



# **National Steering Group for Specialist Children's Services**

## **Age Appropriate Care Working Group**

### **Executive Summary**

- Young people make up 10% of the Scottish population and are responsible for around 4% of hospital admissions (48,000 per annum).
- The specific developmental, emotional and psycho-social needs of adolescent patients are well recognised but have traditionally been poorly addressed by the hospital services and facilities provided in the UK.
- The recommendation, initially made in *Building A Health Service Fit For The Future*, to raise the age limit for children's services in Scotland to the 16<sup>th</sup> birthday needs to be accompanied by specific planning and investment to ensure that young people receive age appropriate care.
- In parallel with the development of services within children's hospitals there is a need for a full engagement with adult hospital services, which will remain the principal provider of care for young people aged 16 and over.
- No single model of service or facilities will be applicable across the range of hospital settings in Scotland. There is however a need for all hospitals to actively explore innovative solutions, informed by key principles, that give priority not only to the clinical care of adolescent patients but also to their developmental, psycho-social and educational needs.
- Staff caring for young people should receive training to equip them to identify and address the particular and distinct needs of this age group.
- Services should be organised so as to minimise educational loss as a result of hospital care, particularly for young people with chronic conditions.
- The transition of patients from children's to adult services is a key element of successful care which needs to be well planned and structured.
- Service provision needs to be responsive to the emerging autonomy and independence of adolescent patients and to encourage them to take responsibility for their own health care.

## Recommendations

|                   | Action   | By when   |
|-------------------|--|-----------|
| <b>Training</b>   |  |           |
| 1.                | Health Boards should identify any specific clinical training requirements arising from the change in age limits and ensure these are addressed.  | 2008-2010 |
| 2.                | NHS Education in Scotland should undertake a Training Needs Analysis of the requirement for generic skills training in adolescent care.  | 2008      |
| 3.                | By 2012 all staff working with young people should have received appropriate generic training.   | 2012      |
| <b>Facilities</b> |  |           |
| 4.                | Health Boards should review volume and pattern of adolescent admissions and identify opportunities for the provision of dedicated hospital facilities.   | 2008-2010 |
| 5.                | Where a formal adolescent unit or facility is not viable, Health Boards should ensure alternative means of delivering age appropriate care are provided.   | 2010-2012 |
| <b>Staffing</b>   |  |           |
| 6.                | Hospitals caring for adolescents should develop sustainable models for providing the range of competencies required to support age appropriate care.   | 2010-2012 |
| 7.                | Clinical leads for adolescent services should be identified at hospital and regional level.  | 2009      |
| <b>Education</b>  |  |           |
| 8.                | All hospitals admitting young people should have strong and effective working relationships with educational providers and clear arrangements to ensure timely referral.                                 | 2008      |
| <b>Transition</b> |  |           |
| 9.                | A working group should be established to scope the extent to which the existing range of adult services fails to address the needs of young people with specific chronic or complex clinical conditions. | 2008      |
| 10.               | The recommendations of the Transition Working Group of the Royal College of Physicians of Edinburgh should be adopted and progressed.  |           |
| <b>Workforce</b>  |  |           |
| 11.               | Health Board and Regional workforce plans should specifically recognise the skill mix required to address the psycho-social and developmental needs of adolescent patients.                              | 2009-2010 |
| <b>Symposium</b>  |  |           |
| 12.               | A national symposium on hospital care for adolescents should be held in 2008.  | 2008      |