South Thames Paediatric Network Surgical Care Referral Pathway- Guidance for 16 and 17-year olds	
Document type	Referral Pathway Guidance
Document name	**Surgical Care Admission Pathway- Guidance for 16 and 17-year olds**
Document Audience	All tertiary and secondary centre staff involved in the surgical pathways for children and young people. This will include: Emergency clinicians, Paediatricians, General and Specialist Surgeons, Paediatric Surgeons, Anaesthetists, Nursing Leaders, and transport services.
Document target patient group	16 and 17 year olds (up until the 18th birthday) requiring admission for surgical assessment or intervention
Summary	This document aims to provide guidance for the most appropriate location and surgical service for patients requiring surgical care, to provide clarity, support professional conversations, reduce potential delays in decision making and to support centres with providing the most appropriate, individualised patient care.
Reason for development	Young people are a diverse group and there is often great variability between individuals and their needs
	Young people within this age group, neither fall naturally into paediatric care nor adult services. In the absence of adolescent services, this document aims to support decision making and high-quality care for this group
	Discussions around whether to admit a 16 or 17 year old into an adult or paediatric setting can be time consuming and should focus on the clinical needs of the young person rather than the capacity in each service
	Discussions around responsibility for 16 and 17 year olds between secondary care surgical teams and tertiary paediatric surgical teams can delay treatment and lead to unnecessary transfers
Document Benefits	
Key Improvements / Benefits	**Young people should be under the care of the most appropriate local surgical service and the provision of the best clinical care for the child, or young person is the priority of this document.**
	Young people will be admitted to the most appropriate setting for their development and clinical needs.
	Joined up care between adult and paediatric specialties (surgical and non-surgical) will improve the patient experience and the young person's clinical outcomes
	Young people will get care close to home, and will only be transferred to tertiary care because of a specialist need, not because of their age
	The psychological and emotional needs of young people are considered and their needs met
Project Evaluation	
Evaluation	A reduction in the number of transfers in 16 and 17 year olds.
	Young people aged 16 and 17 years receive high quality care, and so a reduction of reports of concerns to the Network, regarding delays and challenges
	Young person reported patient experience measures.

Implementation / Recommendations: Next Steps

Overview: In order for the implementation of these recommendations to be successful across the whole network we need to ensure they are circulated widely, to ensure all clinical staff caring for children and young people on surgical pathways are familiar with the referral pathway guidance.

The Network will provide support through working group discussions with all centres invited. And targeted support is available for those Trusts who are experiencing difficulty meeting the guidance. Review of current processes and repeating the process will allow us to ensure the principles are having the intended outcomes.

Step 1	Each Trust should align local guidelines with the recommendations set out in this document.
Step 2	STPN support communication of the guidance, and support trusts to collate the impact that implementation can achieve
Step 3	STPN and Trusts to report evaluation measures at the General Surgery and Urology Working Group and NHS London /South East.

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South Thames Paediatric Network Surgical Care Referral Pathway Guidance for 16 and 17-year olds

Aims & Introduction:
To provide practical guidance for managing surgical admissions of 16 and 17 year old young people. Specifically, to aid teams to choose both the **correct environment** and **best suited medical service** for the young person who requires surgical admission. The priority for the patient is to receive high quality care while understanding that their care environment should match their individual needs as much as possible. Due to the lack of adolescence services and the scarcity of appropriate adolescence wards, combined with the variability of ages where CYP are admitted to paediatric and adult wards throughout the nation, this guidance is required.

Fundamentally, our operating principle is that the majority of paediatric specific conditions do not extend beyond teenage years and therefore there is no longer a requirement or benefit for patients aged over 16 years to be managed by a paediatric surgical service. For young people aged over 16, the majority would have adult physiology and body size, no matter what the disease profile, and would be better served by an adult surgical service, rather than be managed by a paediatric surgical team.

Paediatric surgeons should only operate on 16 and 17 year olds where there is complex paediatric pathology that requires specialist paediatric surgical skills or in those services which provide paediatric and CYP care up to 18 years old routinely.

Finding the correct ward environment for this age group, is a little more complex. Ideally, they would be admitted to an adolescent ward, but in their absence, Trusts should have their own policy that defines whether 16 and 17 year olds are best accommodated on the paediatric ward or an adult, surgical specialty ward, recognising that such policies should not be concrete in nature and provide some flexibility. Patient-centered, clinically-focused decision making should govern the destination decision for young people on an individual basis. This guideline **should not replace clinical judgement** and individual System and Trust application of this guidance will apply.

A delay in decision may lead to harm and in the event of a lack of consensus, an early consultant level discussion or conference call should be convened to include the referring clinician and relevant attending adult surgeon and paediatric surgeon.

Overarching principles of care for young people aged 16 to 17 years old:

- Young people receive high-quality care that is integrated and coordinated.
- Care should be provided in an appropriate location and in an environment that is safe and suited to the age and development of the young person.
- Young people and their families should be treated with respect, as active partners in decisions about their care, and can exercise choice when possible.
- Safeguarding principles for children and young people are applicable up to age 18 years.

- Where service provision allows, young people aged 16-17 years should be involved in the decision making around the environment in which they will be treated, and be supported to make an informed choice.
- Age alone should not the criteria for the placement or treatment of children.

Guidance Summary Table

This document seeks to define two separate problems:

- whether a **paediatric surgery or adult surgical team** are best suited to the 16 and 17 year old age group and their surgical treatment
- whether an **adult or paediatric ward environment** are most appropriate

In the presence of an adolescent unit or bay,16 and 17 year olds are best placed there. In the absence of these facilities the following applies:

The table below summarises the recommended environment for the 16 and 17 year old young person, and the team who should lead their care, if in a secondary or tertiary care environment.

For providers that routinely admit general surgical cases up until the 16th birthday:

Age	Details	Recommended environment	Recommended Team- Secondary care	Recommended Team- Tertiary care
<16 yrs.	Any weight or disease (with exception of trauma patient- follow your trauma network pathway)	Paediatric Ward	Shared care: General Surgeons (or specialty team) and Paediatricians	Paediatric Surgical team
16 or 17yrs	Chronic children's **surgical** condition with **incomplete transition** to adult services ***and*** Requiring paediatric surgery relating to that condition	Paediatric Ward	Shared care: General Surgeons (or specialty team) and Paediatricians	Paediatric Surgical team
16 or 17yrs	Chronic **non-surgical** condition, **incomplete transition** to adult services ***and*** Requiring *any* surgery	Paediatric Ward (*In discussion with the young person and lead of clinical teams)*	Shared care: General Surgeons (or specialty team) and Paediatricians	General Surgeons (or specialty team) Liaise with the paediatric surgical team or paediatricians as necessary
16 or 17yrs	Chronic condition & **transition complete** / near complete.	Adult Surgical Ward *But where possible, offer the young person choice*	General Surgeons (or specialty team) Liaise with paediatricians as necessary	General Surgeons (or specialty team) Liaise with the paediatric surgical team or paediatricians as necessary
16 or 17yrs	New disease or injury	Adult Surgical Ward *But where possible, offer the young person choice*	General Surgeons (or specialty team) Liaise with paediatricians as necessary	General Surgeons (or specialty team) Liaise with the paediatric surgical team or paediatricians as necessary

Weight
Patient weight should also be taken into consideration. This is especially relevant in the provision of either adult or paediatric critical care (please refer to the STPN Paediatric Critical care Referral Pathway Guidance).

Ward environment:
Young people aged 16 or 17 years of age, weighing less than 50kg, might be best suited to a paediatric environment due to the paediatric medical team being more familiar with appropriate drug dosing and fluid management.

Surgical Team:
If the disease profile is adult in nature, then a low patient weight is not a reason for a paediatric surgical team to be called upon.

Incomplete Transition:
Surgical Pathology
In surgical children who have not fully transitioned to adult care, an understanding of their surgical pathology is paramount and the primary paediatric surgical team maybe the best team to provide care.
Medical Pathology
However, young people who are not transitioned from paediatric services should not automatically require paediatric or children's surgeons to manage them surgically. The incomplete transition should not restrict the child or young person's surgical care from being managed by local adult surgeons as appropriate.

Pathology:
It is critical that the surgical team is the correct team for the young person's pathology, and therefore adolescent and adult disease should be managed by the adult teams and paediatric pathology by the paediatric surgeons. 16 or 17 year old patients on adult wards, that require paediatric surgery or paediatric medical care, should be facilitated, in the same way that general surgery is facilitated in children who are on the paediatric wards.

For providers that routinely admit up until the 18th birthday:

Some paediatric providers across the network take all young people up to 18 years of age, in which case the preceding table does not apply. However, the factors of; whether the condition is acute/ chronic, weight and transition status will still impact the decisions agreed.
Young people aged 16 and 17 years in these providers can, and should, still be offered a choice.

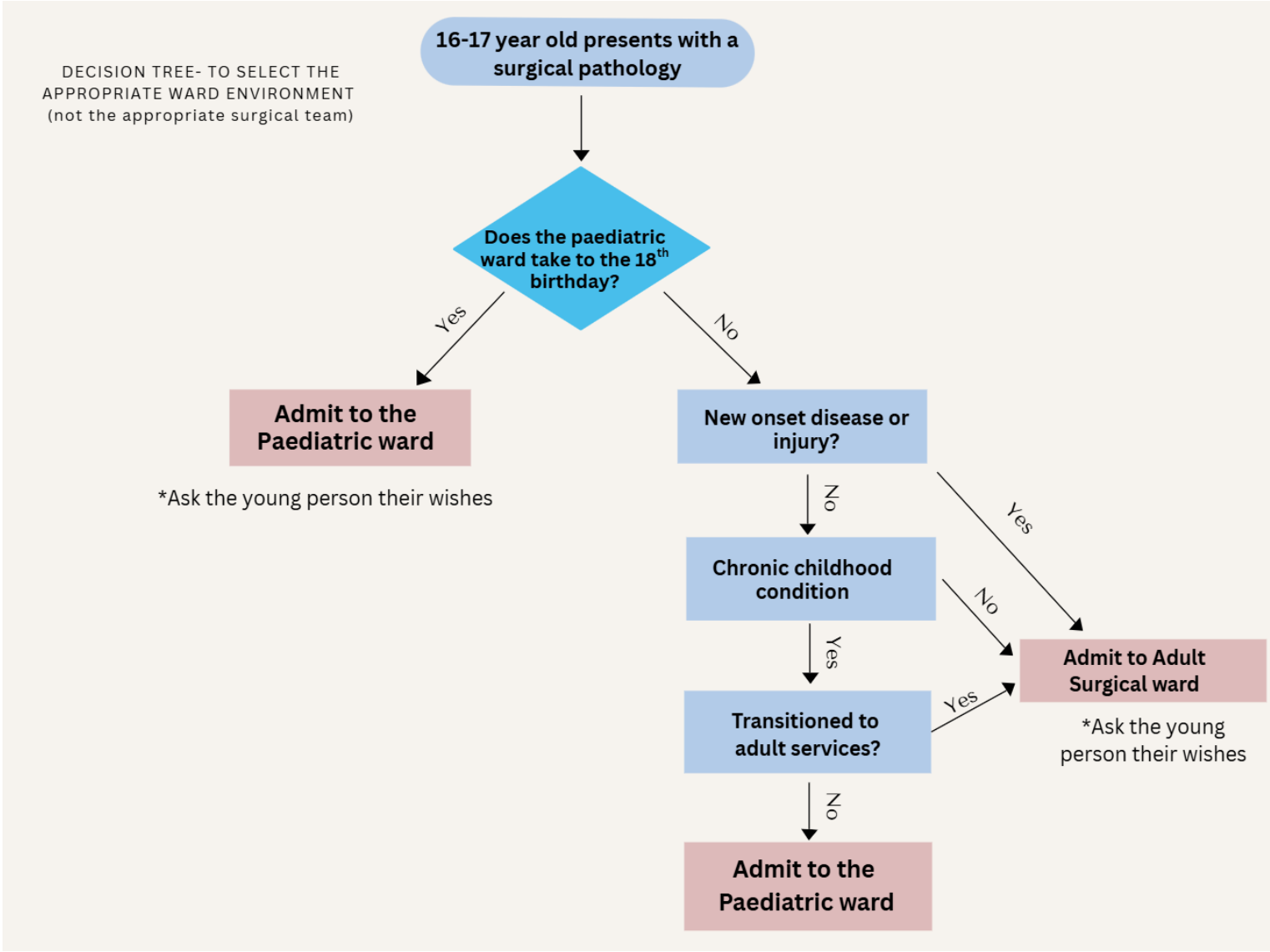
Exceptions

- There may be rare occasions where under 16 year old patients would be more appropriately looked after on an adult surgical ward or non paediatric environment. For example, young people who are pregnant, or in cases of victims of interpersonal violence (penetrating/blunt trauma) particularly when accompanied by a police officer. If a risk assessment deems that the paediatric environment is unsafe the CYP should be not be admitted to that paediatric ward.
- There may be rare cases where over 18 year old surgical patients would be more appropriately looked after on a paediatric ward but this will need agreement with the ward manager and clinical leadership.

Adult or paediatric ward environment

Decision Tree- To select the appropriate ward environment

(not the appropriate surgical team)



Examples of a 16 or 17 year old, Adult Ward Admission:

- Young people who request care in an adult environment
- Adult pathophysiology e.g. penetrating/blunt trauma, poly trauma, haemorrhage
- Gynecological/ breast surgery
- Pregnant, or pregnancy related conditions
- New diagnosis of an adolescent mental health problem, resulting in harm, requiring surgical intervention
- Emergency OR urgent surgery. In this situation, and the adult surgeons are leading care of the patient, then it may be more seamless if their care is delivered in an adult surgical ward.
    - emergency = life, organ or limb at immediate risk unless operated on

    - urgent = where a delay in surgery is likely to result in a significant negative physiological impact on the patient.
- New condition diagnosed, where surgery is likely, and is likely to need longer term follow up
- Social issues that may be more appropriately managed in adult services, for example where there is police attendance

Examples of 16 or 17 year old Paediatric Ward Admission:

- Young person, and/ or their family request care in a paediatric environment
- Developmental delay; chronic disease, known to the paediatric team and their transition plan has not sufficiently progressed. There may be situations where their admission to an adult surgical ward may still be justified from the physiological point of view. This would need to be discussed by the relevant teams.
- Known to CAMHS, known to have Child Protection Plan. Looked After Child may be admitted to a paediatric ward if physiologically appropriate (of course CAMHS history is NOT remit for patient to be under care of paediatric surgeon. They should be under the care of an adult surgeon unless the surgical pathology is paediatric specific).
- Suspected new Oncology diagnosis – if physiologically and psychologically appropriate, and no immediate surgical intervention likely.
- Some conditions are commissioned to 18 years of age; Spinal (scoliosis), Congenital Heart Disease and DBS (Deep Brain Stimulator) surgery.

Managing patient and family expectations:

- Where offering a choice of environment, ensure that it is an informed choice. Ensure the young person understands that they may be in the same environment as young children and babies on a paediatric ward, or with older people in adult environments.
- Explain that Paediatric wards will have different ward routines; for example regular quiet times and earlier lights out to maintain a calm environment for all patients. Less independence is sanctioned, and adherence to ward routines and staff instructions is important. Clear communication of these expectations at admission helps prevent confusion and supports a positive hospital experience.
- While Adult surgical ward environments can provide greater privacy and independence, they are less family friendly. Patients / their families should be counselled about the age and physiological reason for their admission to an adult surgical ward and what to expect during their stay (CQC: From the pond into the sea - Children's transition to adult health services; 2014).
- If requested and appropriate, a parent/carer staying with the patient 24/7 should be accommodated.
- If possible, young people should be admitted to side rooms on adult units.

Lines of communication - medical and nursing:

- All requests should be escalated to consultant level discussions early.
- Destination discussions should not be allowed to delay clinical management and patient-centered care.
- Nursing shift leaders for both services should consider and agree on placement of these young persons on the adult or paediatric ward. Nursing matrons will subsequently liaise to ensure best care for these patients.

- Which teams are responsible for what elements of care should be agreed and clearly documented in the patient's medical record.
- Emergency contact information for clinical colleagues should be clearly established
- A collaborative, patient focused care plan is paramount at all times and may draw on expertise, as required, from adult and children's services, in order to best meet the needs of the patient.

Important Considerations:

Inter-hospital Transfer of 16 and 17 years olds

Young people who are 16 or 17 years old should rarely require an emergency transfer from a DGH unit to a tertiary centre. Physiologically 16 and 17 year old patients have adult physiological ranges and responses. We acknowledge that the psychological needs of this age group are different and those should be respected.
The vast majority of such young people are treatable in the first hospital they attend, and overall the network would like to minimise transfers to paediatric tertiary surgical centres. This also applies to the single paediatric surgical centre in the network, which takes up to 18 years, especially for routine cases which should be managed closer to home.
Only complex children, who require the specialist care of the tertiary children's surgical teams, who are either known to the service, or have a pathology that requires specialist care should be transferred. And this is the case, whether it is an emergency or whether it is planned, elective care.
In this rare occasion, the communication between centres should be between the surgical consultants on each site. The same logic applies to young people being transferred from DGH to tertiary adult services, in that, it should be avoided if possible. The young person should only be moved if clinically appropriate and then they should be transferred to a suitable environment.

Transition of care

For young people with complex needs it is desirable that transition plans are made in advance, involving paediatric and adult services, anticipating the need for surgical intervention/ care during this time frame. Effective transition begins early, it is well communicated to the young person and their family and it supports the young person to take increasing responsibility for managing their care.

Incomplete transition to adult services should be included in consideration of paediatric vs adult environment decisions, though should not be considered an absolute barrier to an adult ward admission.

A Multi-Disciplined Approach

Young people, aged 16 and 17, MUST be reviewed by specialties for the area in which they are housed. In addition, young people, aged 16 and 17, in adult surgical ward areas should be readily reviewed and/ or discussed by the multidisciplinary team; such as general paediatricians or specialist paediatric services, as appropriate, if required or requested. Just as adult surgeons are needed to review children on paediatric units due to their expertise, specialist paediatric surgeons and/or paediatricians should be available to attend adult wards and review patients as required.

Elective Care

It is well documented that children's elective recovery has trailed behind that in adults, and when the data is viewed by age group, the 16 to 18 year old group has lagged even further behind. With that in mind, the NHS England GIRFT team are keen that the 16 and 17 year old age group can access treatment at Elective Surgical Hubs. Organisations should support pathways for this age group to utilise these hubs, and benefit from the efficiency and streamlined pathways that they can offer.
Pre-operative assessment is a key part of surgical pathways. If 16 and 17 year olds are following the CYP pathway they should attend paediatric Pre-operative Assessment, and if they are on an adult pathway, then they should attend adult Pre-operative Assessment.

Legal Aspects:

- The Children's Act (2004) is applied to everyone under 18 years of age.
- The Mental Health Act is applicable to all ages.
- The Mental Capacity Act is applicable from 16 years of age (apart from 2 exceptions. unrelated to health). There are also three exceptions where it is only applicable to those over 18 years of age.
- The Statutory framework of the Deprivation of Liberty Safeguards (DoLS) does not apply to those under 18 years of age. For those under 18, a legal framework must be placed around the arrangement in order to ensure that the deprivation of liberty is lawful.
- Liberty Protection Safeguards, once adopted, would be applicable from age 16 years.

Safeguarding Young People:

Safeguarding should always be considered for all patients. Local safeguarding procedures must always be followed.

- Any safeguarding children concerns should be notified to the Safeguarding Children's Team as per Trust policy and guidelines.
- Paediatric services (General Paediatric Consultants and Nursing Teams) must provide full collaborative support for the safeguarding of the young person, when required.

Critical Care

- If a young person aged 16 or 17 years requires critical care support either pre or post operatively, then refer to the: STPN Paediatric Critical care Referral Pathway Guidance to support choice between paediatric and adult critical care environments.

Death of a Young Person

- In the event of the death of a young person (under 18 years) in an adult environment, appropriate consideration should be given to a Paediatric consultant providing support to the adult team with the Child Death Notification and child death review process in line with the Child Death Review Statutory and Operational Guidance (2018) (England).

Background Detail:

This guideline is to recommend where these patients should be cared for to maintain patient safety, provide patients with the most appropriately skilled professionals and to make sure there is an appropriate and clear pathway for escalation of treatment if required.

The Surgery in Children service specification states that: *'Care for children and young people between 0 and 16 years will often be within children's services, but arrangements vary for young people over 16 years. Each network should work with the relevant adult surgical providers within their network footprint to agree a policy on developmentally appropriate care arrangements for children and young people 16-18 (and beyond 18 years where this is appropriate, for example those with learning disabilities) cared for outside a specific child or young person's service'.*

The Specialised Surgery in Children service specification states that: *Specialised surgery in children services encompass care for CYP, up to the day of their 18th birthday, who have:*

1. *A rare and/or complex surgical condition, and/or factor influencing the course of a surgical condition, requiring the input of one or more specialist surgical teams, their facilities and/or interventional radiology (including pathology).*

AND/OR

2. *A need for specialist paediatric anaesthesia (comprising preoperative assessment and care, anaesthesia, pain management and postoperative care) requiring the input of a specialist team and/or their facilities.*

A service that can provide only one of these requirements must have formal network arrangements with a service that can provide both, which should be coordinated through Operational Delivery Networks.

Young people aged above 16 years may decide to be treated under this specification (for example, if this is developmentally appropriate) but, depending upon their individual needs, may be offered the opportunity to be cared for under adult services if this is their specific preference, or if it is a more appropriate setting (taking into account the opinion of their parents/carers/clinicians). In this situation, there may not be a requirement for all specialist paediatric facilities/ resources that must be available to younger children.

In exceptional circumstances, transition to adult services may be delayed beyond the 18th birthday in keeping with the needs of the young person while appropriate arrangements are put in place.

The National Service Framework for Children asserts that the age range for inclusion within Paediatric care is 0 to 17 years.

Audit and Key Performance Indicators

KPI	Ambition	Method	Outcome	Time Frame	Responsible
Decreasing transfers	Less CYP transferred from DGHs	Assess via STOPP tool	Reduction in transfers	April 2025-March 2026	STPN, data from returns from Trusts
Correct Bed	CYP goes to the correct Bed	Trust Incident Reporting Systems	Reduction in incidents/ complaints	April 2025-March 2026	Trust reporting
Decreased reporting of transfer concerns to network	Less delays and challenges for transfer of CYP to Tertiary centres	STPN Governance reporting Mechanism	Better outcomes and less operational concerns with CYP Transfer	April 2025-March 2026	STPN
Patient Reported Experience Measures	CYP (aged 16-17 years) report a positive healthcare experience	Questionnaire	High quality care for 16-17 year olds regardless of the environment	April 2025-March 2026	STPN, supported by Trust

References and links

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