



## Transition of Care from Paediatric to Adult Services: A National Framework (DRAFT)

### *Feedback Form*

The National Clinical Programme for Paediatrics and Neonatology and National Transition of Care to Adult Services Working Group has developed a guidance document for both paediatric and adult services to support the establishment of pathways of care for children and young people as transfer their care to adult services.

There is now an opportunity for key stakeholders to consider and provide feedback on the draft document.

We would be grateful if you could complete and return this feedback template to [dervelagray@rcpi.ie](mailto:dervelagray@rcpi.ie) by **5pm on 21st Feb 2024.**

#### **Please complete the following:**

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Organisation	PSI – the Pharmacy Regulator – <a href="http://www.psi.ie">www.psi.ie</a>
Date	21 February 2024

If you wish to provide feedback (critical edits only) or suggested text inserts or changes, please do so in the text box below and overleaf.

Executive Summary	<p>Would expect to see reference to improving patient safety as a key objective, and an acknowledgement of the safety risks that can arise at transitions of care as a compelling reason for this framework being developed.</p> <p>Would also suggest some reference to the problems identified specific to transitions to adult services in Ireland in terms of it being a poor experience, or where gaps exist (e.g., for those aged 16-18 years).</p> <p>Would also include reference to where this has come from (i.e., who collaborated to develop it, as per last paragraph on pg.12).</p>
Background	<p>A total of 4% of young children (0 to 4 years) and 17% of young adults (15 to 19 years) <b>report experiencing a long-lasting</b></p>



	<p><i>condition or difficulty</i> – suggest this should be rephrased, as the majority of people in these categories would not be self-reporting. Also, is there a definition of what is meant by a ‘long-lasting condition or difficulty’? Are they all health-related? Would suggest reviewing the document as a whole for consistency of terminology (e.g., long-lasting condition vs chronic health condition).</p>
Aim of National Framework document	<p>The purpose of the document outlined in the executive summary is currently set out more clearly than under the aim of the framework on page 7 – would suggest there could be better alignment here.</p> <p>It could be useful for healthcare professionals to understand where this guidance sits within the broader regulatory framework and other applicable standards, including for example, HIQA’s national standards for children’s services. Would suggest this could be set out here.</p>
Voice of Young Person	<p>Would suggest for better flow, to set out all the challenges, then efforts that have been made to improve, and then exemplars who have achieved gold standard/best in class.</p>
Developing Transition Pathways	
Transition of Care Standards	<p>Considering medicines are the most common healthcare intervention, would suggest that there should be specific reference to medicines management and education in the summary of transition standards, with the role of pharmacist called out.</p>
1. Planned Systematic Process	<p>Under this standard, the framework outlines that transition planning should encompass all relevant professionals involved in the young person’s care. We would suggest including pharmacists among the listed professions. Pharmacists are listed as key stakeholders on page 8.</p>
2. Youth and Family Focused	<p>It may be worth including reference to making use of patient consultation area/room within community pharmacy setting as part of creating appropriate clinical environment where YPs feel safe and able to have a discussion about the medicines and health needs with a pharmacist.</p> <p>May also be worth highlighting <a href="https://www.hse.ie/eng/health/transition/HSE_Rainbow_Badge_-_HSE.ie">HSE Rainbow Badge - HSE.ie</a> as another way in which healthcare professionals could create a safe and trusting space.</p>



3. Key Person to Support and Facilitate Transition	
4. Communication, Collaboration and Co-ordination	<p>A pre-transition medication review is included under this standard but the framework does not specify the most relevant health and social care professionals to undertake this. Pharmacists, as medicines experts, can play a key role in medicines optimisation and ensuring the best medication outcomes for young people. Medicines Optimisation is ‘a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines’ (NICE, 2021).</p> <p>Standard 4 also refers to a ‘nominated community pharmacist’. Although many patients, including young people, may wish to use a particular pharmacy on a regular basis, it would not be typical for the vast majority of patients/the public to have a nominated community pharmacist. Alternative wording could also emphasise a young person’s choice to self-select a community pharmacy/pharmacist that best fits their needs.</p> <p>On the same page there is reference to the pharmacist being ‘copied in communications’. From a patient care perspective, we are strongly supportive of the sharing of patient information with the young person’s pharmacist, however, it is important to note that community pharmacists do not currently have access to Healthlink to enable the seamless transfer of patient information, and this could be a potential barrier. Pharmacists do however have access to Healthmail.</p>
5. Self-management	
6. Readiness Assessment	
7. Training and Education	<p>In relation to Standard 7 (training and education), firstly, we suggest considering the inclusion of pharmacy in the standard statement of Standard 7.</p> <p>We also wish to highlight the value of interprofessional education and collaboration in the context of transitions of care. Transitions of care could be included in undergraduate programme accreditation standards and CPD standards, with an emphasis on interprofessional learning and interprofessional collaboration.</p>
8. Support Resources	
9. Follow up and Evaluation	
Appendices	



Nice. (2021). Medicines optimisation: The safe, effective use of medicines to enable best possible outcomes. Nice Guideline 5. Issued March 2015. Retrieved from <https://www.nice.org.uk/guidance/ng5/evidence/full-guideline-6775454>

**Thank you for your time and support.**