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### A SINGLE-CENTRE EVALUATION OF A PAEDIATRIC NURSE-LED SERVICE ADMINISTERING ENZYME REPLACEMENT THERAPY INFUSIONS VIA AN INTRACEREBROVENTRICULAR (ICV) DEVICE

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Historically, medications administered via intracerebroventricular (ICV) devices have been undertaken by medically trained staff. A nurse-led service administering medication via an ICV device has been established at Great Ormond Street Hospital since 2016. This study evaluates the safety, efficacy and holistic impact of this nurse-led service administering enzyme replacement therapy infusions in a ward environment. The service is evaluated by comparing the incidence of infectious and non-infectious device related complications to that available in the current literature. In addition to this, parent/carer responses to an anonymous, structured questionnaire are evaluated in order to establish perception of how safe and effective the service is alongside any additional observed impacts based upon the nurse-led nature.

Despite the relatively small group of patients included in this service evaluation, we can conclude that device related complications are not increased in a nurse-led service comparative to those in the literature. It was found that there were no additional complications with nurse-led administration and any complications were safely and appropriately managed.

The questionnaire responses demonstrate benefits to utilising a team of nurses who are more consistent than rotating junior physicians.

The expanding role of the nurse now includes procedures previously considered physician tasks. The introduction of Advanced Clinical Practice roles continues to push forward novel ideas regarding roles and blurs the boundaries between the traditional roles. With the increasing pressures on the NHS we will continue to see the nursing role evolve to include more procedures not traditionally considered to be a within a nursing remit.

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### ASSESSING CHILDREN AT AN EARLY LEVEL OF DEVELOPMENT: DEVELOPING A NEW VIDEO ASSESSMENT TOOL WITH THE DEVELOPMENTAL EPILEPSY CLINIC AT GREAT ORMOND STREET HOSPITAL

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**Background** The Developmental Epilepsy Clinic assesses children with complex epilepsy, providing information on a child's current developmental ability, tracking developmental trajectories and informing options, including the Children's Epilepsy Surgery Service pathway. Epilepsy can have wide ranging impact on development and for about 30 young people seen in the clinic every year, their development is consistent with severe to profound intellectual disability and current assessment tools available to us are limited. In a PPI project families reported that the current clinic process was not

conducive to their child showing their best skills e.g. after travelling long distances and being in an unfamiliar environment. We were therefore keen to develop a measure which could capture skills more holistically and track individual progress.

**Method** A video-based assessment tool was developed, which allowed families to follow a script and record their children doing a range of activities relevant to their child's interests, within their home environment. As part of a pilot project, we identified 19 families who were invited to complete this, alongside our traditional assessment in clinic. Feedback from families and clinicians was also collected.

**Results** 10 families completed the protocol and of these, 100% reported finding the experience helpful and in 90% of cases more information was gathered than was seen in clinic using usual practice. However, there were some difficulties related to technology and following the tasks required, resulting in gaps of data. MDT professionals reported that they would benefit from further training in interpreting observations from the videos.

**Conclusions** We plan to review our video instructions/script and identify appropriate training for the team. Further to this we plan to continue piloting and evaluating the helpfulness of this personalised assessment. By repeating the tasks with families over the next year, hopefully demonstrate change over time.

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### HYBRID PLACEMENT MODELS AT GOSH: A NOVEL APPROACH TO ENHANCE PLACEMENT CAPACITY AND CREATE NEW LEARNING OPPORTUNITIES

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**Background** Non-traditional placement opportunities across Allied Health Professions (AHPs) have increased since the COVID pandemic, to continue encouraging placement expansion to meet the needs of workforce growth. Nevertheless, due to persisting pressures on clinical teams, challenges to increase capacity of traditional clinical placements remain. This inspired creative hybrid placement models at Great Ormond Street Hospital (GOSH), aiming to expand placement capacity without compromising clinicians' clinical duties, whilst maintaining high quality placement provision and equip students with essential non-clinical skills.

**Methods** Two different placement models were introduced: leadership/sustainability and service development/quality improvement (QI). Both were intended as an adjunct to clinical placements, aligned with the pillars of clinical care and the AHP strategy. Practice educators (PEs) for AHPs in the AHP education team, and speech and language therapists, met to discuss aims of the hybrid models as well as organise timetables. One group of two students received one day a week leadership/sustainability teaching and another group of two students received an hour per week of QI methodology teaching with service development support from PEs. Sessions were offered face to face and online.

**Results** Feedback from students was positive with new skills acquired to enhance clinical practice: 'Learning about sustainability and leadership has been eye-opening and is something we can take away into our practice' (Overall score 4/5).