

Good Practice Statement: 2

Transition services

BSCOS

British Society for Children's
Orthopaedic Surgery

Introduction/Background

- The chronicity and long term consequences of many paediatric orthopaedic conditions necessitates ongoing care after reaching skeletal maturity.
- The experience of families transitioning to adult from paediatric services is frequently reported to be suboptimal and is certainly inconsistent.

Scope

- Conditions that have an ongoing need for musculoskeletal care including but not limited to:
 - Cerebral Palsy
 - Muscular Dystrophies
 - Skeletal Dysplasias
 - Spinal deformity
 - Complex adolescent trauma
 - Joint specific issues (soft tissue knee, shoulder instability etc).
 - Potential for malignant transformation (HME, Olliers).

Current recommendations

- Clearly defined pathways into adult services should be developed for key conditions
- At a minimum of 1y before transition
 - Discussion with family re transition plan - share written plan
 - Identification of ongoing musculoskeletal needs
 - MDT planning meeting where appropriate

Current recommendations (cont)

- At a minimum of 6m before transition
 - Further discussion of any family concerns
 - Update written plan for transition
 - Notify relevant adult services and liaise on planned timetable for handover
 - MDT planning meeting where appropriate
- At transition
 - Detailed handover plan agreed and shared with all relevant service providers
 - Ongoing Orthopaedic needs highlighted in plan
 - Further (final) MDT if indicated.
 - Clear points of contact provided to families for adult services
 - Joint appointments as appropriate with adult services
- Post-transition
 - Seek feedback and lessons on the transition experience from families

Future developments

- BSCOS will liaise with the BOA and other interested groups to seek support from 4 nation UK Health Departments for Paediatric-Adult Orthopaedic Transition Services.

BSCOS Good Practice Statements (GPS) have been developed to assist members in their planning and provision of local services in response to GIRFT recommendations.

This GPS is **guidance** and not intended to be prescriptive – there may be legitimate reasons for variance in specific settings. Where this is the case we would encourage explicit consideration of those variances and the reasons thereof, for example through appraisal and MDT processes.