

REFERRAL GUIDANCE

This guidance is to support referrals being made to the Neurodevelopmental Pathway and Support Team (NPST), Nottingham City. Please read these prior to making a referral, and alongside other supporting documents which can be located on the NPST page of AskIion.co.uk

The Neurodevelopmental Pathway & Support Team (NPST) is the starting point of the neurodevelopmental pathway for children/young people registered with a Nottingham City GP, where there are queries regarding possible Autism and/or ADHD. The team works with families and other professionals to assess if a referral has all the necessary information to progress to discussion with Community Paediatrics for consideration of a clinical assessment of Autism and/or ADHD.

Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are part of a broader group of diagnoses known as neurodevelopmental differences. These are medical terms used for diagnosis. However, many people in the neurodivergent community prefer not to use the word "disorder" as it can have a negative meaning. For this reason, throughout this document, Autism Spectrum Disorder (ASD) will be referred to as Autism.

It is important to recognise that there can be a tendency to focus on a child/young person's challenges and difficulties associated with Autism and/or ADHD. However, we strongly believe that we can learn a lot, if not more, from a child/young person's strengths, talents, and unique perspectives. We therefore encourage you to share all aspects of the child or young person's life so we can better understand their identity, experiences, and perspectives.

CONSIDERATIONS BEFORE REFERRING A CHILD TO NPST

The process for diagnosis can take time and may involve detailed assessments, so it is important that a child or young person only undergoes this process when there is a clear reason to do so.

For a diagnosis of Autism and/or ADHD, it is important that the individual shows patterns of strengths and difference in areas such as communication, social interaction, play, friendships, attention, emotions, and behaviour, which may impact how they function in daily life. If a child or young person only has needs in one or two of these areas, it may be that an Autism and/or ADHD assessment is not the most appropriate next step. Instead, focusing on the child's unique strengths and exploring other forms of support may be more beneficial.

Many of the differences associated with Autism and/or ADHD can also be linked to other factors, such as speech and language difficulties, learning needs, emotional difficulties from early experiences, or hearing difficulties. While it may seem like a good idea to refer for an Autism/ADHD assessment right away, it is often more helpful for the child or young person to first be assessed by an appropriate support service. For example, Speech and Language Therapy, CAMHS, Educational Psychology. This ensures they receive the right support for their needs as they arise.

By starting with the most appropriate assessment, the child or young person can access the interventions and support they need without delay. For example, a child with social anxiety and a speech difficulty may benefit more from support with Speech and Language Therapy and mental health services before considering an Autism assessment. This way, they get the right help at the right time, which helps their overall development and well-being. A referral to NPST does not prevent the child from receiving support for their identified needs. In fact, information from any support the child has received or is currently

REFERRAL GUIDANCE

receiving can give us valuable insight into their strengths, needs, and differences. Therefore, it is important to include in your referral details of support which have been put in place for a child prior to a referral being considered. Please remember to include with your referral any relevant assessments or reports related to the child's needs.

Before submitting a referral, it is expected that children will have had a recent eye test. Please ensure that this has taken place and details of this are included in the referral pack.

For referrals where the child or young person's primary support needs seem to relate to ADHD, such as differences with hyperactivity, attention, and impulsivity, it is important to focus on the strengths and strategies that can help and the insight into any possible neurodevelopmental differences may bring. In line with NICE (National Institute for Clinical Excellence) Guidelines for ADHD, evidence-based support should be offered to parents to support with behavioural and environmental adjustments, as well as provide psychoeducation on ADHD and neurodevelopmental differences.

This approach is an essential first step in supporting the child's strengths and needs before considering a clinical neurodevelopmental assessment. Please note that Community Paediatrics expect this support to be in place first. Therefore, we recommend referring the child's parent or carers to a workshop with NPST before completing a full referral. This workshop can provide valuable strategies and insights to support the child's development. Please use the **WORKSHOP REFERRAL FORM**.

REFERRAL CRITERIA

- **Child's GP**

NPST is a commissioned single point of access service for neurodevelopmental referrals for children and young people who are registered with a **NOTTINGHAM CITY GP**. A list of all Nottingham City GPs is included in **Appendix 1** of this guidance.

If a child is **not** registered with a Nottingham City GP, we are not the correct referral pathway for them, and the referral will **not** be accepted. In these circumstances, we advise you to contact the child's GP who can advise you of the correct referral route.

Please be aware that it is irrelevant where a child/young person lives or goes to school when it comes to referring to the correct neurodevelopmental pathway. The child's GP address is the determining criteria.

- **Child's AGE**

NPST can accept referrals for children and young people up to the age of 17 years and 10 months.

Community Paediatrics will not accept referrals for clinical ADHD assessments until a child is aged 6 years and over. Therefore, please consider the timing of referrals where a child's primary strengths and needs are in common with ADHD.

- **CONSENT**

Referrals should only be made if the parent or carer with Parental Responsibility has given informed consent. Please make sure that they have read and understood our PRIVACY NOTICE and agree with it.

REFERRAL GUIDANCE

We also expect that all young people aged 14 and over agree with the referral being submitted based on their identified strengths and needs. If a young person aged 14+, who is Gillick competent, does not give informed consent or does not agree with the assessment, their referral cannot be processed.

WHEN TO CONSIDER NOT REFERRING TO NPST

It is extremely important that children and young people are referred to the right service and pathway at the right time. This ensures they receive the correct support, advice, and assessment without unnecessary delays. Research shows that parents and carers of children with additional support needs often face challenges in accessing the right services, and any barriers to support can negatively affect their wellbeing and delay the help they need.

With this in mind, there are certain situations where NPST is not be the most suitable referral pathway. As the lead referrer, we encourage you to carefully consider whether completing this referral is in the best interest of the child.

- **Medical Red Flags.**

Please ensure you have read the **RED FLAGS GUIDANCE FOR THE NEURODEVELOPMENTAL ASSESSMENT PATHWAY.**

It is important to recognise if a child/young person might be showing signs of potential medical concerns that may need urgent medical attention, known as "red flags". These red flags serve as critical indicators of underlying medical conditions that may either mimic or coexist with neurodevelopmental conditions, impacting the child's overall health and development. Identifying red flags helps ensure that the right referrals are made, and the child/young person receives the right investigations and interventions in a timely manner, preventing delays that could impact their long-term outcomes. Red flags can include things like sudden loss of skills, unexplained delays in development, or signs of diseases that affect the brain or nervous system.

If a child is presenting with any medical 'red flags,' DO NOT refer the child to NPST. Please ensure that they are reviewed by their GP as a matter of urgency.

- **For 'ratification'/confirmation of an Autism and/or ADHD diagnosis provided from outside of the UK or privately sourced.**

A diagnosis is valid if a qualified professional has given it. A diagnosis from a private provider or from outside the UK does not need to be confirmed by an NHS professional.

If the child requires medical care oversight or medication arising from these diagnoses, do not refer them to NPST. Instead, the child or young person should see their GP, who will determine if a referral to Community Paediatrics is necessary.

- **For medication following diagnosis.**

NPST are unable to assist with medication enquiries.

REFERRAL GUIDANCE

For consideration of need for medication, including continuation of medication following moving to the UK and requests for shared care following a privately awarded diagnosis, the child/young person should see their GP. Referring them to NPST will only delay the process as the referral will not be accepted.

- **Learning Needs and Specific Learning Disabilities**

NPST is the first step in the referral pathway for exploring queries regarding possible Autism and/or ADHD. It is not a pathway for learning difficulties. A child's learning support needs should be assessed and supported within their education setting.

Sometimes, children and young people with learning or developmental needs are mistakenly thought to have ADHD or be Autistic, especially when their social skills, attention levels, or interactions are judged based on their age rather than their developmental stage. We recommend that a child's barriers to learning are identified and supported, according to the SEN Code of Practice, before considering a referral to the neurodevelopmental pathway.

We are not the correct referral pathway for assessment of Specific Learning Difficulties such as Dyslexia and Dyscalculia.

It is important to note that an Autism and/ or ADHD diagnosis is not required to apply for an Education, Health, and Care Plan (EHCP), and having a diagnosis of Autism and/or ADHD does not automatically mean the child will need an EHCP.

- **Mental Health**

Please be aware that this pathway is only for considering whether a neurodevelopmental assessment is needed and cannot provide assessment or support for mental health concerns.

If you are concerned that the child/young person needs support for their mental health, we recommend a referral to the Child and Adolescent Mental Health Service's (CAMHS) Single Point of Access (SPA). Alternatively, if you deem the child/young person to be at immediate risk of harm, please contact the Crisis Team or emergency services. The Mental Health Crisis Team can be reached at 0808 196 3779.

We understand that many neurodivergent children/young people may also experience mental health difficulties, and that some behaviours related to Autism or ADHD can be similar to those related to mental health issues. However, it is important that any mental health support needs are identified, assessed, and supported prior to a referral being submitted to the neurodevelopmental pathway in most cases. NPST does not provide direct therapeutic intervention. Any risks identified by the referrer must be managed and referred on to the most appropriate agency to support the child/young person and their family by the referrer or existing professional network.

If a child/young person is already open to a programme of care from Community CAMHS we recommend you discuss any neurodevelopmental queries with their practitioner from this service in the first instance.

- **Complex Adverse Childhood Experiences/Trauma**

We ask that referrers carefully think about the possible impact of any adverse experiences a child may have faced before referring them to the neurodevelopmental pathway. For example, events that may

REFERRAL GUIDANCE

have made them scared or fearful such as domestic violence, criminality, abuse, or events that resulted in big changes, uncertainty, or time away from their primary carers. Sometimes, a child or young person present with characteristics of Autism and/or ADHD for assorted reasons. There needs to be evidence that their strengths, support needs and any differences in common with Autism and/or ADHD are consistent over a period of time and present in their early years.

Autism, ADHD, developmental trauma, and attachment differences can have similar traits. For instance, difficulties and differences with sensory sensitivities, social interactions, communication, impulsivity, hyperactivity, executive functioning, and repetitive behaviours can overlap across these needs. It is important to note that there are no medical tests or scans that can diagnose autism or ADHD, so these conditions are diagnosed based on expert judgment, looking at the child's behaviour and their developmental history.

As possible neurodivergence and trauma/attachment issues can overlap, it can make assessments more complicated. We kindly suggest that referrers consider whether the child's basic support needs—such as emotional and physical safety—are being met and are stable. Additionally, we recommend considering the timing of the referral. For example, is the child going through a period of change or stress when the referral is being made? If so, we would recommend waiting to submit a referral until the child is in a more stable position so a baseline of their referred for needs can be established.

We recognise that we are asking for extremely sensitive and personal information in this referral form, but to understand a child's referred for needs and to ensure that any resulting assessment is appropriate, we do require some detailed information about their lives and family circumstances.

If you are unsure about making a referral in any of these circumstances, please feel free to contact the team to discuss further.

Please remember that if a risk is identified by the referrer this must be managed and referred on to the most appropriate agency to support the child / family. NPST does not offer direct intervention to the parent/carer/child or offer therapeutic support.

- **Other circumstances**

- If a child is already open to Community Paediatrics, there is no need to refer to NPST. Please discuss any queries regarding neurodivergence with the child's Paediatrician.
- **Sleep difficulties** can arise from many varied factors, not just neurodivergence. If a child or young person's primary support need is regarding sleep difficulties, a referral to NPST (Neurodevelopmental Pathway) is not appropriate. Changes to environment or routine can often improve sleep, so it is recommended that parents first seek evidence-based sleep support before considering a medical assessment. This is important whether the sleep issues might be related to neurodivergence or other factors. We therefore encourage parent/carers to reach out to Early Help or the 0-19 Health service for support in managing sleep difficulties.
- Many neurodivergent people may have **specific food preferences or sensitivities**. However, having these preferences alone, in the absence of other neurodevelopmental traits, does not mean a referral to the NPST (Neurodevelopmental Pathway) is necessary. If a child or young

REFERRAL GUIDANCE

person has a very **restricted diet**, we strongly encourage you to ensure they have seen their GP. The GP can monitor their health and weight and make any necessary referrals if needed. This would include where there are queries regarding **Avoidant Restrictive Food Intake Disorder (ARFID)**.

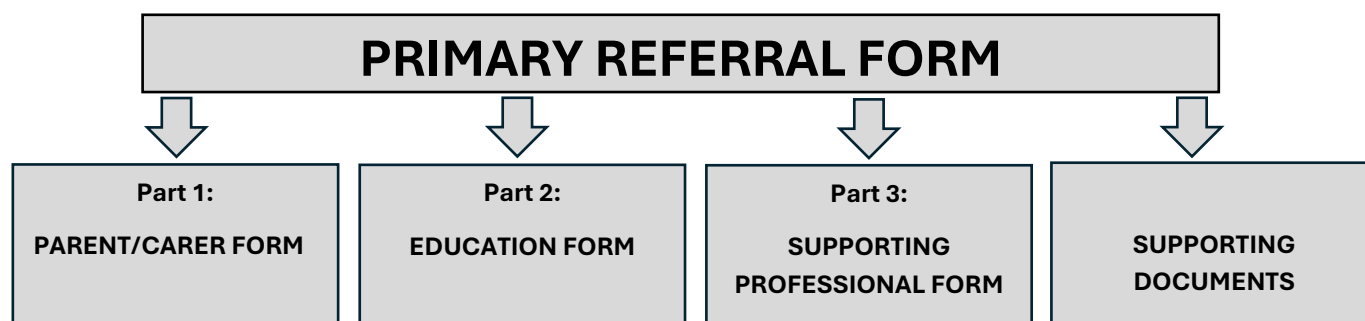
- The NPST (Neurodevelopmental Pathway) is the referral pathway to use when there are concerns about Autism and/or ADHD only. While **Developmental Coordination Disorder (DCD)**, also known as **Dyspraxia**, is a neurodevelopmental condition, it is not the right pathway for referrals related to this. If a child or young person is having difficulty with their fine or gross motor skills, coordinating their movements, or balancing, we recommend that they see their GP. The GP can assess their needs and refer them for further assessment if necessary.

HOW TO REFER TO NPST

Referrals can be made by any professional that knows the child/young person well or their parent/carer. However, all referrals require information from both home and the child's education setting as a **minimum** before submitting (*if the child/young person is electively home educated or not of school age please see further guidance below regarding this*).

Referrals will only be accepted using the referral packs.

A referral pack contains different components/forms, as detailed in the diagram below.



Primary Referral Form: * MANDATORY

It is expected that there is a 'primary referrer' for each child/young person's referral who will coordinate the completion of the pack, which includes various supporting information from the school/setting and parents/carer. This can be anyone who knows the child well, including the child's parent/carer.

The primary referrer is required to complete the PRIMARY REFERRAL FORM. If the primary referrer is not the child/young person's school or parent/carer, we require them to also complete Part 3: SUPPORTING PROFESSIONAL FORM.

For example, if the primary referrer is the child's Speech and Language Therapist, they would complete the PRIMARY REFERRAL FORM and Part 3: Supporting Professional Form, whilst collating the completed Part 1 from the child's parent/carer and the completed Part 2 from the child's education provider.

REFERRAL GUIDANCE

It is the responsibility of the primary referrer to submit all aspects of the referral pack. This needs to be sent in 1 email or 1 envelope as separate documents directly to the Neurodevelopmental Pathway & Support Team via secure email to

NPST.referrals@nottinghamcity.gov.uk

Or by post to

Neurodevelopmental Pathway & Support Team, Broxtowe Family Hub,
The Corner House, 18 Strelley Rd, Nottingham, NG8 3AP

Please note, that due to the referral pack size, we are unable to accept individual photographs of each page.

PART 1: Parent/Carer * MANDATORY

This form is for the child's parent, carer, or guardian to complete. It asks for detailed information about the child's early development, health, experiences, and the strengths and differences that led to the referral to the neurodevelopmental pathway.

We understand that this form requests sensitive personal information, but it is essential to fully understand the child's needs and ensure that any assessment is appropriate. **We kindly ask that the form be completed with as much detail as possible** to support the referral process.

Once completed, the parent or carer should **return the form to the primary referrer** so it can be included in the referral pack. **Please note that the parent/carers form is mandatory** for the referral to be submitted.

If the parent or carer needs help completing the form and their existing network are unable to assist, the **NPST team offers referral support clinics**. Parent/Carers can contact the team at 0115 876 1716 or email NPST.enquiries@nottinghamcity.gov.uk for assistance.

PART 2: Education Form: * MANDATORY

Part 2 should be completed by the child's education provider. This may be the child's nursery, primary school (infant or junior), secondary school, college, or any alternative education setting they are attending at the time of the referral.

If the child is **Electively Home Educated**, please refer to the additional guidance below.

Once Part 2 is completed, the education provider should **return the form to the Primary Referrer** so it can be included in the referral pack. Please note that **the education form is mandatory** for the referral to be submitted.

PART 3: Supporting Professional Form.

Part 3 should be completed by the primary referrer unless the primary referrer is the parent/carers or education professional. If the primary referrer is not the parent/carers or educator, **any other professional who wishes to contribute to the child's referral can complete Part 3**. For example, a child's karate instructor,

REFERRAL GUIDANCE

counsellor, private tutor, GP, 0-19 practitioner, Speech & Language Therapist, Social Worker, Family Worker, or any other relevant professional can fill out this form.

Multiple Part 3 forms can be submitted alongside the same referral. For instance, if the child's GP makes the referral, the GP can gather and submit Part 1 (from the parent/carer) and Part 2 (from the school). The GP is required to complete Part 3 themselves, and additionally, they may collect another Part 3 from the child's Speech and Language Therapist and another from the child's swim instructor if they wish to provide input.

This approach allows a more comprehensive understanding of the child's needs and supports their referral with input from a range of professionals.

Once any possible Part 3 forms are completed, they should be **returned to the primary referrer** so it can be included in the referral pack. Please note that **Part 3 is NOT a mandatory form, and a referral pack can be submitted without a Part 3 form.**

Part 3 forms can also be submitted to NPST after a referral pack has been submitted, whilst a child's referral is waiting to be assessed.

Supporting Documents.

As mentioned throughout, **it is important that referrals include as much information about the child or young person as possible.** NPST will review and use this information to determine whether further specialist assessment for possible Autism and/or ADHD is needed. **The more information we have, the better.**

Professionals' assessments and observations are **crucial**. Submitting these reports allows us to make more informed and robust recommendations, which can **positively impact the progression of the referral** along the pathway.

The following is a **recommended list of documents** to send to the team as part of the referral. This list is not exhaustive, so please feel free to send any other documents you believe are relevant and will help support the referral.

- Early Years Foundation Stage (EYFS) Tracking
- 2-year Progress Check report
- Ages & Stages Questionnaires (ASQs) for 0-6 years
- Learning Progress Charts/Tracking against Age-Related Expectations (ARE)
- Routes to Inclusion Documents/Plans/Assessments
- Speech & Language Reports, Observations, and Advice
- Learning Support, Behaviour Support, Autism Team, and Educational Psychology Reports & Observations
- Documents and Assessments Completed by Other Health Authorities or Privately Commissioned Services
- Certificates for Evidence-Based Workshops Attended by Parents/Carers

Please note that **we do not have access to the health platform system One**, so **please send these assessments within the Referral Pack.**

REFERRAL GUIDANCE

ELECTIVELY HOME EDUCATED CHILDREN/YOUNG PEOPLE NOT OF SCHOOL AGE

If the child or young person being referred to NPST is Electively Home Educated, or is not of school age, we understand that you will not be able to submit a PART 2: Education Form.

In this case, we require the referral to include supporting information from at least one professional who knows the child or young person well.

The primary referrer can still be the parent; the parent or carer will still need to complete PART 1: Parent/Carer form and we kindly request that they provide as much information about the child/young person's education history as possible. Additionally, a professional who works closely with the child or young person will need to complete PART 3: Supporting Professional form.

Ideally, this should be a professional who has regular involvement in the child's care. However, if no such professional is involved on an ongoing basis, it may be helpful to ask multiple people who have met the child in a professional context to complete the form, based on their knowledge, so we can get a thorough understanding of the child's strengths and needs.

REFERRAL TOP TIPS

- We would advise saving these forms as you complete them, so you do not lose any information.
- Take your time filling out this form and take breaks. Referring to the neurodevelopmental pathway requires detailed information about the child or young person, which may take time to collect. It is better to fill out the main forms over a few sessions rather than all at once, so you can carefully think through all the key details about the child/young person.
- Parents, before filling out the form, it might be helpful to gather any information you have about your child. This can help you think about their unique strengths, support needs, differences, and skills. For example, you might want to collect things like their red book, early developmental questionnaires from their Health Visitor (such as the Ages and Stages Questionnaires), photos, old school reports, and so on. The information requested on the referral form is not just about how your child is right now—it should also reflect their history and development.
- Ask for help if it is needed – if you are unsure about any aspect of the referral or are unsure how to complete any sections please do not hesitate to reach out and ask for help.
- Provide details such as examples, dates, frequency etc of the child's strengths, any differences, and any support needs. It is important that you provide us with as much information as you can, as we will use this information to assess if they may require further specialist assessment for possible Autism and/or ADHD.

REFERRAL GUIDANCE

- Provide depth and breadth of information – the more detailed and accurate the information is the better any resulting review or assessment will be.
- Keep a copy of the referral for your own records. This can be helpful for any future referencing.

INFORMATION SHARING

Autism and ADHD are pervasive diagnoses, and therefore assessments require multiagency collaboration. The sharing of information between agencies is therefore an important part of any referral, as it provides a detailed picture of your child's strengths and needs. Sharing information allows for a range of specialised assessments to be undertaken to help determine the needs of the referred for child/young person. For a detailed assessment to be undertaken, several agencies may need to become involved.

Please ensure that parent/carers and young people aged 14+ have seen and agree with the NPST Privacy Notice before submitting a referral.

Please note that NPST have access to records held by Children's Integrated Services, Nottingham City Council. This includes Nottingham City Children's Social Care and Early Help services including Targeted CAMHS. These records will be reviewed as part of the referral process.

If additional information is needed, we may gather details from other agencies and services the child has been involved with. Also, if the child could benefit from support from other professionals, we may share the information with relevant services, such as an Autism Specialist Clinical Psychologist, Community CAMHS, Community Paediatrics, and Health and Social Care.

If you have any questions or concerns, please feel free to contact the team via email.

COMMON REASONS FOR NOT ACCEPTING REFERRALS

Typically, within 2 weeks of the referral being submitted, they are screened by NPST to identify if they can be accepted onto the neurodevelopmental pathway. Please note that at times of high referral rates, this time can be increased significantly. We therefore kindly ask for your patience once a referral has been submitted. If you have not heard back from NPST within 6 weeks, please contact the team to ensure the child's referral has been received.

At this point in the pathway, referrals are not declined based on the child's referred for needs. However, referrals cannot be accepted for a number of other factors including:

- Missing mandatory information such as NHS number, contact details etc. All sections marked with a * are mandatory fields, meaning that a referral cannot be accepted if they are missing.
- If the referral pack does not contain the PRIMARY REFERRAL FORM, PART 1: PARENT/CARER and PART 2: EDUCATION (unless the child is home education – please see section above)
- If the submitted referral is illegible.
- If the child is not registered with a Nottingham City GP.

REFERRAL GUIDANCE

- If the child is aged over 17 years and 10 months.
- If the parent/carer has not given consent and/or has not indicated that they have read and in agreement with NPST's Privacy Notice.

Please take the time to check that the referral is ready for submission before sending.

WHAT HAPPENS AFTER A REFERRAL HAS BEEN SUBMITTED

Please see document: NPST PATHWAY INFOGRAPHIC

The waiting time for a diagnosis nationally is long for many reasons. Whilst we have taken, and will continue to take, steps to try and reduce this significantly, the full referral pathway is not a quick process. Once a referral has been accepted onto the pathway, the lead referrer and parent/carer will receive a referral acknowledgement letter that details the current minimum wait times between referral acceptance and referral review.

Please remember that a referral to NPST does not, and should not, prevent any support being provided and accessed for the child/young person.

All referrals are subject to a screening process to ensure that all basic requirements have been met, and the referral pack is complete. Checks are completed to identify that all mandatory information, indicated by a * on each form, have been provided. Once a referral is accepted it will have a status of 'waiting to be reviewed' by a practitioner from NPST.

As soon as this is possible, the referral will be allocated to a practitioner for triage. It is at this time that the referral will be reviewed, and a non-clinical assessment will be completed. This will include the parent/carer being contacted and may include the practitioner arranging to meet the young person or the completion of a school observation.

Whilst a child's referral is awaiting triage, we encourage the parent/carer, young person, and any professional working with them to continue to send any updated information to the team. As previously stated, PART 3: SUPPORTING PROFESSIONAL forms can be submitted at any time a child/young person is open to NPST.

There are several potential outcomes following a referral review:

- Presentation to Community Paediatrics with the recommendation by NPST to consider a clinical Autism and/or ADHD assessment.
- Recommendation for specific support services to support the child/young person's referred for needs.
- Insufficient information to support progression along neurodevelopmental pathway, so referral closed.
- Discussion with linked professionals required such as with Educational Psychologist, Targeted and/or Community CAMHS, Clinical Psychology etc.

Please note that NPST are not clinicians that can provide diagnoses.

The referrer, GP and the child's parent/carer will be informed of outcomes via a letter.

REFERRAL GUIDANCE

Once mandatory forms have been completed, please send the Referral Pack, **as separate documents but in one email**, to the Neurodevelopmental Pathway & Support Team via secure email to

NPST.referrals@nottinghamcity.gov.uk

Or by post to

Neurodevelopmental Pathway & Support Team, Broxtowe Family Hub, The Corner House, 18
Strelley Rd, Nottingham, NG8 3AP

REFERRAL GUIDANCE

Appendix 1:

Nottingham CITY GPs

If the Child/Young person is not registered with a practice listed below, please do not proceed with completing the referral form.

Nottingham City GP Practices		
A-G	H-R	S-Z
Aspley Medical Centre	High Green Medical Practice	Sherrington Park Medical Centre
Bakersfield Medical Centre	Hucknall Road Medical Centre	Sherwood Rise Medical Centre
Beechdale Surgery	Leen View Surgery	Southglade Medical Practice
Bilborough Medical Centre	Limetree Surgery	St Albans/Nirmala Medical Centre
Bridgeway Practice	Mapperley Park Medical Centre	St Lukes Surgery
Broad Oak	Meadows Health Centre (Larner)	Sunrise Medical Practice
Churchfields Medical Practice	Melbourne Park Medical Centre	The Alice Medical Centre
Clifton Medical Practice	NEMS Parliament Street Practice	The Medical Centre
Cripps Health Centre (University of Nottingham)	Nottingham Trent University	The Windmill Medical Practice
Deer Park Family Medical Practice	Parliament Street Medical Centre	Tudor House Medical Practice
Derby Road Health Centre	Parkside Medical Practice	Victoria & Mapperley Practice
Elmswood Surgery	Radford Medical Practice	Welbeck Surgery
Fairfields Practice	RHR Medical Centre	Wellspring Surgery
Family Medical Centre	Rise Park Surgery	Wollaton Park Medical Centre
Forest Practice	Rivergreen	
Grange Farm Medical Centre	Riverlyn Medical Centre	
Greendale Primary Care Centre		
Greenfields Medical Centre		