

If you are studying at university away from home

It is advisable to register with the campus GP for prescriptions and emergency management while you are away. Outpatient appointments for review with the young person's team can be arranged during holidays or when you are home.

If you have any further questions or would like to discuss this further, please speak to a member of your diabetes team.



Patient Experience

South Tees Hospitals NHS Foundation Trust would like your feedback. If you wish to share your experience about your care and treatment or on behalf of a patient, please contact The Patient Experience Department who will advise you on how best to do this.

This service is based at The James Cook University Hospital but also covers the Friarage Hospital In Northallerton, our community hospitals and community health services.

To ensure we meet your communication needs please inform the Patient Experience Department of any special requirements, i.e. Braille/ Large Print.

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Transitional care for young people with diabetes

Information for patients and carers



The information in this leaflet is for children or young people with diabetes.

It is designed to help you understand how you will move from the children's diabetes service to the young person's diabetes service.

The move between services should be discussed and planned over a considerable period of time. This move is known as transition.

Aims of transitional care

- To provide you with high quality care appropriate to your age and development
- To support you in decision making and communicating your needs with health care professionals and others.
- To support you to become independent in the management of your diabetes
- To provide support and guidance for your parents / guardians during this process.

When will it happen?

Transition will normally be discussed following your 11th birthday, although this is only a guide and will be based around your individual needs regardless of your age.

Active preparation for the date of your move will occur when you have completed growth and puberty and have the necessary skills to function independently from your parents.

Timing of this will be flexible and not restricted to age. This is usually between the ages of 16 – 19 years (though there are certain exceptions).

How will it happen?

Your diabetes team should by now have shown you your transitional care framework. This framework demonstrates you have the knowledge and skills required to manage your diabetes independently. The framework will be used throughout your transition and will be passed on to the young people's team.

During clinic appointments, we will encourage you to see members of the diabetes team without your parents and you will be actively involved in discussions and decision making around your diabetes care.

It is important that your parents remain involved in your care and we can see them with you before you leave clinic to update them on issues arising from your appointment.

Young person's diabetes team

We will aim to give you the opportunity to meet with members of the young person's diabetes team during clinic appointments before you move. This includes the consultant who deals with adults, the diabetes specialist nurse and the dietitian who will be involved in your care.

When the time comes that you feel ready to move across to adult services you will be referred to the young person's clinic where you will continue to see the adult consultant, specialist nurse and dietitian.

You will receive appointments to be seen by the young person's team in very much the same way as you have been used to – though it will then be your responsibility to attend or to cancel / change appointments as necessary.

