# Transition Research Programme: Key implications for the practice of commissioners, managers and clinicians

**1 Transitional care should be commissioned by commissioners of adult services as well as by commissioners of child services.**

We found that commissioners and providers regarded Transition as the responsibility of children’s services; this is inappropriate as Transition extends to approximately age 24.

**Where an adult service to which to transfer young people with a long term condition is not commissioned, commissioners should set out explicitly that the transfer arrangements will usually be to primary care, and require appropriate documentation and assistance to the young person to make their first appointment.**

**2 A framework to provide ‘Developmentally Appropriate Healthcare’ across NHS organisations should be commissioned, with the stipulation that this is owned at Chief Executive and Board level.**

‘Developmentally Appropriate Healthcare recognises the changing biopsychosocial developmental needs of young people and the need to empower young people by embedding health education and health promotion in consultations.

In operational terms Developmentally Appropriate Healthcare focuses on the approach of healthcare professionals to and engagement with each young person and their carers, alongside the structure of the organisations in which care takes place.’

**3 NHS organisations should adopt a Trustwide approach to implementation of better transitional care. A Transition Steering Committee, chaired by a Trustwide Transition Coordinator, can facilitate this.**

We found that in many Trusts good practice led by enthusiasts rarely generalised to other specialties or to adult services. At sites we visited where there was a Transition Steering Committee, chaired by a Trustwide Transition Coordinator, this took advantage of the skills and enthusiasm of those already providing good practice; and assisted with training and consistent implementation in adult and child services and across specialties.

**4 Child clinicians should plan Transition procedures jointly with the relevant named adult clinicians and general practitioners.**

This is not just about the transfer of individual young people; it is also about joint planning of the services for transitional care; in other words the framework of Developmentally Appropriate Healthcare and the features of transitional care services the Research Programme found to be beneficial.

**5 Child and adult healthcare providers should explore with a young person how they approach Transition and personalise the clinical approach thereafter.**

We found there were four broad interaction styles that young people adopted when approaching their Transition: ‘laid back’, ‘anxious’, ‘wanting autonomy’, and ‘socially oriented’ (welcomed support from and frequent discussions with family, friends and all healthcare professionals).

**6 The features ‘Appropriate parent involvement’, ‘Promotion of young people’s confidence in managing their health condition (health self-efficacy)’ and ‘Meeting the adult team before transfer’ were associated with greater satisfaction with services, participation, subjective wellbeing and measures of disease control.**

Therefore, we advise consideration should be given to ensuring that a commissioning specification includes that these feature are delivered by NHS organisations.

**7 Maximal service uptake would be achieved by a service which encouraged parental involvement, ensured the same staff were seen at each clinic, emphasised the importance of good communication with young people, and encouraged young people to make decisions about their care.**

**Good value for money would be offered by a service which provided: ‘Parental involvement that suited both parent and young person’, and a ‘Protocol for promotion of young people’s confidence in managing their health condition’.**