

1956 PUTTING YOUNG PEOPLE AT THE CENTRE OF THEIR HEALTH DECISIONS & CHOICES

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10.1136/bmjpo-2022-RCPC.H.69

Objectives The 2021 CQC National Children and Young Person (CYP) inpatient survey showed that only 47% of CYP surveyed said they'd been involved in decisions about their care. Our objective is to shift this to 95%.

Through a youth-led campaign event, we have:

1. Empowered Children and Young People through knowledge, skills, and confidence development to navigate and better access health-based resources.
2. Raised awareness and improved skills of healthcare professionals to build positive relationships with young people and advocate for their rights in health.

#YourVoiceYourCare

Methods The NHS CYP Transformation Programme partnered with London Youth Board, Spotlight Youth Club, Partnership for Young London, Mayor of London's Peer Outreach Worker team, and Barnardo's Harrow Horizons Youth Panel to bring together CYP from across London to plan and run a youth-led event/campaign to amplify young people's voices in their health choices. The event was held on 28th July 2022.

A group of 15 young people assembled as a steering group and led two meetings in July 2022 to plan the details and workshops of the event.

Healthcare professionals were invited to come and take part in the event.

Event Activities

- **Quiz** to test healthcare rights knowledge.
- **Storytelling** – positive and negative experiences of healthcare
- **Workshops** – Children and Young People and Healthcare Professional conversations on:
 - Building trust, confidence, and relationships
 - Power dynamics and health care
 - Accessibility and health care
 - Mental Health
- **Reverse Panel** – Healthcare professionals submitted questions to a panel of young experts about their healthcare experiences.

Results Co-produced event with over 60 young people and 25 healthcare professionals in attendance having honest conversations about how to improve healthcare with and for Children and Young People.

Preliminary themes

1. Young people don't feel listened to or valued by healthcare professionals, which causes mistrust and delays seeking help.
2. Traditional health care environments can be stressful for young people. Most prefer to seek care in alternate environments.
3. More diversity and training is needed within the healthcare system to provide better care to all ethnicities, gender identities, ages, and cultures.

4. Healthcare professionals should take a compassionate and holistic approach to helping young people, valuing the importance of mental health.
5. Previous negative experiences with the health care system, and experiences of their peers, influence how Children and Young People feel about health care today.
6. Young people are fearful about the future of the NHS.
7. Young people find the health care system difficult to access and confusing, especially if you have a disability, learning disability and/or other support need.
8. Young people want more choice over their healthcare: where, when, and who they see.

Conclusions We are working with our young steering group to share this campaign including:

- Youth-led presentations on themes and outcomes to senior leadership groups within the NHS and beyond.
- Blog writing and social media campaign.
- Planning an online reverse panel so the campaign can reach more healthcare professionals.
- Advocacy around the inclusion of under 16s in GP survey.
- Other activities to be finalised.

1958 IMPACTS OF ADMISSION AGE INCREASE TO A REGIONAL PAEDIATRIC HOSPITAL DURING COVID-19 PANDEMIC

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10.1136/bmjpo-2022-RCPC.H.70

Objectives Our Regional Children's Hospital increased admission cut-off age for young people from their 14th to their 16th birthday at the onset of the Covid-19 pandemic. We wished to determine implications of this change on admissions, resources, staff, young people and their parents/guardians. We wished to assess how youth friendly our service was and identify improvement areas.

Methods We collected data on admissions of young people aged ≥ 14 years to our regional children's hospital mid-April to mid-August 2020. We recorded presenting complaint, diagnosis, resource use, admission duration and follow up. We met clinical staff to ascertain resultant challenges. We electronically surveyed staff, young people and their parents/guardians to determine how youth friendly we were using Department of Health England Refreshed 'You're Welcome' criteria 2017 and identify improvement areas. Respondents had an opportunity for qualitative feedback.

Results 104 admissions (>14 years) in 4 month period: Average age 14.8 years. Modal stay 1 day. 78% outside 9–5pm most via emergency department. 43% medical, 20% surgical, 37% specialities. 42% had allied health professional input most frequently crisis mental health team. 65% required follow up. Young people most commonly presented with abdominal pain and mental health presentations were the most frequent discharge diagnosis.

Staff survey 95 clinical staff responded. 88% had prior experience managing patients >14 years. 85% were aware of confidentiality. 94% felt additional adolescent training would or may be beneficial. Staff requested training on mental health,

communication, consent/capacity/legalities/safeguarding and empowerment/engagement. Practical issues identified included patient placement, challenging behaviour, equipment size and access to mental health and adult services.

Parent/guardian survey 37% of admissions. 100% felt their young person was comfortable. 97% felt their young person was involved. 91% felt they were involved. 94% felt patient communication was good. 88% felt the hospital was accessible. 90% felt facilities were age appropriate. 97% would prefer Paediatric admission for their young person over an adult hospital. 75% were advised of confidentiality rules. 58% recalled their young person being offered time with their doctor alone.

Young People survey 27% of admissions. 88% felt the ward was private. 80% felt comfortable. 85% had a parent/guardian stay. 52% felt there were enough age-appropriate activities. 52% received written information. 88% felt involved. 84%

felt comfortable asking questions. 83% thought explanations were good. 78% had the opportunity to talk to their doctor alone. 40% had lifestyle issues discussed. 80% would prefer children's over an adult hospital.

Of those patients and parents/guardians surveyed 100% would recommend the service to family and friends. All groups provided useful qualitative feedback.

Conclusions Increasing the admitting age during covid-19 onset brought extra resource requirements and challenges to our paediatric service. Mental health was a significant component of service use. In spite of challenges young people and their parents/guardians reported good care during their inpatient stay. Key areas identified for improvement include having specialist adolescent inpatient provision, greater integration with mental health services, additional staff training and better availability of age and size appropriate equipment, facilities, expertise and estate.