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

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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 outpatient 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)

No service had a clear idea of how to support YP with learning difficulties. There was no common trust policy regarding adolescents DNAs. 21% had involved YP in designing their process and 18% had asked for feedback on their services.

Abstract 1933 Table 1 Members of team at transition clinic

Paediatrician	46%
Adolescent consultant	18%
Adult consultant	72%
Transition coordinator	46%
Allied health practitioner	35%
CNS, psychology	n/a

Abstract 1933 Table 2 Transition clinic sites

Site	%
Associated Paediatric hospitals	17
Foundation Trust hospital	84
Schools, community, Mind the gap	3

Abstract 1933 Table 3 Issues identified from survey

	%
No issues	18
Lack of transition tools	41
Lack of adult team engagement	18
Lack of Patient engagement	23
Not started early enough	45
Other	46
Transition policy	24
Follow NICE guidance	18
Involve YP in planning of their care	90

Abstract 1933 Table 4 Young person centre approach

	%
YP Actively involved in their care	90%
YP waiting area	47%
Wifi	53%
YP/adult clinics for <25 years	33%
Reported considering holistic biopsychosocial needs	100%
Seen alone for all/part of appointment	20%/43%
Write to YP directly	48%
Copy parents/ask preference	25%/38%

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.

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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

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

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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 available support.

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

Methods

- Database of young people seen by Navigators, including gender, locality, and cause for attending A+E(1).
- 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 2021–22): 120 young people supported:

	July 21	Aug	Sept	Oct	Nov	Dec	Jan	Feb 22	Total
Volunteers recruited	21	6	0	-7	0	1	4	1	26
Volunteers trained		12	2	-1	6	0	1	0	20
Referrals received	12	7	15	3	6	6	1	9	59
Clients signposted +ve pathway	7	8	7	2	5	4	1	8	42
Clients engaged on +ve pathway	2	7	2	2	6	4	1	6	30

Primary reason for attending A +E	Number	% of total seen by Navigators
Drugs/alcohol	12	34%
Injury with a weapon	2	6%
Other injury	10	29%
Self-harm or suicidal ideation	6	17%

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
- RBH evaluation shows reduction in ED attendance.
- Navigators - low levels of turn over and allowed for wide range of diversity.
- Qualitative data from Case vignettes will demonstrate impact upon individuals of the timing of meeting with the navigators.

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.

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

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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.

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