

## Freedom of Information Act Disclosure log - Reply Extract

<b>File reference</b>	W21FOI185
<b>Key words</b>	Paediatric Inpatient Services Provided for Adolescents
<b>Date of release</b>	23/07/2021
<b>Attachments</b>	Yes

### You asked

Please refer to the attachment noting the following:

- Q17 – The Trust has a transitional care policy incorporating inpatient and outpatient care.
- Q18 - This question falls outside the scope of the Act. The Trust does not hold a recorded opinion.

**Attachments included:** Yes

# What paediatric inpatient services provide for adolescents: a service evaluation of NHS trusts in England

The aim of this questionnaire is to explore the current practice of paediatric departments in NHS England Trusts with respect to the inpatient care of adolescents and young people (10 -24 years)

It is estimated that it will take 20 minutes to complete.

Thank you in advance for agreeing to complete the questionnaire.

Hospital Name:- **University Hospitals Plymouth NHS Trust**

NHS England Region (Please delete as appropriate):- **South West**

Respondent Name:- **Rachel Deakin**

Respondent Contact Details:- **Rachel.deakin@nhs.net**

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1. Does general paediatrics at your hospital have a specific upper cut-off age criterion for admission included in a formal departmental or trust policy?  
Yes (go to question 3)  No
2. In the absence of a formal policy, does your general paediatrics department have an informally adopted upper cut-off age criterion for admission?  
Yes  No (go to question 4)
3. What is the upper cut-off age criterion for admission?  
<16 years  <17 years  <18 years   
< 19 years  ≥ 19 years
4. In your trust do 16 – 17 year olds have a choice if they are admitted under either paediatric or adult services?  
Yes  No
5. Are patients ever admitted outside of the upper age cut-off criterion?  
Yes  No (go to question 7)
6. When are exceptions made for admission outside of the upper age cut-off criterion?

On-call consultant decision

Certain paediatric subspecialty – (please specify subspecialty / subspecialties).....

CAMHS

Adolescent with complex needs

Educational status of patient (i.e. still in fulltime education)

Lack of adult hospital bed availability

Other (please specify).....

7. Has the upper cut-off age criterion for admission been amended at all during the Covid-19 pandemic?

Yes - Increased  (go to question 7a)    Yes - Decreased  (go to question 7b)

No  (go to question 8)

a. If yes, increased, what was the new upper cut-off age criterion?

<17 years     <18 years     < 19 years     ≥ 19 years

b. If yes, decreased, what was the new upper cut-off age criterion?

<16 years     <17 years     < 18 years     < 19 years

8. Does your department have a separate inpatient facility for adolescents?

Yes, designated adolescent bay     Yes, Designated adolescent ward

No (go to question 14)

9. How many beds are there in the designated adolescent bay / ward? \_\_

10. What is the lower cut-off age criterion for admission to the dedicated inpatient adolescent facility?

No cut-off     10 years     11 years

12 years     13 years     14 years

15 years     ≥ 16 years

11. Can a parent or carer stay overnight with the young person in the dedicated adolescent bay or ward?

Yes

No

12. Can adult specialties admit patients into the separate adolescent inpatient facility?

Yes

No (go to question 14)

13. If yes to question 12, which other specialties can admit patients into the separate adolescent inpatient facility?

Surgical

Adult Medical

Gynaecology

Other (please specify).....

14. Do all adolescent patients admitted to either a paediatric ward or a separate adolescent inpatient facility have shared care with the paediatric team regardless of the admitting speciality?

Yes

No (go to question 15)

- a. If yes to question 14, is there an upper cut-off age criterion for shared care?  
 Yes  No (go to question 15)
- b. If yes to question 14a, what is the upper cut-off age criterion for shared care  
 <16 years  <17 years  <18 years   
 < 19 years  ≥ 19 years

15. Does your department have any of the following for adolescent patients?

- a. A separate visiting times policy for adolescent patients  
 Yes  No
- b. A dedicated recreational area for adolescent inpatients  
 Yes  No
- c. Dedicated educational provision for adolescent inpatients  
 Yes  No

16. Does your department have inpatient access to any of the following named staff with a special interest in adolescent medicine?

- a. Consultant  
 Yes  No  (go to question 16b)  
 i. What is their availability? (Please select all that apply)  
 Weekdays  Weekend  Daytime  Evening  Overnight
- b. Specialist nurse  
 Yes  No  (go to question 16c)  
 i. What is their availability? (Please select all that apply)  
 Weekdays  Weekend  Daytime  Evening  Overnight
- c. CAMHS liaison nurse  
 Yes  No  (go to question 16d)  
 i. What is their availability? (Please select all that apply)  
 Weekdays  Weekend  Daytime  Evening  Overnight
- d. Youth worker  
 Yes  No  (go to question 16e)  
 i. What is their availability? (Please select all that apply)  
 Weekdays  Weekend  Daytime  Evening  Overnight
- e. Psychologist  
 Yes  No  (go to question 16f)  
 i. What is their availability? (Please select all that apply)  
 Weekdays  Weekend  Daytime  Evening  Overnight
- f. Other (please specify).....  
 Yes  No  (go to question 17)  
 i. What is their availability? (Please select all that apply)  
 Weekdays  Weekend  Daytime  Evening  Overnight

17. Does your trust have a written transitional (16-18 years) care policy?

- Yes – for emergency care only  Yes – for inpatient care only   
 Yes – for both emergency and inpatient care  No

18. Please indicate to what extent you are satisfied or dissatisfied with the current service for adolescents and young people in your hospital?

- Very satisfied       Satisfied       Neither satisfied nor dissatisfied   
Dissatisfied       Very dissatisfied

19. Are there plans in the future for your department to expand its adolescent facilities and services?

- Yes       No (go to question 21)

20. What inpatient adolescent services and facilities are your department planning to add in the future?

- Designated adolescent bay       Dedicated adolescent ward   
Adolescent recreational area       Adolescent educational facilities   
Consultant with a special interest in adolescent medicine   
Nurse with a special interest in adolescent medicine   
CAMHS liaison nurse       Youth worker   
Psychologist       Other (please specify).....

21. Does your hospital's paediatric emergency department have an upper cut-off age criterion?

- Yes       No

22. What is the upper cut-off age criterion for your trust's paediatric emergency department?

- <16 years       <17 years       <18 years   
< 19 years       ≥ 19 years

23. In your hospital do 16 – 17 year olds have a choice if they are seen in either the paediatric or adult emergency department?

- Yes       No

24. If your hospital has an onsite paediatric intensive care unit (PICU), is there an upper cut-off age criterion for admission?

- Yes       No       N/A

25. What is the upper cut-off age criterion for admission to your hospital's PICU?

- <16 years       <17 years       <18 years   
< 19 years       ≥ 19 years       N/A

**Thank you very much for taking the time to complete the questionnaire!**