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AI summary

Transitioning together: improving patient outcomes through collaborative transitions from paeds to adult services

Kelly Quinn
CYP Transition Nurse Specialist, West Hertfordshire Teaching Hospitals NHS Trust

Dr Lynn Sinitsky
Consultant Paediatrican, West Hertfordshire Teaching Hospitals NHS Trust

Moderator: Dr Ashley Reece
Consultant Paediatrician, West Hertfordshire Teaching Hospitals NHS Trust

VOXO

Transitioning together: improving patient outcomes through collaborative transitions from paeds to adult services

Wednesday, 10 June 2026

Summary

The session explored the challenges and solutions in transitioning children and young people (CYP) with complex medical needs from paediatric to adult healthcare services. It highlighted the role of a dedicated transition nurse, which was recognised as essential to bridging gaps between paediatric and adult services. The case of Liam, a teenager with extensive medical complexities, served as a critical example. His parents emphasised the need for continuity of care and a single point of contact to manage the multidisciplinary demands of adult services. The session illustrated how improved care pathways and proactive planning significantly reduced anxiety for families.

The speakers described the establishment of a Complex Young Persons Clinic and the introduction of a transition nurse role within a district general hospital. This initiative, initially piloted with charitable funding, was later substantiated as a permanent role due to its success. Key strategies included consolidating care on specific wards, training adult service staff on the unique needs of transitioning patients, and fostering relationships between families and healthcare providers. The team also worked to develop health passports to empower young people and improve communication during the transition. Positive outcomes included fewer incidents, reduced complaints, and successful transitions for the first two patients.

The session concluded with an emphasis on the importance of collaboration across sectors, particularly with primary care and community services, to ensure holistic and seamless transitions. Future goals included embedding transition processes into standard practice, enhancing GP involvement, and addressing biases in adult care regarding patients with complex needs. Examples from other regions, such as a state-wide graduation programme in Australia, were shared to inspire further innovation. The speakers underscored that transition is an ongoing process requiring commitment, communication, and adaptability from all stakeholders involved.





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Takeaways

The importance of a dedicated transition nurse role

Embedding a transition nurse within the care model proved vital in ensuring smooth transitions from paediatric to adult services for young people with complex health needs. This role bridged gaps, facilitated collaboration, and provided consistent advocacy and coordination for patients and families, transforming patient outcomes and organisational practices.

Transition is a process, not a moment

Transitioning young people with complex needs requires a structured, multi-year approach that includes early planning, stakeholder engagement, and the development of pathways tailored to individual needs. It demands collaboration across paediatric and adult services, as well as broader partnerships with primary care and community services.

The role of patient safety as a driver for change

Patient safety concerns, such as the risk of fragmented care and critical incidents during transition, were leveraged to secure executive support and funding. Demonstrating the potential for reduced incidents and improved outcomes provided a compelling case for investment in transition-focused models and roles.

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