

1881 **REFERRALS TO UCLH CHILD AND ADOLESCENT PSYCHIATRY LIAISON SERVICE: OBSERVATIONS TO GUIDE SERVICE DEVELOPMENT AND COMPARISONS WITH LOCAL/NATIONAL TRENDS**

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**Objectives** The University College London Hospital (UCLH) Child and Adolescent Psychological Medicine service provides psychiatric care to individuals under the age of 18. We provide mental health care for children and young people under the care of a paediatrician in a variety of paediatric settings; outpatient clinics, the Emergency Department (ED) or inpatient wards.

The aim of this audit project were:

1. Gather and report all data associated with the clinical work undertaken in this division by investigating the number of new referrals presenting to the team from November 2016 – May 2022
2. Describe the demographic characteristics and data on patient visits of the new referrals
3. Compare this data with trends observed locally (North Central London hospitals) and nationally

**Methods** The data collected was anonymised as the aim of the project was to identify broader trends under the framework of a service development project.

Using the list of patients from the weekly Multi-Disciplinary Team (MDT) meeting on Epic, we collected the number of new referrals (crisis and planned) each month, from March 2020 to May 2022. Data of new referrals from November 2016 to April 2019 was available from a previous service development project, and this was combined with our data for a broader view of trends over time.

We then collected data on patient demographic and hospital visit for both crisis and planned patients, by exploring the encounters, progress notes and media of each patient to understand the reason for their presentation to hospital, level of social care involvement and length of stay.

Lastly, we summarised the data and compared it to national (NHS) and local (North Central London Trusts) referral data trends.

**Results** Within the trust, we found an overall increase in crisis cases and decrease in planned cases, from November 2016 to March 2021. We also found that at any point in time, the number of crisis cases was inversely proportional to the number of planned cases.

In terms of demographics, 81% of the patients who present to the UCH children and adolescent psychiatry team were female, with a mean age of 15.07 (SD=2.02) years. 62% of patients live in either Camden or Islington. Furthermore, 14% were in care, 64% had some level of service involvement, and 22% had no service involvement.

Most patients presented with an overdose (30%), suicide ideation (18%) and self-harm (15%), and the mean number of overnight stays was 2.75 (SD=5.40) days.

The increase in frequency of young people presenting in mental health crisis is comparable to national statistics. According to NHS Digital, the number of children and young

people receiving mental health care has both increased by approximately 70% since 2017.

**Conclusions** In conclusion, the overall number of patients referred to the UCLH Child and Adolescent Psychiatry team has increased since November 2016. Referrals of crisis patients have increased, while referrals of planned patients have demonstrated a falling trend. Our data are comparable with local and national referral trends.

1886 **ACHIEVING NICE TRANSITION-RELATED STANDARDS OF CARE FOR YOUNG PEOPLE WITH EPILEPSY – A QUALITY IMPROVEMENT PROJECT**

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**Objectives** Moving from paediatric to adult services is a worrying and challenging time for young people with long-term conditions such as epilepsy. Evidence suggests that effective transition between services can improve long-term outcomes<sup>(1)</sup>, yet national data highlights that transition is often overlooked with little recognition as an area of importance within healthcare<sup>(2)</sup>. However, there has recently been a drive to refine and improve the transition process through the NHS long term plan.

This quality improvement project aimed to achieve the NICE quality transition standards<sup>(3)</sup> of care for epilepsy across a nine-month period in one paediatric department.

**Methods** An initial gap analysis was undertaken using 11 NICE quality transition-focused standards of care to demonstrate current performance of services for epilepsy. Diagnostic tools including a process map, fishbone diagram, and RAG rating were completed to help define the problem further. Some of the factors included lack of engagement from adult services, increased workload for the paediatric team and lack of dedicated transition clinics. Following this, several change ideas were generated and PDSA cycles were undertaken. Some of the change ideas included regular transition progress meetings, along with implementation of time-bound action points, using the Ready, Steady, Go paperwork and setting-up joint transition clinics between paediatric and adult services.

**Results** Baseline measurement following the initial gap analysis showed that only 27% of transition-related standards of care were met for epilepsy. Following the implementation of several change ideas, the measurement for partially meeting and meeting standards increased collectively to 73%.

**Conclusions** This QI project has enabled one paediatric department to better achieve NICE transition standards of care for young people with epilepsy. Certain highlights and achievements included setting-up joint transition clinics between paediatric & adult services, which created engagement at a Trust level along with recruitment of a new epilepsy transition nurse specialist, through Roald Dahl's Marvellous Children's Charity. Measurable progress has been made in implementing transition-related standards of care, however; further work is needed to ensure young people and their families are actively involved in the design, delivery, and evaluation of transition services.