[Patient Address]

|  |  |
| --- | --- |
| [Recipient address][Date] To [Enter Name field] **[Name of young person and DOB]** **Transition from Children’s Services to Adult Services** | Photo image here  |

[Young persons name] is now approaching adulthood and is supported by the Transition Lead at Havens Hospices.

She supports parents to prepare for the transition from children’s to adult services.

[Name] has [diagnosis]. S/He is approaching [age] so we are just beginning to prepare for this journey into adulthood.

We have been advised that [name] will lose access to her/his Community Paediatrician and Children’s Community Nurse services as an adult, and that **the role of our local GP will become even more important in the future**.

It has been suggested that I make contact to see how you would typically approach Transition for people with complex needs.

For example, we wondered whether it would be best to have a named GP and whether that GP would want to attend any of his review appointments. And would you be happy for me to continue ordering his medication electronically on his behalf after his 16th birthday? How do I ensure that communication is still able to take place with me as his/her parent? How do we access an annual review with yourselves?

I hope you are happy to give me your guidance on this. It would be helpful for me to know how you would approach this and anything you will need me to do.

Thank you and regards

[Name]

[contact details i.e. phone number/ email]