

Conclusion To conclude, there is more research to be done in this field. This study may serve as a prompt to clinicians, including paediatricians, to ask about eating issues/disorders when prescribing contraception. The study assisted with the production of a proforma for clinicians to use when an eating disorder history is elicited.

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1841 USE OF AN ELECTRONIC 'LIVE' TRANSITION PLAN IN PATIENT NOTES

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Objectives

Background CQC recommendations for the trust following a visit, included a trust wide consistent and robust approach to assessment and planning of transitional care and a consistent approach to completion and storage of transition medical records. A 'live' transition plan was created in 2018 in the electronic eDMS patient notes. This enabled health professionals to document a summary of transitional discussions addressing key areas and creating a clear timeline, which could then be shared by the transferring team with the receiving adult team. It also ensured that when a young person was under multiple specialities, all involved professionals could rapidly access transitional discussions and plans made.

Objectives To audit the use of the live transition plan against standards based on completion of key information in the live plan and whether the plans were transferred to adult specialities during transition of care.

Methods Retrospective case note review of the eDMS live transition plan updated in the month of July 2021, for young people with chronic long term conditions that required transition of care to adult services.

Results 210 live transition plans were updated between 1st and 31st July 2021. 55% (n=94) of the plans had an identified key worker¹ documented. In 21%(n=45) a user error was noted because teams were creating duplicate plans instead of updating the existing transition plan, which meant a clear timeline of discussion would not be available at transfer. All plans had completed an answer to the mental capacity act question but professionals had documented uncertainty over this. Documentation indicated that 10 young people had a life-limiting condition and two included documentation of an advance care plan. There was limited use of the snapshot function to share the transition plan with adult services at transition. 17 of the young people had safeguarding alerts in their electronic notes but only 3 had a safeguarding concern documented in the transition plan. 23 different specialities completed the transition plan and 18 of these were within medicine care group. 80% (n=168) of the entries were completed by specialist nurses, 10% (n=20) by consultants and the rest by other healthcare professionals. 75% (n=158) of

the entries had the intended adult team/hospital destination identified.

Conclusions This first review highlighted variability in the completion of the 'live' transition plan in patient notes and the need for further education and training promoting use with all members of the multi-disciplinary team. Training to address this is now included in the mandatory trust transition training. This audit also enabled a review of the question on mental capacity act to make it clear and signpost professionals to trust resources. A 'top tips' document was created to share key themes and messages with all health professionals in the trust.

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1842 MAPS: MENTAL HEALTH ADMISSIONS TO PAEDIATRIC WARDS STUDY

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Objectives Children and young people (CYP) presenting with a mental health (MH) crisis are frequently admitted to general acute paediatric wards as a place of safety. Prior to the pandemic, a survey in England showed that CYP occupied 6% of general paediatric inpatient beds due to MH crisis, and there have been longstanding concerns about the quality of care to support these patients in this setting.¹ Since the pandemic, there is evidence that both numbers of paediatric admissions and the severity of MH crisis in CYP have increased, and paediatric teams are experiencing challenges delivering safe care.² There is a general paucity of published data on CYP with MH crisis admissions to general paediatric wards including total numbers, factors associated with admissions, outcomes for CYP admitted, and the impact of admissions on CYP, parents and healthcare professionals (HCPs).

We aim to generate a Theory of Change (ToC) model to improve the quality of care for CYP admitted to acute paediatric services after presenting in a MH crisis. Our objectives are to investigate: 1) national trends in admissions; 2) characteristics of admissions (sociodemographic factors, diagnoses and reasons admitted) 3) factors influencing decisions to admit CYP; 4) views/experiences of CYP, families and HCPs during admissions.

Methods We will conduct a mixed-methods study to inform a ToC framework, alongside a stakeholder group (consisting of patients, families, health and social care professionals and professional groupings). To achieve this, we will: 1) analyse national service level data (hospital episode statistics) of MH admissions to paediatric wards, 2) undertake a rapid literature review and bring together the research team and stakeholder group, using a modified Delphi process, to develop a data

collection instrument on MH admissions at paediatric wards, 3) implement a prospective reporting system of MH crisis admissions from 15 paediatric wards in England and 4) carry out a qualitative study of the experiences of CYP admitted in MH crisis at 5 paediatric wards, as well as their families and staff members caring for them. Findings will be discussed with the stakeholder group so a final ToC can be developed with outputs agreed to achieve impact.

Results Analysis of the national data and screening of the data for the rapid literature review are in progress. Results will be available at the conference.

Conclusions Primary outcomes of this study will be the characterisation of admissions for primary MH problems to acute children's wards, the co-creation of a data collection instrument, and the characterisation of the views/experiences of CYP, families and HCPs. Moreover, by producing a ToC approach, we expect to generate a system map to identify recommendations and transformation plans to share with policy-makers, commissioners, service leads, and professionals.

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ADMISSIONS TO PAEDIATRIC WARDS WITH A PRIMARY MENTAL HEALTH DIAGNOSIS: A RAPID REVIEW

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Objectives Children and young people (CYP) presenting with a mental health (MH) crisis are frequently admitted to general acute paediatric wards as a place of safety. A recent systematic review of interventions to avoid inpatient admissions for CYP presenting in MH crisis¹ showed that evidence is poor and limited. Meaning that CYP are likely to continue to need to be admitted in crisis, with paediatric wards a common allocation whilst waiting for assessment given the lack of direct access to specialist mental health wards for most children. Anecdotal reports from within the paediatric community internationally confirm that numbers of such admissions have increased, as has acuity. Teams are increasingly caring for CYP under the Mental Health Act, using restrictive practices sometimes without mental health liaison support. Moreover, no data have been published on the outcomes for CYP, patient experience, or whether such admissions may be avoidable or better managed in other settings. Therefore, we aim to conduct a rapid review of the literature since 1990 on the impact of mental health on paediatric admissions. This rapid systematic review will also inform the Mental Health Admissions to Paediatric Wards Study (MAPS), NIHR-funded mixed methods study, the relevant evidence about the factors that influence

decisions to admit CYP to paediatric wards for primary MH problems.

Methods We will undertake a rapid review of the literature following PRISMA guidelines. We will search across four databases (PubMed, Embase, PsycINFO and Web of Science) and an additional search of Google Scholar to identify unpublished data or additional studies. Search strategies will be tailored for each database but in summary, searches will consist of search terms combining three overall domains: (admissions) AND (paediatric or children's wards) AND (mental health diagnosis/problem). We will include observational and qualitative studies, randomized and non-randomized controlled trials and reports published by professional bodies that report trends in the number of admissions, risk factors for adverse care for CYP and families during admissions, views/experiences of CYP, families and health professionals during admissions to paediatric wards and interventions that aim to improve the care of CYP and families during admissions. The results of the search will be imported into Covidence, an online software tool for systematic reviews. Duplicate records will be removed using Covidence.

Results Screening and extraction of the data are still in progress and results will be available at the conference.

Conclusions This rapid review is essential to synthesise the evidence available not only about the trends of admissions but also about the reasons for admissions, the contributing factors to the admissions, the clinical needs of CYP when admitted, and the views/experiences of CYP, families and health professionals to understand the context of care.

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1845

'PLEASE WRITE TO ME'; HOW WELL ARE CLINICIANS ADHERING TO THE GUIDANCE IN WRITING TO YOUNG PEOPLE?

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Objectives

Background A major theme in this project was seeing if clinicians at UCLH were providing developmentally appropriate healthcare (DAH). This is about making healthcare work for young people (YP) by recognising their changing developmental needs and the role of healthcare in addressing these. Engaging with YP in clinical practice, communication, confidentiality and seeing them alone are all key elements. The Department of Health's 'You're Welcome' quality criteria encourages clinicians to provide DAH to YP, ensuring the care they provide follows several criteria. One of the criteria relates to confidentiality and consent, which is explored in this project. Providing good written communication is also an important element of DAH. Written communication is provided through clinic letters, which are written following every consultation between a patient and their healthcare professional (HCP). The letters provide fundamental and effective collaboration and record keeping between the patient and HCP. The Academy of Medical Royal Colleges have recommended that clinic letters should change from being written to the