

Many receiving staff members were able to describe occasions in which they felt the ward choice was inappropriate for a young person, including when the decision went directly against patient choice.

When asked what factors defined an 'adult lifestyle', both groups expressed similar views, with employment, independent living and being parents themselves comprising the top three responses.

Receiving staff generally reported feeling confident when looking after young people, but few had received any specific training in the last 5 years.

Conclusions The appropriate location of care for adolescents in hospital cannot be effectively determined by anything as simple as an age limit. Whilst age must be considered, other factors also play a major part. By involving young people in making an informed choice, it is hoped that we can make the right decision for each individual. The need for increased training in adolescent health for healthcare staff is also proposed.

G158(P) FROM BEING LOOKED AFTER TO LOOKING AFTER THEMSELVES: DO YOUNG PEOPLE FEEL PREPARED?

A Yeadon, A Share. *Department of Community Paediatrics, Leeds Community Healthcare, Leeds, UK*

10.1136/archdischild-2015-308599.154

Aims Smooth and successful transition to adult life is an important focus in care planning for young people who are Looked After. As surrogate parents, local authorities should ensure young people are appropriately prepared and supported throughout this challenging phase. This research sought to gain young people's perspectives on whether this is currently being achieved in our area.

Methods A survey of Looked After young people aged 12–15 years was carried out in 2013, covering various aspects of preparedness for transition and thoughts about the future. Questionnaires were completed by young people either alone or with support from their school nurse. Out of 84 young people eligible, opportunistic sampling resulted in 38 responses.

Results 79% reported feeling positive about their futures. Many described specific aspects they were looking forward to, often relating to employment and independent living, while 5% found the prospect of future independence worrying. Many had high aspirations, with nearly half hoping to go to university. Being healthy, earning plenty of money and having children were also popular ambitions.

General 'life skills' education in schools was reported to be mostly helpful (including about healthy lifestyles, smoking and staying safe), with additional advice often obtained from adults outside school. However, information on some topics was viewed less positively, for example around money management and sex and relationships, with a number of young people wishing for more advice in these areas.

In terms of independent health-seeking skills, 82% reported knowing where to obtain general health advice, but only 69% knew how to seek sexual health advice. Worryingly, some nurses felt that this question was not relevant to all their young people.

Conclusions This research suggests that overall our young people feel well prepared for becoming independent adults. However, not surprisingly, some anxiety still remains. Despite 92% reporting having enough information to help plan their futures, over a quarter felt they would benefit from additional guidance. As well as offering individualised support, it is important that

general 'life skills' education is delivered effectively. Further consultation is required to determine whether schools, carers or professionals are best placed to facilitate this.

Paediatricians with Expertise in Cardiology

G159 A REVIEW OF THE AVAILABILITY OF PEC (PAEDIATRICIAN WITH EXPERTISE IN CARDIOLOGY) SERVICES IN THE UNITED KINGDOM

¹H Andrews, ²Y Singh. ¹College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK; ²The Rosie Hospital, Cambridge University NHS Trust, Cambridge, UK

10.1136/archdischild-2015-308599.155

Aim To determine the availability of PEC services in the UK by investigating the number of non-specialist paediatric cardiology hospitals employing PECs, the number of these holding local PEC clinics and specialist outreach clinics, and the average duration of clinic appointments therein.

Methods An internet-based questionnaire was distributed via PECSIG and NICHe (Neonatologists with Interest in Cardiology and Haemodynamics) databases. Non-responders were followed up by telephone.

Results The response rate was 80% (141/177 hospitals). Of these, 68% (96/141) had established PEC services with at least 1 PEC employed and 19% (27/177) employed two or more PECs per hospital.

Local, PEC-led outpatient clinics were held in all 96 hospitals where at least one PEC was employed. Overall, 47% (66/141) of hospitals held PEC-led clinics at least weekly, 11% (16/141) fortnightly and 10% (14/141) monthly or less frequently. However, 32% (45/141) held no PEC-led paediatric cardiology clinics. The mode time for new patient appointments at the PEC-led clinics was 30 min (range: 20–45 min) and the mode duration for follow-up appointments was 20 min (range 20–30 min).

Specialist outreach clinics, run with the support of a visiting Consultant paediatric cardiologist, were held in 87% (123/141) of hospitals. The majority of these clinics (72%, 88/123) were held monthly. 19 hospitals held no specialist outreach clinics and 11 of these hospitals did not hold any local PEC-led clinics either.

Conclusion There has been a substantial increase in PEC availability in non-specialist paediatric cardiology hospitals (68% as compared to 35% in 2008) but still almost one-third (32%) had no established PEC services. In most but not all hospitals, support was offered by tertiary-centres for paediatric cardiology via specialist out-reach clinics. There remain at least 11 hospitals that neither employ a PEC nor receive any specialist support via outreach clinics.

G160 NEONATAL PULSE OXIMETRY SCREENING: AN EVALUATION OF CURRENT CLINICAL PRACTICE

¹R Hulbert, ²Y Singh. ¹Cambridge University School of Clinical Medicine, Cambridge University, Cambridge, UK; ²Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK

10.1136/archdischild-2015-308599.156

Introduction Interest in neonatal pulse oximetry screening (POS) for critical congenital heart defects is increasing. In January 2014 POS was implemented in the Rosie Hospital for all

hospital births. Following national consultation, in March 2014, the UK National Screening Committee made the decision to pilot the use of POS.

Aims

1. To assess adherence to the local guideline on pulse oximetry screening in neonates
2. To study the outcome of children with positive pulse oximetry test

Methodology A retrospective cross-sectional study of babies born in the Rosie Hospital was performed and samples were collected randomly. Data were collected from the hand-held post-natal care records.

Results POS results were documented in 552 of the 595 case notes studied. 55% of these had screening within recommended time (within 4–12 h of delivery). The majority of those performed outside of this time frame were after 12 h.

16 of the 552 neonates had low SpO₂ upon first measurement. Repeat pulse oximetry was documented in 13 of these 16 neonates; values were ≥95% in 11 infants on repeat. One infant was found to have complete atrio-ventricular septal defect (AVSD) whilst one had persistent fetal circulation.

The 3 remaining neonates with low SpO₂ had no documented follow up or outcome in the maternal hand-held notes prior to discharge. Further investigation of hospital notes confirmed one of these infants had significant sepsis and mild persistent pulmonary hypertension of newborn (PPHN), one was treated for suspected sepsis, whilst the third had a structurally normal heart with transitional circulation.

Conclusions Overall, new clinical practice in POS has been widely embraced by staff in Cambridge; however, adherence to the guideline and documentation could be improved in the Rosie Hospital. In our study, false positives accounted for <0.8% of results; most infants with false positive POS had other non-cardiac pathologies.

G161

TRANSPOSITION OF GREAT ARTERIES, A 15 YEAR EXPERIENCE OF 74 PATIENTS IN WALES: INCORPORATION OF OUTFLOW TRACT VIEW IN THE ANTENATAL SCANS LEADING TO BETTER ANTENATAL DETECTION AND CLINICAL OUTCOMES

¹S Nittur, ²A Wong, ³M Shethalli, ²O Uzun. ¹Paediatrics, Royal Glamorgan Hospital, Llantrisant, UK; ²Paediatric Cardiology, University Hospital of Wales, Cardiff, UK; ³Paediatric Intensive Care, University Hospital of Wales, Cardiff, UK

10.1136/archdischild-2015-308599.157

Background Antenatal detection rate of transposition of the great arteries (TGA) has remained very low around 25% in the UK. This may have improved with the addition of outflow tract view to the routine 20 week foetal anomaly screening protocols with better overall outcomes.

Patients and methods All children who were diagnosed with simple TGA at our centre for Paediatric Cardiology over a 15 year period were included in this study. Clinical case notes were retrospectively reviewed and outcome data was evaluated.

Results There were 74 patients; 54 diagnosed postnatally, 20 antenatally. All 8 preterm deliveries were in postnatally diagnosed group. 32 had simple TGA and 42 had additional defects. Male: female ratio was 3.5:1. Antenatal detection rate improved from 0–20% to 75% in the recent years. 40% of cases diagnosed postnatally were unwell at presentation and most of them needed ventilatory support. Majority of the patients in our

cohort needed prostin infusion following delivery and 60% of them underwent balloon septostomy before arterial switch operation was performed. Only one out of 74 patients had Mustard's operation in our series. Postoperative complications were more common in postnatally diagnosed patients (26% vs 10%). There were no deaths in the antenatally detected group. Early mortality rate was 6.8% and operative mortality was 1.4% with no post-operative deaths being recorded after 2007. Echo abnormalities were seen in 83% at 2 years and 91% at 10 years follow up with neo aortic regurgitation being the commonest. Intervention free survival was 96%. 7% were on medications mainly due to impaired LV function. Growth and development issues, exercise intolerance and arrhythmias were uncommon in our series. Survival rate at 5 years was 88.1%.

Conclusion Inclusion of outflow tract view has led to substantial improvement in antenatal detection of TGA. This, in turn, has made a major impact on the clinical outcomes owing to better cardiovascular status at presentation, lower postoperative complications and reduced mortality rates.

G162

IMPACT OF NATIONAL PRENATAL SCREENING GUIDELINES ON THE DETECTION RATES OF TRANSPOSITION OF THE GREAT ARTERIES IN NEONATES UNDERGOING THE ARTERIAL SWITCH PROCEDURE

DC Gardner, JL Heaps, CB Jones, JSL Lim. Cardiology Department, Alder Hey Children's Hospital, Liverpool, UK

10.1136/archdischild-2015-308599.158

Aims Prenatal diagnosis of transposition of the great arteries (TGA) has been shown to improve pre-operative clinical condition and long term outcome. In 2008 the National Institute of Clinical Excellence (NICE) published guidelines advising that ventricular outflow tracts should be assessed as part of the routine prenatal assessment and this was consolidated in the 2010 FASP guidelines.

This had a large impact on sonographer training requirements and although skills are increasing, prenatal detection differs significantly by region. Our aim was to review the effect of these new guidelines on our prenatal detection rate and evaluate the impact of these changes on our patient population.

Method All patients undergoing the arterial switch procedure (ASO) for simple TGA between 2001 and 2013 were identified. This enabled assessment of patient outcomes before and after the introduction of the 2008 NICE guidance. Patients with septal defects were included but those with additional CHD were excluded.

A retrospective review of patient records was performed. Data was gathered regarding patient demographics, timing of diagnosis and subsequent admission to the cardiac centre. For patients admitted, their pre-operative status, surgical intervention and immediate and long term outcomes were reviewed.

Results 219 patients with simple TGA +/- septal defects who had the arterial switch procedure were identified during the 13 year period. The rate of antenatal diagnosis has been consistently increasing since 2008 (see Figure 1), from 11% prior to 2008 to 41% from 2008 onwards and 62% in the most recent year.

Conclusions Nationally antenatal diagnosis of congenital heart disease is improving according to CCAD data. Locally our prenatal diagnosis rate has been consistently increasing since 2007 but there remains room for improvement with higher prenatal detection rates in other regions. Further analysis is required to determine the outcome following a prenatal diagnosis both regionally and nationally.