G155(P) CHANGING HEARTS AND MINDS? GP PRACTICES AND YOUNG PEOPLE MAKING CHANGE HAPPEN TOGETHER

¹M Cheetham, ²E Nixon, ²J Percival, ³B Davison, ⁴A Ellins. ¹Health and Social Care Institute, Teesside University, Middlesbrough, UK; ²Changemakers, The Foyer Federation, Newcastle-Upon-Tyne, UK; ³Involvement and Service Development Team, Northumbria Healthcare NHS Trust, Morpeth, UK; ⁴Health Improvement Team, Newcastle Hospital Community Health, Newcastle-Upon-Tyne, UK

10.1136/archdischild-2015-308599.151

Aims 75% of adult mental health problems appear in adolescence, but young people report difficulties accessing appropriate health services. GP practices are not always seen as responsive, and barriers to access are reported by young people. Greater understanding is required of the benefits, pitfalls and possibilities of young people's engagement in general practice. This study examines the effects of a collaborative, peer led intervention to improve primary health care for young people with mental health concerns.

Methods Focus group discussions were held with young people trained as Changemakers, to explore the reported benefits and risks of volunteering. 1:1 interviews were conducted with representatives from partner organisations, GPs and practice managers to explore what difference, if any, young people's input had made, for whom, and how.

Results Our findings demonstrate the potential of the programme, including You're Welcome, to drive positive changes in general practice, led by young people, supported by voluntary sector partners. We outline the challenges and opportunities of the Changemakers model and the factors influencing its success, including the support and guidance required. We report young people's suggestions for new ways of working, their ideas for engaging young people, and recommendations for health service delivery.

Conclusions Traditional models of patient involvement do not work with young people. This peer-led intervention offers a promising alternative, stimulating practical and attitudinal changes in the delivery of young people friendly primary care. It requires whole practice investment of time and resources, and a willingness to embrace change. The resulting efforts to encourage access by young people, including those with mental health problems, will potentially benefit the wider practice population.

G156(P) MOVING FROM CHILD TO ADULT HEALTH CARE: DEVELOPMENT OF BENCHMARKS FOR TRANSITION

¹S Aldiss, ²L Rose, ³H Cass, ⁴J Ellis, ^{1,5}F Gibson. ¹Department of Children's Nursing, London South Bank University, London, UK; ²University College London Hospital NHS Foundation Trust, London, UK; ³Evelina London Children's Hospital, London, UK; ⁴Royal College of Paediatrics and Child Health, London, UK; ⁵Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

10.1136/archdischild-2015-308599.152

Background Transition from child to adult health care for young people with long-term conditions is currently a 'hot topic' within the NHS. In spite of the growing evidence base, the implementation of transitional care remains a challenge. Lack of 'being prepared' was a main finding from young people and parents reported by the Care Quality Commission (CQC) in 2014. Here only 54% of young people described preparation for transition that had enabled them to be involved in the process and 80% of pre-transition case notes reviewed had no transition plans for health. The CQC recommend that existing good practice guides be followed to ensure young people are properly supported through

transition. Benchmarks offer a guide/standards that services can measure themselves against to see how they are doing, where they could improve and can facilitate the sharing of best practice.

Aims To describe the development of a clinical practice-benchmark tool for transition.

Method This qualitative study involved focus groups, workshops and interviews. Data were collected from young people with long-term health conditions, their parents, professionals and experts leading on transition within the UK. Transcripts were analysed using qualitative content analysis. The focus was to develop an increased understanding of transition, from multiple perspectives, and to describe what strategies and resources might be required to facilitate transition with the aim of developing a benchmark tool.

Results For young people and their parents/carers to experience timely and effective transition 8 factors and their associated indicators of best practice statements have been developed from the data: young people and parents led on selecting the factors and practice statements. Communication, co-ordination, gradual transition and support to manage their health condition as an adult were paramount for them. The tool was distributed to a range of professionals across the UK for comment and subsequently refined to produce the current benchmarks.

Conclusion The need for change, in order to best meet the needs of young people, and parents during transition is very evident. This paper will describe the development of benchmarks for transition, which indicate young people and parents' needs and preferences regarding transition to adult care.

G157(P) LOCATION OF CARE FOR TEENAGERS IN HOSPITAL: A STAFF PERSPECTIVE

¹A Yeadon, ²J Mannion. ¹School of Paediatrics, Health Education Yorkshire and the Humber, Leeds, UK; ²Children's Ward, York Teaching Hospital NHS Foundation Trust, York, UK

10.1136/archdischild-2015-308599.153

Aims Deciding whether a young person should be admitted to a paediatric or adult ward is not always an easy judgement. In a district general hospital with a fairly flexible admission policy, which includes living an 'adult lifestyle' as suggesting admission to an adult ward, we sought the views of both referring and receiving staff. This was part of a wider project aimed at encouraging patient choice when determining location of care.

Methods Two questionnaires were distributed, using an anonymous online survey tool, to:

1. Referring staff in primary care and the emergency department (38 responses)
2. Receiving staff working on the paediatric ward and adult admissions wards (71 responses)

Results Both referring and receiving staff were unclear about current admission guidance.

Referring staff reported the most important factors in choice of ward were age, emotional maturity, safety of other patients and whether the patient was already known to a consultant. Least important were staffing levels and bed availability. Similar opinions were expressed by receiving staff, although not surprisingly they placed more importance on adequate staffing levels.

94% of referrers reported that patient choice was fairly/very important, but only 55% regularly sought the young person's preference.

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