

- Promoting the service to ensure that local agencies are aware of the support available to young people and to allow collaborative work.
- Working with local children's services to create a better transition pathway.

Anticipated results Young people and their families will feel confident to choose hospice services. Services at the hospice will be age appropriate. Transition from children to adult services will be less daunting.

Innovation Although it is understood that the needs of young people differ from the needs of the population usually supported in adult hospices, there are few roles that are specifically designed to support people 18-30 in this setting. A key worker to meet the individual needs of young people is not only unusual but also invaluable in ensuring young people have the best possible experience (Noyes, Pritchard, Rees, et al., 2014).

P-41 TEETERING ON A CLIFF EDGE: TRANSITIONING BETWEEN PAEDIATRIC AND ADULT HOSPICE SERVICES

¹Sheonad Laidlaw, ¹Fiona Wylie, ²Janet O'Connor, ²Fariel Rahman. ¹*The Prince and Princess of Wales Hospice, Glasgow*; ²*Children's Hospices Across Scotland (CHAS), Balloch, UK*

10.1136/spcare-2022-HUNC.63

Background The transition process from paediatric to adult hospice care is uniquely challenging for young adults living with non-malignant life-limiting conditions as they are often declining in health with increasing dependence on their families for all aspects of care. Many young adults and their families feel that there is nothing for them on leaving paediatric services and that they teeter on a 'cliff edge' with no hope for the future. Without a robust process of transition, the young adults' physical and mental wellbeing may be negatively impacted upon and yet the transition of young adults with complex conditions is not currently a health and social care priority.

A pathway Identifying that there was a need to prioritise transition, Children's Hospices Across Scotland (CHAS) and The Prince & Princess of Wales Hospice (PPWH) worked collaboratively to pilot a Transition Pathway. This involved the development of a categorisation template for the transition caseload with subsequent identification of 12 young adults aged between 19 and 20, all of whom have a non-malignant diagnosis. Over an 18-month period, 4 young adults have fully moved to the adult hospice, 4 continue to remain on both caseloads, 3 have been discharged directly from CHAS with no adult hospice input, and 1 has died.

Conclusions Focus groups for the young adults/families to share their experience of the pilot are planned to enable a full evaluation. However, ahead of these conversations it is recognised that collaborative working is essential to ensure a robust joint approach to transition, supported by: information sharing regarding the differences in services offered (and thereby demystifying what an adult hospice is); open conversation to develop a foundation of trust between the young adult/families and the health care professionals; and the development of an individualised 'at their pace' transition plan to support the health and wellbeing of the young adult and their families moving forward.

P-42 TRANSITIONING TO ADULT CARE – A NEW PROJECT FOR YOUNG ADULTS WITH DUCHENNE MUSCULAR DYSTROPHY

¹Emma Longford, ²Louise Smith, ²Andrew Curtis, ¹Joanne Guerrero. ¹*Wirral Hospice St John's, Wirral, UK*; ²*Claire House, Bebington, UK*

10.1136/spcare-2022-HUNC.64

Over the past three years Wirral Hospice St John's and Claire House Children's Hospice have collaborated on projects aiming to provide continuing care for young adults transitioning from paediatric to adult services. The success of this project has been previously presented; the feedback has been overwhelming positive. This initial cohort was comprised of patients with severe learning difficulties and support for parents was a significant focus.

We now recognise the need to extend this offer to other young adults entering the transition process.

The next phase aims to engage with young adults with Duchenne Muscular Dystrophy (DMD). DMD is a genetic disorder characterised by progressive muscle degeneration typically presenting in childhood. Until recently survival beyond teenage years was unusual, thanks to advances in respiratory care, life expectancy now stretches into the third decade.

Our aim was to engage young adults with DMD in adult palliative care services. We provide physical and psychological support for young adults and their families, as well as offer engagement in advance care planning. We recognise the shift for families, as care becomes more patient rather than family-focused and aim to support young adults as the expectation moves to them taking responsibility for their own care.

This project is ongoing. Four young adults with DMD are engaged in adult palliative care services. These patients have seen consultants initially then linked into dietician, counselling and physiotherapy support as appropriate. Connections made with adult specialist services and when admission to hospital has been required, specialist palliative care has supported. Support has been offered to parents. This has presented challenges for adult services in terms of equipment/services offered; we continue to adjust to the requirements of younger patients.

There is significant unmet need for young adults facing the daunting prospect of leaving paediatric services, this project has shown that palliative care services can work together to improve this transition.

P-43 ABSTRACT WITHDRAWN

P-44 TRANSFORMING CARE FOR YOUNG ADULTS WITH COMPLEX AND LIFE-LIMITING CONDITIONS

Carrie James, Angela Horsley, Susanna Shouls. *Hospice UK, London, UK*

10.1136/spcare-2022-HUNC.65

Background More young people with complex life-limiting conditions are living into adulthood, generating greater demand for appropriate care (Fraser, Gibson-Smith, Jarvis, et al., 2021. *Palliat Med.* 35:1641). We implemented Project