**Background** Sialorrhoea is a common symptom of progressive neurological conditions, causing a significant burden for patients and their caregivers. A previous survey showed healthcare professionals felt drug interventions provided insufficient control. This symptom benefits from holistic and multidisciplinary assessment and management. This work aims to identify the key components of a clinical assessment, from a multidisciplinary perspective, with the intention of supporting delivery of personalised and effective care of this symptom.

**Methods** Motivated by poor outcomes of management of this symptom, a regional specialist working party was convened. These multidisciplinary professionals, with expertise in sialorrhoea management, completed a survey to identify which factors enhanced assessment of issues related to sialorrhoea and how management is impacted. Responses were compared against established saliva assessment tools.

**Results**

**Twelve professionals completed the survey.** Responses were analysed and grouped into 5 themes. No theme was unanimously identified by all responders. The most common (83%) was assessing response to previous strategies, 75% focused on the saliva itself, 67% on functioning, 50% on psychosocial impact and 50% on physical assessment. Qualitative responses were collected on the above themes and their impact on management, notably highlighting the benefit of more detailed psychosocial and functional assessment.

The themes were not routinely covered in available tools. Where overlap exists, such as functioning and psychosocial impact, the survey responses exceeded elements within the tools.

**Conclusion** The results show each theme identified was not covered by all professional groups, indicating benefit from multidisciplinary assessment. A standardised approach, encompassing all that has been discovered in this work would streamline assessment, minimising burden to patients. This would support professionals to develop wider skills in assessment from their multidisciplinary colleagues. The working group will now develop this resource to guide professionals with the optimal assessment and then evaluate the impact on patient outcomes regionally.
Background: Adolescents with long term conditions are recognised to have unique needs and to experience particular health risks as they transfer to adult services. Some young people with complex neuro-disability may live years following transfer to adult services; for others however, reaching adulthood coincides with a significant deterioration in their health. Identifying the best team to support the patient in this situation can be controversial.

Community and hospital adult palliative care teams may have an important role to play in supporting these patients, yet clinicians may lack experience working with this age group or managing the symptoms associated with paediatric neurodisability.

We present reflections from a series of 6 young adults who received shared-care from adult and paediatric palliative teams and raise discussion about the strengths and learning needs of the different teams involved.

Intervention: Over a period of 2 years, patients who were between the age of 15 and 19 years and experiencing a significant deterioration in their health were referred to the children’s palliative care team for the North East North Cumbria region. Where appropriate, the children’s team identified a local adult palliative care team and established a model of shared-care with this team.

Findings: Across the region 3 adult hospital palliative liaison teams and 4 adult community palliative care teams were involved in shared end of life care.

Cross-team debriefs identified benefits including: • Improved continuity of care
  - Access to out of hours support
  - Avoiding hospital admission/Safe discharge planning
  - Confidence with medication for symptom management
  - Access to local family support and bereavement services
  - Building relationships for future joint working
  - Support for adult and children’s community nursing teams

Conclusion: Sharing end of life care between adult and paediatric palliative care services can improve the experience of young adults and their families.

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