**Abstracts**

**1873** THE DEVELOPMENT OF PAN-PROFESSIONAL PSYCHOEDUCATIONAL MATERIALS FOR YOUNG PEOPLE WITH POST-COVID-19 PRESENTATIONS: INTERLOCKING PDSA CYCLES

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Methods Allied Health Professions, Nurses and Psychologists with established track records in providing therapeutic input for similar conditions were drawn together from five London acute hospital trusts. Using two interlocking PDSA (Plan, Do, Study, Act) cycles, we developed a set of six psychoeducational leaflets and used a live group format to pilot content for webinars. Feedback on the leaflets was sought from a PPI (Public Participation in Research) Study, Act) cycles, we developed a set of six psychoeducational leaflets and used a live group format to pilot content for webinars. Feedback on the leaflets was sought from a PPI (Public Participation in Research) Study, which comprised of professionals and patient representatives.

Results The text of the leaflets was found to be below a reading age of twelve years. Feedback on the leaflets content was overwhelmingly positive and appropriate adaptations were made. All group participants and their parents reported at least one area of significant change in terms of their overall understanding and confidence in managing their post COVID-19 symptoms. Participants requested additional information on how to communicate their needs effectively with schools.

Conclusions The first set of leaflets on Managing Daily Activities, Sleeping Well, Eating Well and Managing Emotions and Feelings have now been included in the new Children and Young People section of the *Your Covid Recovery* website. Further work is taking place with the Department for Education in order to ensure that advice given regarding school participation is consistent with their policies and guidelines. The live group content is currently with the support of NHSE being transformed into recorded webinars for publication on the above website. As our knowledge about the course of Long COVID, increases we need to ensure that this information continues to be relevant and rooted in the existing evidence base. While the majority of young people with Long COVID identify as White British, we must also ensure that the style and content of both the leaflets and webinars are culturally appropriate, relevant and accessible to all young people.

**1878** IMPROVING THE TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT MEDICAL CARE SERVICES AT GISBONE HOSPITAL

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Methods The ‘Ready, Steady, Go’ transition programme formed standards. Developed by Paediatricians from Southampton Children’s Hospital, the tool highlights 8 main indicators of readiness for transition; knowledge, self-advocacy, health and lifestyle, daily living, education and work, leisure, managing emotions, and transfer to adult care.

Results Knowledge was the best addressed area; knowing medication regimes and how to seek help if their condition deteriorated. Domestic situation was almost universally documented, with key relationships noted in 25/26 clinic letters. Again, self-advocacy, whether a child could be seen independently or understood shared decision making, was widely documented. Certain areas of health and lifestyle were less well explored, with minimal documented discussion around drugs, alcohol or smoking, alongside sexual health or pregnancy advise. Managing emotions and where to seek help pastly, were other areas not extensively covered.

Conclusions Initiation of a similar transition programme was proposed to the department. Such an aid enables discussion around the more sensitive topics and thorough education of family and patient. It was also aim for a standardised approach to preparing our adolescent population, regardless of socioeconomic and cultural background.

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