipated wait time should be communicated to the child, parent or carer, and referrer.

Very urgent or time-sensitive referrals should be discussed directly between the referrer and the treating clinician from the nominated outpatient service.

Table 1: Minimum details required for referrals to paediatric outpatient services

Information	Details required
Patient identifying information	Full name, chosen name, date of birth, gender, pronouns, address of usual residence, contact number
Parent and carer details	Full name, contact details
Presenting problem	Onset, duration and severity, and/or condition based on provisional diagnosis
Medical history	Previous treatment, other relevant diagnoses, recent investigations, current medications and dosages, immunisations, allergies and adverse reactions
Examination details	Height, weight, and other relevant measurements and examinations (serial measurements should be included if clinically relevant)
Reason for referral	New condition, deterioration in existing condition, second opinion
Requested outpatient service	Suitability for virtual care, willingness for surgery, if required
Referrer's details	Name, contact number, email address, medical practice details, provider number
Additional patient, parent and carer needs	Special needs or reasonable adjustments to be made. Requirement for an interpreter and the language required.
Aboriginal and Torres Strait Islander status	-
Additional socio-cultural factors	Out of home care status, refugee, safety concerns, poverty, parent living with a disability young carer, etc

Correspondence from previous clinicians relevant to the transfer of care	-
Information about whether the child has been referred to other services	-

Urgency categories

Each local health district is responsible for developing a clear process for allocating clinical urgency categories to incoming referrals. The clinical urgency category is dependent upon the information provided in referrals.

Each clinic requires a triage process that facilitates:

- waitlist management
- prioritisation according to clinical need
- compliance with Management of Outpatient (Non-Admitted) Services[2].

All referrals should be triaged based on clinical urgency, taking into consideration individual circumstances of the child and family, e.g. for priority populations. Management of Outpatient (Non-Admitted) Services[2] does not include paediatric-specific clinical urgency categories.

The following categories have been adapted from the clinical urgency categories outlined in the Management of Outpatient (Non-Admitted) Services[2] and agreed for use in paediatrics through a clinical consensus process.

Table 2: Paediatric clinical urgency categories and recommended timeframes

Paediatric clinical urgency categories	Recommended timeframe for appointment
Urgent general paediatric medical issues	Within 4 weeks
General paediatric medical issues, including eating disorders	Within 3 months
Developmental and behavioural issues in preschool-age children. Transfer of care from one paediatrician to another when a child moves into that geographical catchment area from another.	Within 6 months
Developmental issues in school-age children	Within 12 months
Behavioural and concentration issues in school-age children	Within 12 months

Where a child has moved into a different local health district, a handover of care from the former treating paediatrician is required.

If a service is unable to provide care within a clinically acceptable timeframe, the referrer may need to explore alternative care for the child.

Every level 4 paediatric service should have strategies in place to improve access to paediatric outpatient clinics for children from priority populations. NSW Health prioritises the following groups as priority populations:[8, 9]

- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse people
- People with a disability
- Lesbian, gay, bi+, trans, people with intersex variations and queer (LGBTIQ+) people
- Refugees and asylum seekers
- Children in out-of-home care or at risk of harm

Improving access to services for priority populations could include:

- running specific clinics and potentially co-locating with existing services for priority groups
- using an 'up triaging' approach based on referred condition and priority status.

Each service will have different capacity and referral patterns reflecting their local community. Individual services should allocate resources to respond to local needs and demands.

Managing waitlists

Timely communication and system-supported performance monitoring are essential to ensuring safe and responsive paediatric outpatient care. If a child's condition changes while waiting for paediatrician review, the family or carer should discuss the change with their primary care provider. The primary care provider should discuss the referral with the treating clinician for very urgent or time sensitive referrals or consider alternative care options.

Measuring and monitoring performance processes need to be compliant with the Management of Outpatient (Non-Admitted) Services.[2] Local health districts should support the collection of this data rather than this being the clinician's responsibility.[2] Appendix 3 shows the data collection required by the Ministry of Health.

Supporting families where a child Was Not Brought to their appointment

Supporting families through clear communication and flexible appointment processes helps improve attendance and access to paediatric care.

Families are complex and have many competing demands, which may impact their attendance at medical appointments. Level 4 paediatric services should provide written communication of the appointment to the child and their caregiver in advance of the appointment.

Where possible, an appointment reminder service, either by using SMS or telephone, may be used 2–3 working days prior to the appointment.

When a child **was not brought** to their clinic appointment, this should be communicated to the original referrer. If the outpatient service has been contacted to reschedule the appointment, this should not be recorded as a did not attend or **was not brought**.

Level 4 paediatric services have oversight for rescheduling appointments and follow-up processes. People in priority population groups should receive additional consideration and flexibility.

Strategies for reducing **was not brought** appointment rates include working with care navigators, Aboriginal liaison officers and health workers, multicultural health workers, social workers and other relevant support services.

Service planning

Outpatient services should be planned and coordinated to meet the diverse health needs of the community, with clear pathways to care when local services are not available.

Local health districts and specialty health networks determine what outpatient services need to be provided to meet the community's needs.

Minimum clinics

Level 4 paediatric services should aim to provide core clinics and timely access to allied health support to meet the common needs of children and families.

Many children are seen within general paediatric clinics, including those who may only require care from a general paediatrician, as well as those whose health needs are best supported through collaboration between a general paediatrician and a subspecialty team.

Access to allied health should be available through general paediatric clinics to support timely assessment and early intervention. Allied health interventions should not be delayed while waiting for a general paediatric outpatient review to occur.

Access to a range of clinics that target specific needs is also required. Some of these may be delivered through networked arrangements with tertiary services.

In summary, a general paediatric service, as outlined by the Guide to the Role Delineation of Clinical Services[1], should provide the following clinical services:

- priority populations e.g. refugee, out-of-home care
- diabetes multidisciplinary care
- developmental
- cancer care
- eating disorders
- chronic and complex care coordination
- neonatal review
- palliative care.

It is expected that all level 4 paediatric services provide a culturally appropriate and safe service. Local health districts should consider running subspeciality clinics in collaboration with local general paediatricians and local Aboriginal community controlled health services to address access barriers for Aboriginal people and communities.

Local health districts should develop a strategy to deliver subspecialty services from their clinics based on population need. This could be in collaboration with tertiary or networked hospitals through a general paediatrician with a subspecialty interest (collaborating with a subspecialty department), virtual or telehealth subspecialty care, outreach clinics or a mix of all three modalities.[10]

Services provided by primary care or community-based allied health services for children are exclusions from a level 4 paediatric service. General practitioners should be encouraged to use HealthPathways for appropriate management before referring a child to a level 4 paediatric service.

Virtual care

Virtual care should be integrated as a flexible and accessible option that complements in-person services and supports equitable access to paediatric care.

Virtual care is designed to complement and enhance access to in-person care. Virtual care may sometimes be the best option to meet a child and their family's needs. The modality may also be suitable for a child that **was not brought** to their appointment where the family faces challenges attending in person.

It is the responsibility of the local health district to prioritise the provision of infrastructure to support delivery of virtual care services.

Suitability of the child, parent or carer for virtual care should be considered as per the Virtual Care Suitability Checklist.

The principles of virtual care have been developed to complement existing clinical principles and models of care. These support the development or redesign of models of care to provide high-quality person-centred care that is digitally enabled.

Principles of virtual care:[11]

- **Principle 1**: Access and equity to healthcare can be enhanced and enabled by technology.
- **Principle 2**: Safety is fundamental in the provision of healthcare, regardless of the modality.
- **Principle 3**: Virtual care requires strong clinical governance.
- **Principle 4**: Consumers are partners in their healthcare and their lived experiences drive service improvements.
- **Principle 5**: User confidence and capacity impacts on experience.
- **Principle 6**: Access to the right technology.
- **Principle 7**: People are integral to the provision of healthcare.
- **Principle 8**: Monitoring and evaluation of patient experiences and outcomes are invaluable.

Additional details are available from the Virtual Care Principles.

Virtual care may be useful in co-consultation with a subspecialist. It is important that for the child, parent or carer, that access and equity are considered when scheduling a virtual clinic appointment. This is particularly important for people in rural and regional areas. Intergovernmental agreements may assist with supporting access to care, e.g. access for families to local school technology to facilitate a virtual health clinic appointment.

The Virtual Care in Practice Guide supports healthcare providers in delivering virtual care.

In-home care and visits

In some settings, such as palliative care, the provision of in-home care and visits may be clinically indicated at the discretion of the paediatrician. Local safety and security procedures for staff should be followed if in-home care is being provided, including assessment of safety and risk for all home visits.[12]

Discharge and transfer of care management

Clear and coordinated discharge and transfer processes help ensure continuity of care and support safe transitions for paediatric patients. For discharge and transfer of care to be successful, there must be collaboration between tertiary, metropolitan, regional or rural services.

Children are to be discharged when their course of treatment is completed or another practitioner can manage the child more appropriately.[2] Level 4 paediatric services should have documented discharge criteria to promote consistency of discharge practices and assist with local decision making for ongoing care planning.

Discharge or transfer of care summaries should be provided in a timely manner to ongoing care providers.

Level 4 paediatric services should support paediatricians to transfer care for children who have moved out of the area, and support children, parents or carers during the transition process.

Transition of care to adult services

Planning for transition to adult services is a vital part of paediatric care, especially for young people with chronic conditions or disability. It should begin early to ensure a smooth and supported journey.

Planning the transition of care to adult services needs to be considered as young people with chronic conditions and disability near adulthood. This can be a vulnerable time for young people and their families. Transitions need to be individualised to the young person and should be planned from the age of 14 years. The general practitioner, paediatric and adult treating teams should be involved, and consideration of the increased needs of priority populations should be given.

The ACI Transition Care Network has developed the Key Principles for Transition Care, which outline how services can embed transition into clinical practice. There are many transition care resources to support clinicians, young people and carers through the transition process. These are available in easy read and a range of languages. Key steps for transition can be found in Appendix 4.

Figure 1: Key principles for transition care

Expected standards

In addition to core business, the following standards should be used to guide service delivery:

1. Outpatient capacity should be adequate for the population of children and young people in the catchment area and consider expected future population growth. Outpatient demand should be considered when evaluating the number of paediatricians required per facility, as well as allied health, nursing, Aboriginal health workers and other clinical services providing treatment for children, as per Paediatric Service Capability (Paediatric Medicine and Surgery for Children).[3]

2. There should be a locally developed, consistent triage process for all level 4 paediatric services. Each facility should report its triage categories, numbers of patients enrolled in each category and estimated wait times to a nominated senior staff member in the outpatient service on a weekly basis as per the Management of Outpatient (Non-Admitted) Services[2] guide. If the anticipated wait time is greater than the expected triage category, the referring doctor and the child's parent or carer should be notified so that they can consider alternative referral pathways.

3. All level 4 paediatric services should have a clear process for identifying children from priority populations as part of their triage and administrative processes.

4. All local health districts should consider a process for providing in-home assessments for people who are unable to attend the clinic building, e.g. in the provision of palliative care.

5. All level 4 paediatric services should have a child-safe clinic space and waiting areas available. Clinic space and waiting areas for children should be separate from adult spaces as per The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities (PD2022_053)[13].

6. Strategies to reduce wait times for appointments, including increasing capacity, should be prioritised at a local health district level.

7. All level 4 paediatric services should provide acute review services to facilitate safe discharge from hospital services.

8. Local health districts should develop a strategy to deliver subspecialty services from their clinics based on population need. This could be in collaboration with tertiary or networked hospitals through a general paediatrician with a subspecialty interest (collaborating with a subspecialty department), virtual or telehealth subspecialty care, outreach clinics or a mix of all three modalities.[14] They should also provide the following specific clinics (or incorporate these specific categories within general paediatric clinics):
   a. multidisciplinary assessment of psychosocial and behavioural issues
   b. developmental assessment
   c. acute review.

9. Level 4 paediatric services should also provide:

d. outreach to vulnerable or priority populations including Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse populations, those living in out-of-home care and refugee children
e. neonatal follow up
f. feeding clinic
g. eating disorder clinic
h. multidisciplinary diabetic clinic.

These clinics may require collaboration with multidisciplinary teams to provide person-centred, evidence-based care to children and families.

10. Level 4 paediatric service should prioritise Closing the Gap initiatives, including links to the First 2000 Days initiatives and using co-design with Aboriginal communities.

11. Level 4 paediatric service should consider transition for children from 14 years to adult services.

Methodology

The recommendations provided in this document are based on:

- the expert opinion of a working group
- a review of key evidence
- a review of existing models of care.

A rapid review was conducted of the peer-reviewed and grey literature to identify existing frameworks, standards or principles in the provision of paediatrician led outpatient clinics.

A PubMed search on 27 July 2023 used the following search string:

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(((("pediatricians"[MeSH Terms] OR "paediatrician"[Title/Abstract] OR
"pediatrician"[Title/Abstract] OR "paediatric assessment*"[Title] OR "pediatric
assessment*"[Title]) AND "wait*"[Title/Abstract]) OR ("nurse"[Title] AND ("pediatric"[Title]
OR
"paediatric"[Title]) AND ("assessment*"[Title] OR "referral*"[Title] OR "clinic*"[Title])) OR
(("paediatric"[Title/Abstract] OR "pediatric"[Title/Abstract]) AND "outpatient"[Title/Abstract]
AND
"refer*"[Title/Abstract] AND "alternative*"[Title/Abstract])) AND ((y_10[Filter]) AND
(english[Filter]))
```

The searches included articles published in English since 2013. These articles assessed the intervention of organisation or system level services frameworks, standards, accreditation and principles. The search excluded articles in languages other than English before 2013.

The discussion paper was reviewed formally in late 2023 and early 2024 by a working group including 18 expert medical, nursing and allied health representatives from a range of local health districts across NSW. They met via TEAMs weekly for one hour over three months. These meetings were held to reach consensus on recommendation statements. Consensus was reached on all recommendations included within this document. Additional consultation was held with an advisory group that provided expert opinions on the initial version of the document.

Broad statewide consultation with local health districts and speciality health networks was undertaken in October 2024.

References

1. NSW Ministry of Health. NSW Health Guide to the Role Delineation of Clinical Services. NSW: NSW Health; 2024 [cited 10 April 2024]. Available from: https://www.health.nsw.gov.au/services/Pages/role-delineation-of-clinical-services.aspx
2. NSW Ministry of Health. Management of Outpatient (Non-Admitted) Services. NSW: NSW Health; 2023 [cited 10 April 2024]. Available from: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=gl2023_014
3. NSW Ministry of Health. Paediatric Service Capability (Paediatric Medicine and Surgery for Children). NSW: NSW Health; 2024 [cited 4 Sep 2025]. Available from: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2024_005.pdf
4. Hiscock H, Danchin MH, Efron D, et al. Trends in paediatric practice in Australia: 2008 and 2013 national audits from the Australian Paediatric Research Network. J Paediatr Child Health. 2017;53(1):55-61. DOI: 10.1111/jpc.13280
5. Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights. Australia: Australian Commission on Safety and Quality in Healthcare; 2019 [cited 10 April 2024]. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-all-translations
6. Association for the Wellbeing of Children in Healthcare. Charter on the Rights of Children and Young People in Healthcare Services in Australia. NSW: Association for the Wellbeing of Children in Healthcare; 2018 [cited 10 April 2024]. Available from: https://awch.org.au/wp-content/uploads/2018/10/kids-rights-in-healthcare-australian_version_final_210911web.pdf
7. NSW Ministry of Health. Healthcare Rights. NSW: NSW Health; 2023 [cited 10 April 2024]. Available from: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2023_032.pdf
8. NSW Health. Meeting the needs of priority populations. NSW: NSW Health; 2024 [cited 10 April]. Available from: https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/priority-populations.aspx
9. NSW Health. Child protecting and wellbeing. NSW: NSW Health 2024 [cited 10 April]. Available from: https://www.health.nsw.gov.au/parvan/childprotect/Pages/default.aspx
10. NSW Ministry of Health. NSW Health Child Safe Action Plan Empower, listen and act together 2023-2027. NSW: NSW Health; 2023 [cited 10 April 2024]. Available from: https://www.health.nsw.gov.au/patients/experience/Documents/child-safe-action-plan.pdf
11. NSW Agency for Clinical Innovation. Virtual Care Principles. NSW Agency for Clinical Innovation; [cited 22 April]. Available from: https://aci.health.nsw.gov.au/statewide-programs/virtual-care/principles-of-virtual-care
12. Sydney Children's Hospitals Network. Home and community visiting: risk management NSW: Sydney Children's Hospitals Network; 2022 [cited 10 April 2024]. Available from: https://resources.schn.health.nsw.gov.au/policies/policies/pdf/2016-225.pdf
13. NSW Ministry of Health. The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities. Australia: NSW Health; 2022 [cited 10 April 2024]. Available from: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_053.pdf

Appendix 1: Conditions seen in paediatric outpatient services

Consistent with the general paediatrics clinical prioritisation criteria from Queensland Health, recommendations of medical presentations that may be seen in paediatric outpatient services include:

- Asthma, stridor and wheeze
- Development delay in children <6 years
- Constipation with or without soiling
- Persistent and chronic cough
- Paediatric diabetes (General Paediatrics)
- Autism spectrum disorder (diagnosed or suspected)
- Seizures
- Chronic and recurrent abdominal pain
- Faltering growth (failure to thrive) in children <6 years
- Rheumatic heart disease
- Learning difficulty/disability in children ≥6 years
- Headaches
- Behavioural problem in a child ≥6 years
- Paediatric obesity (General Paediatrics)
- Chronic diarrhoea and/or persistent vomiting
- Chest pain
- Murmur (General Paediatrics)
- Irritable infant <1 year
- Physical finding of concern <1 year
- Behavioural problem in a child <6 years
- Short stature
- Urinary incontinence and enuresis
- Neonatal jaundice (<8weeks of age)
- Joint pain
- Urinary tract infections (UTI) (general paediatrics)
- Recurrent respiratory infection
- Faints, syncope and funny turns
- Allergic reactions

Appendix 2: Subspecialty outreach clinic services offered by tertiary services

These may include:

- endocrine
- cardiology
- oncology/haematology
- rehabilitation
- paediatric surgery
- ear nose and throat
- neurology
- respiratory – cystic fibrosis
- immunology and allergy.

Appendix 3: Outpatient data collection requirements

Source: NSW Health. Management of Outpatient (Non-Admitted) Services (GL 2023_014). 2023.[2]

Appendix 4: Key transition care steps

Information for clinicians supporting a young person with chronic or complex health needs transitioning to adult health services.

Table 3: Key transition steps by age

Patient age	Key transition steps
From about 14 years	• Identify young people in your service that will need to transition to adult services or primary care for ongoing care. • Start discussing with the young person and carers and identify approximate age when transition may occur, i.e. 16 years of age, when you turn 18, after school exams.
From about 16 years	• Identify a local transition coordinator and determine if a referral to a specialist transition care service is required. • Start developing a transition plan and identify the teams that need to be involved, including the GP. Involve the young person, carers, primary care and clinical teams to ensure continuity of care is seamless. • Ensure referrals are made with comprehensive information to ensure referrals are triaged appropriately and accepted by new teams. • Discuss with the clinical teams if a period of overlap between children's and adult services would be a good option or is possible. • Complete the transition readiness checklist to help identify how best to support the young person to prepare for transition. • Consider a joint clinic appointment with the new team and GP to allow the young person and carers to meet them before their first appointment and to allow teams to provide a handover.
Time of transition	• Ensure all necessary medical documentation has been shared with new clinical teams. • Ensure the young person and carers know who to contact for medical emergencies and questions.

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