systematic reviews meeting all inclusion criteria. Of the 24 identified reviews, 16 reviews addressed question 1, whilst 19 reviews addressed question 2. The primary studies within these reviews included a number of interventional studies and several randomised control trials.

The majority of studies which examined the optimum age of transition stated that transition time should be determined by developmental maturity, not a rigid age threshold. However, delayed transition was associated with improved outcomes. These included health-service use, clinical outcomes, reduced care gaps and patient satisfaction. Evidence from individual programmes found potential benefits from commencing transition preparedness training in early adolescence. Studies which evaluated age-appropriate services found that they were generally well-regarded by patients and often result in improved outcomes, better engagement with healthcare services or improved patient health behaviours.

Conclusions This review suggests that delayed transition and dedicated age-appropriate services result in improved outcomes and increased patient satisfaction. These findings appear to be consistent across a range of long-term conditions and in a variety of healthcare systems. Further work is required to identify specific barriers and facilitators to successful health-care transition.

Aims Rising use of emergency departments has resulted in increased costs and poor quality of care for children and young people. Clear evidence on which interventions work in reducing the number of unplanned admissions is important for those who use and commission emergency department services and to improve the quality of healthcare services. There is a policy imperative to shift care out of hospitals but insufficient evidence on the effectiveness of out of hospital care. This review aims to identify, critique, and collate outcomes in published evidence on the effectiveness of out of hospital care. We aimed to identify routine practice of Specialists in Paediatric Dentistry (SPD) regarding diagnosis and management of children with abnormal body mass index (BMI).

Methods An anonymous online survey was emailed to all SPD in the UK. Questions investigated whether and when height, weight or BMI were measured; actions taken; and dentists’ feelings regarding their role.

Results 49/112 (42%) of SPDs responded (table 1). All felt they had a responsibility to identify underweight or overweight children and young people with asthma, highlighting the need for further research in this area.