

**P61 IMPLEMENTING TRANSITION TO ADULT SERVICES IN A DISTRICT GENERAL HOSPITAL IN THE UK**

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10.1136/bmjpo-2019-RCPCH-SAHM.65

**Introduction** The NHS has well developed adult and paediatric services. However Young People (YP) aged 16-25 years often fall between these services due to inadequate healthcare provision, resulting in adverse health outcomes. Transition to Adult Services (TAS) is already well developed in many tertiary paediatric centres, beginning as early as 11 years of age. This allows YP to be empowered and to gain familiarity with adult services.

However, non-specialist TAS is yet to be established at District General Hospital (DGH) level. The aim of this Quality Improvement Project (QIP) was to develop and implement a non-specialist and developmentally appropriate TAS in a busy DGH in London.

**Method** NICE guidelines for TAS highlighted that a stepped approach can support the implementation of successful TAS care pathways. Over a period of 14 months, all relevant stakeholders were identified resulting in the formation of a multi-disciplinary Clinical Working Group for TAS. This enabled a scoping exercise to be undertaken combined with a gap analysis as well as both operational and strategic reviews of the local TAS.

**Results** To date, the achievements of the QIP include:

- Identifying YP needing TAS – from acute admissions, outpatients and in the community
- Empowering YP – through the use of a validated survey for Medicines Transition
- Engaging the multidisciplinary team: acute paediatric service, paediatric community service, adult emergency care as well as adult and paediatric clinical nurse specialists
- Implementation of a flag identifier when YP in Transition present to the Emergency Department
- Appointment of a pilot Transition Nurse – CCG funding approved.
- A patient-facing Medicines Transition Pilot, results of which won the patient voted First Prize at the Trust Quality Improvement Awards
- Bespoke TAS Emergency Care plan for each YP on Transition Pathway – ongoing process Conclusion and next steps: The following actions are in process:
- Patient passport combining YP feedback with their medical needs
- Formalising referral pathways to adult services
- Improving confidence of YP for TAS by collating, standardising and disseminating information relevant for this group.
- Establishing Joint Paediatric and Adult Transition clinics
- YP settling into adult services – via follow-up questionnaire/service We would also like to acknowledge the support of the remainder of the Clinical Working Group at The Hillingdon Hospital, who gave so generously of their time, energy, ideas, solutions and enthusiasm. Each individual's contribution moved us closer to our goal.

**P62 CHANGES IN CARDIOVASCULAR RISK THROUGH ARTERIAL STIFFENING DURING RE-FEEDING OF UNDERWEIGHT PATIENTS WITH ANOREXIA NERVOSA (AN) IN INPATIENT AND OUTPATIENT SETTINGS: TWO PILOT STUDIES**

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10.1136/bmjpo-2019-RCPCH-SAHM.66

**Aims** Population data suggest that cardiovascular disease (CVD) risk in underweight is greater compared to healthy weight. Study of underweight and catch-up in young children has demonstrated greater future CVD risk. Pulse Wave Velocity (PWV) is a non invasive and easy to measure proxy for arterial stiffening, demonstrated to be a good predictor of CVD. We hypothesise that there will be a change in PWV and other measures of CVD risk with physical recovery. This research important as little is known about long-term physical risk from AN, and in particular how degree of underweight, changes in weight may differentially effect arterial stiffening are important questions.

**Methods** Here we present the rationale, hypotheses and methodologies for two current studies: 1) recruiting new patients admitted to an eating disorder unit and 2) new patients diagnosed with AN and managed in outpatient settings, to measure PWV and other CVD risk factors. For inpatients measures will be recorded weekly for six weeks, for outpatient at baseline and 6 months. Other measures for analysis will include severity of AN, and for outpatient cardiac echo and bone density. Analyses will focus on longitudinal statistical methods to study change in CVD risk in both studies.

**P65 THE DOMAINS OF PRACTICE FOR YOUTH SUPPORT CO-COORDINATOR WORK IN TEENAGE/YOUNG ADULT CANCER CARE IN THE UNITED KINGDOM**

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10.1136/bmjpo-2019-RCPCH-SAHM.67

**Purpose and aims** A United Kingdom charity funds approximately 30 Youth Support Coordinators (YSCs) to work alongside Multi-Disciplinary Teams (MDT) in the provision of aspects of psycho-social support to teenagers and young adults (TYA) with cancer, whilst maintaining a youth focus. YSC's bring experience of working with young people from various health and non-health sectors. These non-regulated workers stem from a variety of professional backgrounds.

Determining how YSCs enact their day to day work with young people with cancer and MDT's in clinical settings was the aim of this research. A knowledge and skills framework was drafted to inform and support YSC practice, the funder, and the National Health Service, which employs them.