British Association for Community Child Health

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THE USE OF TRANSITION TRANSFER DOCUMENTS TO FACILITATE TRANSITION FOR YOUNG PEOPLE WITH NEURODEVELOPMENTAL HEALTH NEEDS TO ADULT SERVICES

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Background The importance of a holistic transfer document highlighting a young person's (YP) needs to enable a smooth transition from paediatric to adult services has been well recognised. This has become especially apparent for young people living with neurodevelopmental health needs in recent years. To facilitate this process, a 'Transition transfer document' (TTD) exemplar for YP with a complex neuro-disability was co-produced with families and professionals.

Objectives

- To determine if transition transfer documents were routinely developed for YP with complex health needs by the age of 17.
- To determine if clinicians found the transition transfer documents or exemplar document useful.

Methods A search of electronic patient records was undertaken to identify young people aged 17 to 18 as of 01/07/2019 with a complex neuro-disability and an educational health care plan. 60 were identified and their records were reviewed. A SurveyMonkey questionnaire was sent to 11 paediatricians and 64 General Practitioners (GPs) alongside a TTD exemplar document. Data was entered and analysed using the Microsoft Excel formulaic analysis.

Results Complete documentation was available on 43 young people. One person had a TTD; the most appropriate clinic letter, containing the most relevant details to the transition process, was used as a proxy transfer document in the remaining 42. In 25.6% of the young people, a formal transition process had been initiated. The result of the analysis of 43

clinic letters or transition transfer documents can be seen in table 1.

The questionnaire response rate was 14.1% (9/64) for GPs and 81.8% (9/11) for paediatricians. 66.6% of paediatricians and 77.8% of GPs rated the TTD exemplar 3 out of 5 for helpfulness in practice. Qualitative data collected showed that lack of time and lack of joint services were common issues identified by both groups.

Conclusions Transition transfer documents are neither routinely nor consistently created for young people with complex neurodevelopmental needs. There is inconsistency identified in the details provided by clinic letters or TTDs in young people of transitioning age and only one 17-year-old in the population had a completed TTD. The transition transfer documents were deemed useful in theory by the majority of clinicians, however the lack of routine use of TTDs limits their impact. The use of a TTD exemplar can be improved and thus facilitate a smooth transition to adult services for young people with complex neuro-disabilities.

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HOW EFFECTIVE IS THE BIOFIRE FILM-ARRAY MENINGITIS/ENCEPHALITIS (FA-ME) PANEL IN DETERMINING THE PRESENCE OF BACTERIAL MENINGITIS IN CHILDREN?

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Background Bacterial meningitis (BM) is rarer in developed countries due to effective immunisation strategies. Distinguishing viral from BM is also challenging. Culture of cerebrospinal fluid (CSF) is the current gold standard for diagnosis, but delays in reporting results remain a problem. The BioFire Film-Array Meningitis/Encephalitis panel, is a laboratory based multiple analyser which offers rapid, simultaneous PCR-based detection of 14 pathogens responsible for CNS infections. The panel includes 6 bacterial targets, HiB, N.Meningitidis, S.Pneumoniae, S.Agalactiae, L.Monocytogenes, and E.Coli K1, as well as 7 viral targets and 1 fungal analyte. This study aims to review the potential utility of this array panel as a rapid diagnostic tool for early detection of bacterial infection of CSF in the Paediatric Emergency Setting.

Objectives Our outcome measure was to determine the diagnostic accuracy of the FA-M/E panel in detecting bacterial isolates in children suspected of having Central Nervous System (CNS) infections, compared to standard reference testing (ie specific laboratory PCR testing or bacterial culture) as reported in the literature.

Methods A literature review was performed to identify papers which identified true positive (TP) bacterial isolates (as confirmed by reference testing) detected by the FA-M/E panel in children with suspected BM. Studies published in English between January 2013 and December 2020 were included.

Results Of 1995 abstract titles screened for suitability, 8 papers met inclusion criteria. In the 8 studies identified, 256

Abstract 179 Table 1 Summary of analysis of TTDs and clinic letters

TTD or Clinic Letters indicating a clear statement of	Percentage
Diagnosis and health problems	95.3%
Learning abilities	58.1%
Medication	85.0%
Professional responsible for monitoring medication	32.5%
Professionals transferred to in adult services	37.2%
Discussion of an advanced care plan	5.3%
Equipment required in adulthood	34.9%
Young person involved in discussion	42.5%
Parents/carers consulted	97.7%
Psychosocial status considered	67.4%
YP's (and/or parents') personal goals and outcomes considered	53.5%
Contribution from other professionals	48.8%
Clinic/transfer letter easy to locate on SystemOne	0.0%