

Adolescent attendances in BHSCT – time for a transition clinic?

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Background There are 11.7m people aged 10-24 in the UK, equating to 1/5th of the population. For a NHS trust serving a population of 270,000, the number of young people in transition to adult services at any time is estimated at 700. Given that the Belfast Health & Social Care Trust (BHSCT) is one of the largest in the UK, delivering care to a population of 339,579 (18,823 aged 11-15) we sought to examine our adolescent attendances, with a view to tailoring future services, and potentially introduce a stand-alone 'transition' clinic.¹

Adolescents in Transition Adolescence is increasingly considered as a unique developmental period during which lifelong health behaviours are shaped, and as such requires age appropriate care to prevent poor health and socio-economic outcomes. The Royal College of Physicians Young Adults and Adolescent Steering Group, in collaboration with NICE, has been tasked with ensuring that the needs of young people are reflected in policy and guidance, and to implement this into clinical practice. In 2012 the BAD Working Party on Minimum Standards for Paediatric Services got on board, with the recognition that transitional care arrangements for children moving into services for young people should be provided.²

Our adolescent population

Audit Design

We retrospectively audited attendances aged 13-17 inclusive to our adult dermatology services in the BHSCT, with the aim of establishing baseline attendance numbers, and the conditions being treated.

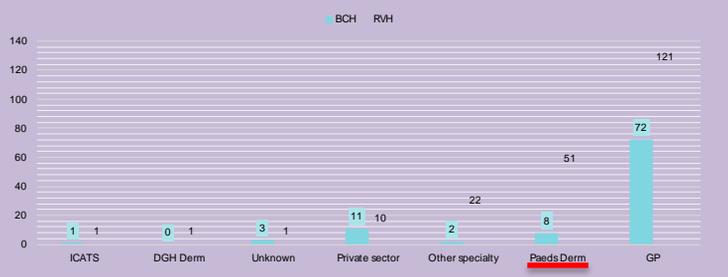
Baseline transition data

Adolescent attendances to the two BHSCT dermatology departments (Belfast City Hospital & Royal Victoria Hospital) totalled 591 over the ten-month period evaluated, representing 298 patients (184 of which were new referrals). 142 patients were discharged within this timeframe.

59 patients transitioned from paediatric dermatology (Fig.1) with the following conditions:

- >22 eczema
- >10 acne
- >8 vascular malformations
- >7 psoriasis
- >12 'other' (morphoea, HS, cutaneous Crohn's, orofacial granulomatosis, LS, EM, SJS, pustulosis, hyperhidrosis etc.)

Fig.1 Referral Source of Adolescent Attendances to BHSCT



Patient satisfaction survey

Simultaneously, we invited transitioning patients to complete a satisfaction survey regarding our existing service, with a 47% response rate. Median age of respondents was 16, with an average attendance duration of 9 years. Those with eczema and acne reflected 50% of the responses.

Response themes centred around the clinic environment, with facility provision and estate issues (such as parking, waiting area, clinic design and decor) impacting on clinic experience. Overall, there was a preference for a dedicated adolescent 'transition' clinic if it was to become available.

Transition from children's to adults' services

NICE National Institute for Health and Care Excellence

Quality standard

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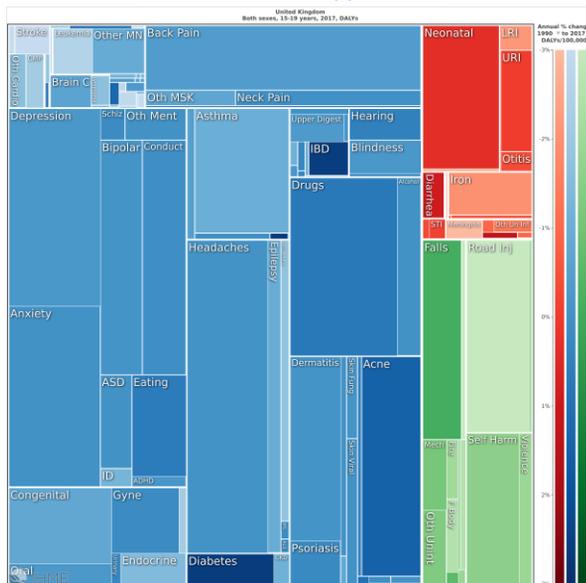
nice.org.uk/guidance/qs140



“From the pond, you are picked up and put in the sea
Parent, cited in Care Quality Commission (2014) From the pond into the sea.”

Fig.2 Data (below) from the Institute for Health Metrics and Evaluation illustrates how skin and psychological morbidity represent a significant component of adolescent disease burden

<https://vizhub.healthdata.org/gbd-compare/>



Summary Points

- > Young people are a distinct group (neither children nor adults) and require holistic, age-appropriate care.
- > Dermatological conditions reflect approximately 10% of adolescent disease burden (Fig.2), with many requiring long-term follow-up, as reflected in our transitioning adolescent population.
- > If we can embed health education early and encourage independence in an adapted clinical environment, we will empower our adolescent population, with the aim of improving long-term health outcomes..

1. Belfast Health and Social Care Trust Annual Accounts for the year ended 31 March 2018

<http://www.belfaststrust.hscni.net/pdf/BHSCT%20Annual%20Report%20and%20Accounts%202017-18.pdf> Accessed 17th July 2019

2. BAD Working Party Report on Minimum Standards for Paediatric Services 2012 <http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=1620> Accessed 17th July 2019