Royal Cornwall Hospitals
NHS Trust

Endocrine Transition Clinic
Standard Operating Procedure

V1.0

November 2026

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Data Protection Legislation

The Trust must comply with the UK GDPR, Data Protection Act 2018, and Data (Use and Access) Act 2025 by ensuring all personal data is processed lawfully, fairly, transparently, and for a defined purpose.

Before processing personal data, an appropriate Article 6 UK GDPR lawful basis must be identified and recorded. Where special category data is involved, a relevant Article 9 condition must also be documented.

All staff, contractors, students, volunteers, agency workers, and third parties working on behalf of the Trust are responsible for complying with data protection legislation.

Further guidance is available in the Trust's Information Use Framework and Information Governance policies. Advice can also be obtained from the Information Governance Team.

1. Introduction

The Paediatric to Adult Endocrine Transition and Late Effects Clinic provides a structured pathway for young people with childhood-onset endocrine disorders as they transfer to adult services. The clinic supports them, promotes continuity of care, and reduces the risk of disengagement during transition. It also provides ongoing assessment and monitoring for endocrine late effects resulting from previous diseases or treatments. The aim is to ensure safe, patient-centered care and optimise long-term health outcomes.

2. Purpose of this Standard Operating Procedure

2.1. To provide a structured, developmentally appropriate framework for transitioning young people with endocrine conditions from paediatric to adult services. This SOP ensures continuity of care, promotes independence, and supports long-term health outcomes, including management of late effects, in accordance with NICE guidelines on transition from children to adults' services.

2.2. **Scope**

This SOP applies to all healthcare professionals involved in the care of paediatric endocrine patients at Royal Cornwall Hospital, including paediatric and adult endocrinology teams, endocrine secretaries, and administrative staff.

2.3. **Clinical Frequency**

- The Endocrine Transition Clinic will be held four times per year and late effects clinic 2 per year.
- Clinics will be scheduled in advance and coordinated by the endocrine secretaries.
- Each clinic will be jointly staffed by paediatric and adult endocrine consultants.

2.4. **Referral Process**

- Patients aged approximately 15 to 18 years with long-term endocrine conditions will be identified by the paediatric endocrinology team.
- Referrals to the transition clinic to be submitted via the endocrine secretaries.
- The secretaries will manage appointment scheduling and ensure relevant documentation is available for review.
- Young Patients age <18years, seen in the Adult clinic by adult endocrinologists to be reviewed in the Transition clinic for second opinion for conditions such as Constitutional delay of Growth and Puberty (CDGP), Gynaecomastia, Prolactinoma etc.

2.5. **Transition Review**

- Patients will be reviewed in the joint transition clinic from age 15, with flexibility based on clinical and psychosocial readiness.

- Reviews will continue until the patient is ready to transfer to adult services, typically by age 18.

The clinic will focus on:

- Educating patients about their condition and treatment.
- Promoting independence and self-management.
- Preparing patients for adult care systems.
- Reviewing medical history and future care needs.

2.6. **Late Effects Transition**

- Patients who have undergone treatment for endocrine-related conditions (e.g. cancer, pituitary disorders, or chronic steroid use) may experience late effects that require long-term monitoring.
- These patients will be identified early by the paediatric oncology team and flagged for late effects transition planning in Late effects Clinic with Bristol Pead's Oncology team.
- The transition clinic will include:
  - Assessment of potential late effects (e.g. growth, fertility, bone health, metabolic risk).
  - Coordination with other specialties (e.g. oncology, reproductive health, metabolic medicine).
  - Development of a personalised surveillance plan for adulthood.
  - Education on signs and symptoms of late effects and when to seek help.
- Once Transitioned, Adult endocrine services will continue monitoring and managing late effects as part of routine follow-up.

2.7. **Transfer to Adult Services**

- Once transition is complete, patients will be discharged from paediatric care.
- They will be booked into an Adult Endocrine consultant clinic based on their geographical location.
- A comprehensive transition summary will be prepared and shared with:
  - The receiving adult endocrine consultant.
  - The patient's general practitioner.
  - The patient and/or their caregiver.

2.8. **Documentation**

- All clinic notes, transition plans, and correspondence will be recorded in the patient's electronic health record.
- Key documents include:
  - Maxims internal referral to Adult Services for review in the Transition Clinic.
  - A summary transition clinical letter.
  - Maintenance of the referred patients list by the Adult Endocrine secretarial/Administration team.
  - Late effects surveillance plan (if applicable).

2.9. **Quality Assurance**

- The transition process will be reviewed periodically to assess effectiveness and identify areas for improvement.
- Feedback from patients, families, and staff will be used to inform service development.
- Any concerns or delays in transition will be escalated to the clinical lead for endocrinology.

3. Ownership and Responsibilities

All staff members are responsible for:

Paediatric endocrine patients at Royal Cornwall Hospital, including paediatric and adult endocrinology teams, endocrine secretaries, and administrative staff.

4. Standards and Practice

This SOP outlines the processes, responsibilities, and standards to be followed by staff involved in the Paediatric to Adult Endocrine Transition and Late Effects Clinic. It ensures a consistent, safe, and patient-centered approach to transition, ongoing endocrine care, and monitoring of late effects in accordance with Trust policies and best practice.

5. Dissemination and Implementation

This SOP will be published on the Trust's document management system/intranet and will be accessible to all staff involved in the care of patients attending the Paediatric to Adult Endocrine Transition and Late Effects Clinic. The document will be disseminated through departmental meetings, email communication, and induction programmes for relevant clinical and administrative staff. Managers and service leads are responsible for ensuring that staff are aware of and adhere to the contents of this SOP.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	• Timely referral and attendance of eligible patients to the Paediatric to Adult Endocrine Transition and Late Effects Clinic. • Completion of a documented transition plan and transfer of relevant clinical information from paediatric to adult services. • Attendance rates, clinic outcomes, and loss to follow-up following transition. • Compliance with recommended endocrine assessments, investigations, and monitoring for late effects.
Lead	Dr Haider Khan, Consultant Diabetes and Endocrinology.
Tool	Electronic Patient Record (EPR) system, clinic letters, Maxim referrals and clinic activity reports.
Frequency	Endocrine transition clinic 4 monthly and joint late effect clinic 6 monthly.
Reporting arrangements	Endocrine Departmental Governance Meeting.
Acting on recommendations and Lead(s)	Adult and Paediatrics Endocrine Team.
Change in practice and lessons to be shared	Adult and Paediatrics Endocrine Team.

7. Updating and Review

This procedural document will be reviewed no less than every three years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity and Inclusion Policy or the Equality and Diversity website.

8.2. Quality and Equality Impact Assessment (QEIA)

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged. The Quality and Equality Impact Assessment (QEIA) Form is available via the link in Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Endocrine Transition Clinic Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	November 2026
Date Valid From:	November 2026
Date Valid To:	November 2029
Author / Owner:	Haider Khan, Endocrine and Diabetic Consultant
Contact details:	Haiderkhan@nhs.net
Brief summary of contents:	Endocrine Transition Clinic Standard Operating Procedure.
Suggested Keywords:	Paediatric Endocrinology, Adult Endocrinology, Transition Clinic, Endocrine Transition, Late Effects Clinic, Adolescent Transition, Young Adult Services, Endocrine Disorders.
Target Audience:	**RCHT:** Yes **CFT:** Yes **CIOS ICB:** Yes
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Endocrine Governance. Medicine Divisional Board.
Manager confirming approval processes:	Roz Davies.
Name of Governance Lead confirming consultation and ratification:	Natasha Andrews.
Links to key external standards:	No.
Related Documents:	No.
Training Need Identified:	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Endocrine

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2026	V1.0	New.	Haider Khan, Endocrine and Diabetic Consultant.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

E11 QEIA Policy

For guidance, please see the QEIA Essentials – Quick Reference Guide or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net