6. RCPCH &Us. COVID-19 13–18 years, with > 43,000 outpatients episodes/year. To determine whether the services meet quality standards for care of YP.
7. RCPCH &Us. COVID-19 13–18 years, with > 43,000 outpatients episodes/year. To determine whether the services meet quality standards for care of YP.
11. Sexual Health Sheffield (https://twitter.com/SHSheffield/status/1535174281520418816)

1933 YOUNG PEOPLE AT A TERTIARY HOSPITAL – HOW TO IMPROVE THE INCONSISTENCIES IN CARE

Terry Segal, 2Emma Harewood, 2Sara Stoneham, 2Sara Trompeter, 2Natalia Zarate-Lopez, 2Corinne Fisher, 3Elaine Murphy, 2Sara McCartney, 2Helen Simpson. 1University College London Hospitals Foundation Trust, 2National hospital for neurology and neurosurgery, UCLH Foundation Trust

Objectives To assess current transition practice in a London foundation Trust delivering secondary, tertiary and quaternary care to young people (YP) 13–18 years, with > 43,000 outpatients episodes/year. To determine whether the services meet quality standards for care of YP.

Methods A retrospective review of developmentally appropriate healthcare (DAH) and transition process was performed against the DoH ‘You’re Welcome’ quality criteria (1) and NICE guideline ‘Transition from children’s to adults’. A questionnaire was co-designed by a YP steering group; a multidisciplinary team across paediatric, adolescent, and adult services, which was circulated and completed electronically.

Results 56 services across the Trust responded. 68% of respondents reported that they provided a Transition service, 35% of services had a transition lead (consultant 48%; CNS 35%), with 57% running multidisciplinary team (MDT) clinics for YP.

The average age for transition process to start was 13 years (13–20) into adolescent services, 17 years into adult services. Transfer to adolescent service mean age 17 years (13–17), and to adult services 18 years (16–24yrs).

Despite transition clinics being held, 8/25 services describe only 10% will go into the pathway and 90% will be transferred with letter only.

Table 3 describes issues identified with the transition process.

Table 4 describes adherence to You’re welcome criteria (young person’s centred approach)

Conclusion Many services reported offering a transition service, and there were areas of excellent practice in dedicated young people’s services, including developmentally appropriate healthcare practices.

However transfer into adult services is often occurring without adequate transition, DAH is not universal. Engagement with YP is low.

Abstract 1933 Table 1 Members of team at transition clinic

<table>
<thead>
<tr>
<th>Site</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Paediatric hospitals</td>
<td>17</td>
</tr>
<tr>
<td>Foundation Trust hospital</td>
<td>84</td>
</tr>
<tr>
<td>Schools, community, Mind the gap</td>
<td>3</td>
</tr>
</tbody>
</table>

Abstract 1933 Table 2 Transition clinic sites

<table>
<thead>
<tr>
<th>Site</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Paediatric hospitals</td>
<td>17</td>
</tr>
<tr>
<td>Foundation Trust hospital</td>
<td>84</td>
</tr>
<tr>
<td>Schools, community, Mind the gap</td>
<td>3</td>
</tr>
</tbody>
</table>

Abstract 1933 Table 3 Issues identified from survey

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No issues</td>
</tr>
<tr>
<td>Lack of transition tools</td>
</tr>
<tr>
<td>Lack of adult team engagement</td>
</tr>
<tr>
<td>Lack of Patient engagement</td>
</tr>
<tr>
<td>Not started early enough</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Transition policy</td>
</tr>
<tr>
<td>Follow NICE guidance</td>
</tr>
<tr>
<td>Involve YP in planning of their care</td>
</tr>
</tbody>
</table>

Abstract 1933 Table 4 Young person centre approach

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>YP Actively involved in their care</td>
</tr>
<tr>
<td>YP waiting area</td>
</tr>
<tr>
<td>Wifi</td>
</tr>
<tr>
<td>YP/adult clinics for &lt;25 years</td>
</tr>
<tr>
<td>Examined considering holistic biopsychosocial needs</td>
</tr>
<tr>
<td>Seemed alone for all/part of appointment</td>
</tr>
<tr>
<td>Write to YP directly</td>
</tr>
<tr>
<td>Copy parents/sink preference</td>
</tr>
</tbody>
</table>
Going forwards the following work streams were identified:

- Develop YP steering board
- Creation of policy and guidelines with regular audit and PPIE review
- Identify transition leads and key workers to support each service
- Recognise where specialist support from psychology, social work and learning disability teams required
- Develop and improve use of resources to engage and prepare YP
- Develop staff training and education programme

**Results**

These reachable moments but depends upon a person’s availability. Research shows that change is most likely to be initiated in the intention of starting support at a critical point in time.

Inclusion Criteria:
- Gender
- Locality
- Cause for attending A+E
- Attending PAG clinics have unique needs and requirements, for example drugs and alcohol. The timing of attending A+E the opportunity to have support from a matched Mentor, with the intention of starting support at a critical point in time. Critical Research shows that change is most likely to be initiated in these reachable moments but depends upon a person’s availability.

A review of the available data will reveal the opportunity to influence young people attending hospital to improve their health and wellbeing over a 12 month period.

**Methods**

- Database of young people seen by Navigators, including gender, locality, and cause for attending A+E.
- Electronic patient record to determine reattendance rates.
- Case vignettes and feedback

**Objectives** In June 2021 the RBFT joined the Hospital Navigators pilot project, funded by the Thames Valley Violence Reduction Unit. This offered young people attending A+E the opportunity to have support from a matched Mentor, with the intention of starting support at a critical point in time.

A review of the available data will reveal the opportunity to influence young people attending hospital to improve their health and wellbeing over a 12 month period.

**Methods**

- Database of young people seen by Navigators, including gender, locality, and cause for attending A+E.
- Electronic patient record to determine reattendance rates.
- Case vignettes and feedback

**Results**

Inclusion Criteria:
- 13 – 24 years of age inclusive
- Attending A+E
- Attendance reason/comorbid factors identified included injury, self-harm, risk taking behaviours, young people with learning disability and/or autism.

**Volunteers:** 26 recruited and trained, consistently cover Friday and Saturday night.

**Referrals:** (June 2021 – 2022; Jan 2022-2022):

- Referrals received: 12 7 15 3 6 6 1 9 59
- Volunteers trained: 12 2 -1 6 0 1 0 20
- Referrals received: 12 7 15 3 6 6 1 9 59
- Client signposted: 7 8 7 2 5 4 1 8 42
- Clients engaged on +ve pathway: 2 7 2 2 6 4 1 6 30

**Outcome evidence includes**

- 43% of young people referred engaged on positive pathways, highest number in Thames Valley out of the 5 sites.
- Of those who discussed their mental health with a Navigator, 90% said they struggled with it
- Of those asked, 100% found it helpful having a conversation with a Navigator in hospital and 100% were glad that they were able to have a conversation with a Navigator

**Conclusions**

Our data demonstrates recruiting a stable population of volunteers with wide diversity, appropriately trained is possible, despite this being an area of high turnover, allowing for matching of Mentors with the young people seen.

Young people seen by the service often presented with risky behaviours, for example drugs and alcohol. The timing of meeting with the young people may have been critical to their ability to make long-term changes, potentially influencing their long term health and wellbeing in a more sustained way than being offered the service at a different time.

Data to demonstrate impact statistically is difficult to obtain this early in the programme, case vignettes demonstrate individual impact and outcomes of this resource.

**Abstracts**

**1934 A BRIGHTER MORE HOPEFUL FUTURE – JOURNEYING BESIDE YOUNG PEOPLE FOLLOWING A REACHABLE MOMENT**

1Sarah Hughes, 1Pease Patricia, 2Sam Lloyd, 3Tim Lowe. 1Royal Berkshire Hospital; 2Starting Point; 3Oxford University

10.1136/bmjpo-2022-RCPCH.57

Objectives

In June 2021 the RBFT joined the Hospital Navigators pilot project, funded by the Thames Valley Violence Reduction Unit. This offered young people attending A+E the opportunity to have support from a matched Mentor, with the intention of starting support at a critical point in time.

Research shows that change is most likely to be initiated in these reachable moments but depends upon a person’s availability.

A review of the available data will reveal the opportunity to influence young people attending hospital to improve their health and wellbeing over a 12 month period.

**Methods**

- Database of young people seen by Navigators, including gender, locality, and cause for attending A+E.
- Electronic patient record to determine reattendance rates.
- Case vignettes and feedback

**Results**

**Inclusion Criteria:**
- 13 – 24 years of age inclusive
- Attending A+E
- Attendance reason/comorbid factors identified included injury, self-harm, risk taking behaviours, young people with learning disability and/or autism.

**Volunteers:** 26 recruited and trained, consistently cover Friday and Saturday night.

**Referrals:** (June 2021 – 2022; Jan 2022-2022):

- Referrals received: 12 7 15 3 6 6 1 9 59
- Volunteers trained: 12 2 -1 6 0 1 0 20
- Referrals received: 12 7 15 3 6 6 1 9 59
- Client signposted: 7 8 7 2 5 4 1 8 42
- Clients engaged on +ve pathway: 2 7 2 2 6 4 1 6 30

**Outcome evidence includes**

- 43% of young people referred engaged on positive pathways, highest number in Thames Valley out of the 5 sites.
- Of those who discussed their mental health with a Navigator, 90% said they struggled with it
- Of those asked, 100% found it helpful having a conversation with a Navigator in hospital and 100% were glad that they were able to have a conversation with a Navigator

**Conclusions**

Our data demonstrates recruiting a stable population of volunteers with wide diversity, appropriately trained is possible, despite this being an area of high turnover, allowing for matching of Mentors with the young people seen.

Young people seen by the service often presented with risky behaviours, for example drugs and alcohol. The timing of meeting with the young people may have been critical to their ability to make long-term changes, potentially influencing their long term health and wellbeing in a more sustained way than being offered the service at a different time.

Data to demonstrate impact statistically is difficult to obtain this early in the programme, case vignettes demonstrate individual impact and outcomes of this resource.

**Abstracts**

**1935 TELEPHONE CONSULTATIONS IN ADOLESCENT GYNAECOLOGY DURING THE COVID-19 PANDEMIC: A RETROSPECTIVE COHORT STUDY CONSIDERING IMPACT ON OUTPATIENT FOLLOW-UPS**

Hazel Learner, Sarah Shehzad, Sophie Clarke. University College London Hospital

10.1136/bmjpo-2022-RCPCH.58

Objectives

In response to the COVID-19 pandemic all paediatric and adolescent gynaecology (PAG) outpatient appointments in a tertiary teaching hospital were temporarily converted to telephone consultations.

Telemedicine is a developing area with on-going research into its safety and effectiveness. The cohorts of patients attending PAG clinics have unique needs and requirements, both due to their own individual characteristics, and their presenting symptoms. There is currently a paucity of data regarding the utility of telemedicine in PAG. This study therefore aimed to review the impact on PAG outpatient follow up journey looking specifically at the patient journey from a first remote appointment by analysing number of follow ups required.