

ADD Name of Trust/Community Serviced

DATE:

Dear Parent/Carer/Young Person

REF: Transitioning you / your child (*delete as appropriate*) on home oxygen to adult services

We are the Adult Home Oxygen Service Assessment and Review (HOSAR) Service, our role is to ensure that adults who have a clinical need for home oxygen are appropriately prescribed oxygen and are supported in the community to achieve the desired benefits from their oxygen therapy.

As you / your child (*delete as appropriate*) has continued to require home oxygen at your current age (*insert age*), the ongoing care will be transferred over to the adult HOSAR service. You / your child (*delete as appropriate*) will be fully supported in the transition to the adult service.

We will review you / your child's (*delete as appropriate*) oxygen requirements and prescription on an annual basis, or more regularly if required, to ensure that you / your child (*delete as appropriate*) is receiving the appropriate equipment and amount of oxygen for your / their medical needs and that this is meeting health and safety regulations. We will do our best to engage with the local Community Children's Nursing Team who may have been providing support up until now, to ensure we understand your / your child's (*delete as appropriate*) needs.

We will endeavour to book an appointment with you soon, however, should you have any concerns or questions in advance of the appointment, you can contact us on the details below.

Yours sincerely,

Insert name and signature

Insert service contact details