

How to...

Improve transition for young people with diabetes

Use this guide to:

- Make your clinic suitable for young people
- Get the most from your consultations
- Work with local youth organisations
- Build a culture of continuous improvement.

This guide is for:

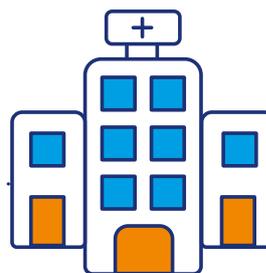
- Anyone involved in the planning and delivery of diabetes transition services.

Why improve transition?

Transition for young people with diabetes can be sudden, fragmented and in some cases doesn't happen at all. But if transition is a planned, coordinated process that supports young people to gradually move from children's to adults' services, it can have lifelong benefits.

This guide provides some practical tips, tools and solutions for improving transition for young people.

Step 1 Make your clinic suitable for young people



In the clinic

Sit in your waiting area as it is now. How does it feel? Simple changes can make your clinic far more of a welcoming place for your young people. Consider the following:

Paint a wall a brighter colour and decorate it with artwork. Ask current or past clinic attendees to help or even art students from a local college. They can also help you create a more interesting display area.

If you have a radio or television ask young people what they want on. And let people know they can change the channel. Is there somewhere obvious people can charge their phones?

Put up posters and leaflets useful to young people and not just about diabetes. Include topics like sexual health and consent, contraception, mental health, bullying, drugs, domestic and relationship violence and online safety. Local organisations like schools, youth clubs, sexual health clinics and charities can help source these.

Advertise any opportunities for meetings, events, social activities, clubs or peer support meetings available through your clinic.

Create a meet the team board. Helping young people know more about who they'll be seeing at their appointment can put them at ease.

Use moveable display boards so you can keep changing the clinic around for different needs.

Think about what other clinics are going on at the same time as your young people's appointments. Clinics for older people with later-stage complications can be distressing.



Use the web and social media

Using social media will give you another chance to build relationships with your young people and make your service more approachable.

If you have a website, make sure you're making the most of it. Ask young people, parents, carers and staff what they think of it. Get young people involved by asking for their ideas about what they want from your site.

Setting up Facebook and Twitter accounts can help you talk to more young people and their parents or carers.

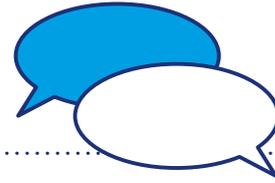
Creating some videos using a smartphone and putting them on YouTube or Vimeo is a quick and easy way to offer advice or give people an idea of what your service is like.

Case study

Papworth Hospital asked people who use their clinic or used to, to help create videos for their website The Move. They filmed interviews with young people and staff, and recorded a virtual tour of the clinic so it could be explored remotely, at someone's own pace and time.

Take the tour with Giorgia: [papworthhospital.nhs.uk/transitioning/video-giorgia](https://www.papworthhospital.nhs.uk/transitioning/video-giorgia)

Step 2 Get the most from your consultations



Care planning

Moving away from a team of healthcare professionals that a young person has been with for years can be scary. Personalised care and support planning is essential for helping young people gain the confidence and skills they need to gradually move from children's to adults' services.

The right time to move to adult care will be different for everyone. And there might not be a perfect time for lots of people to move. It's important that young people are involved with the decision to move them into the transition service.

Start having conversations early. This will give young people plenty of time to discuss their needs and to ask any questions.

Focus on having regular, quality conversations and use a tool to help guide these. There are lots of tools already out there, so don't reinvent the wheel. (See case study below).

Don't make sudden or unexpected changes, like bringing new staff into the consultation or excluding parents or carers, without talking to young people first.

Don't overload young people with multiple appointments in different locations all at the same time.

Give young people the choice about how you contact them. Texting might feel a lot easier than a phone call or letter for a lot of people. Check that they know who their key worker is and how they can reach them.

Make sure young people know when to get help and who to contact in an emergency.

Check in with parents and carers too. It can be a stressful time for them and they might need some support and reassurance.

Case study

Ready Steady Go is a programme developed by Southampton Children's Hospital that helps young people plan and prepare for moving to adults' services. Young people are asked to complete a series of questionnaires at different stages of their transition. The questionnaires cover a range of areas including knowledge, daily living and managing emotions, and work as conversations tools to identify what is working well for young people and where they would like extra help and advice.

To download all the resources, including a transition plan, parent or carer plan and patient information leaflet, visit: uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx



Psychosocial and emotional support

Don't just talk about diabetes. Young people with diabetes often tell us they can be made to feel like a number. They are more than their HbA1c or last blood glucose test. Make sure they know you understand this.

Show them you see the person they are and want to be, not just the condition they are expected to control.

Ask about their interests, hobbies and hopes for the future.

Find their motivation to live well and stay healthy and work with them towards this.

Ask them and their parents or carers how they feel about their relationships with the clinic and staff.

Don't ignore their mental and emotional health. Having diabetes means being at higher risk of depression and other mental health conditions.

Talk about mental and emotional health as part of normal, routine care.

If you find signs of diabetes distress or depression intervene early as these are associated with higher HbA1c and poorer outcomes.

Case study

Wrexham Maelor Hospital have integrated a clinical psychologist into their transition and young adults' clinic. Young people are screened for diabetes distress and depression using questionnaires in the waiting room and the psychologist, with consent, is in the consultation room for the whole appointment. Doing this means other staff can learn to talk about mental health and psychological support is provided as soon as someone needs it.



New ways of delivering consultations

Appointments don't always have to take place in a clinical setting. They might not even need to be face-to-face.

Case study

Consider using technology such as Skype. In Newham, young people aged 16–25 are given the choice of replacing routine follow up outpatient appointments with web-based consultations when it's clinically appropriate and no physical examination is required. Young people are able to initiate their own appointments and request a call back by sending a Skype message. By using Skype young people say it allows them to fit consultations around their everyday lives, whether it's between lectures or while they're at home. Overall, the Did Not Attend rate (DNA) was **13%**, compared to **28%** for all outpatient appointments for the same patients.

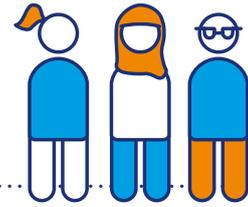
Learn more: practicaldiabetes.com/article/webcam-consultations-diabetes-findings-four-years-experience-newham/

Case study

Hillingdon Hospital has transformed care for young people by integrating multidisciplinary clinics and psychological therapy groups into local secondary schools – making care more accessible and reducing the need for lengthy periods away from school. Since launching in 2013, clinic attendance has increased from **70%** to **98%** and the average time spent away from class per appointment has decreased from **five hours** to **30 minutes**.

Learn more: diabetes.org.uk/children-and-young-people

Step 3 Work with local youth work organisations



Local organisations who specialise in youth work can play an important role in helping to engage young people, including those who are hard to reach.

Consider recruiting a youth worker or if this isn't possible, ask local youth work organisations for information and support.

Work with other medical specialties that transition young people to build a case for recruiting a youth worker or accessing local youth work services.

Explore if any local youth work organisations can provide training for staff to develop communication skills for engaging young people.

Work with local youth work organisations to use non-clinical spaces like youth centres for young people to meet and spend time with each other.

Case study

The Well Centre have been supporting Guys and St Thomas' and Kings College Hospital NHS Foundation Trusts since 2014 to engage hard-to-reach young people aged 14–21. They do this by providing young people with one-to-one support, group workshops and a three day 'youth empowerment skills course' that includes a simulation day to help put learning into practice. Outcomes after the first 12 months showed reductions in HbA1c and DNAs.

Learn more: youngpeopleshealth.org.uk/wp-content/uploads/2016/03/E2-Diabetes-and-transition-Steph-Lamb.pdf

Case study

Established in 1998, the **Nottingham University Hospitals Youth Service** offers daily drop-in sessions during hospital stays, regular social activities, and transitional support for moving into adult services. The service is delivered by four staff and a team of dedicated volunteers, including former patients.

Learn more: nuhyouthservice.org.uk/

Step 4 Build a culture of continuous improvement



Making simple changes to your service can dramatically improve young peoples' transition experience. But through the process of making these changes other issues can be uncovered.

Building a culture of continuous improvement can help to address these issues and maintain momentum for testing and introducing new ways of working. Here are some ways you can do this:

Involve young people. Provide regular opportunities for professionals and young people and their parents or carers to come together and identify what is working well and what needs to be improved. Hosting lessons learned workshops every six months are a good way to do this.

Celebrate success. Encourage staff at all levels to regularly identify and share examples of success at team meetings and other forums. If someone has done something good, let them know how much you appreciate their efforts.

Identify gaps in staff skills and experience. Are the right people in the right roles to provide the best care? Are staff being given the right training and support? Provide meaningful learning and development opportunities for staff at all levels like secondments and training to improve communication skills.

Get people engaged at every level of your organisation and beyond to help build a case for change. Do you need additional support and funding to improve your service? Meet with senior leaders in your organisation to discuss your ideas. Recruit champions who are visible and can help you bring about the change.

Form a network with other diabetes transition services in your area. Networks are great for sharing learning and solving common problems together. For more information about developing networks visit diabetes.org.uk/shared-practice-networks

Case study

The Yorkshire and Humber Clinical Network transition toolkit provides a single point of access to practical tools and resources to help organisations design and introduce transition services that work for young people. It contains further examples of good practice and also provides guidance for commissioners in England.

To access the toolkit and guidance visit: yhscn.nhs.uk/transition.php

Essential reading

For professionals

Diabetes transition service specification and guidance, NHS England

england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/si-areas/diabetes-transition/

Transition from children's to adults' services guideline and quality standard, NICE

nice.org.uk/guidance/ng43

nice.org.uk/guidance/qs140

Diabetes in children and young people quality standard, NICE

nice.org.uk/guidance/qs125

Quality criteria for making health services young people friendly, You're Welcome

youngpeopleshealth.org.uk/yourewelcome/

For young people, parents and carers

A guide for young people moving into adult care, Diabetes UK

diabetes.org.uk/guide-to-diabetes/teens/me-and-my-diabetes/transition-to-adult-clinics

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For more information about improving transition email sharedpractice@diabetes.org.uk