Methods 69 adolescents, (10.4–18.0 years), were assessed at their initial clinic appointment using a three-part questionnaire. Their parents received one part of this questionnaire separately. The questionnaire was comprised of three survey instruments which had been previously validated for use in adolescents. Additional data about the adolescents was collected from their clinic assessment form.

Results 69.6% of the adolescents were female, 13.0% were obese or very obese and mean illness duration was 25.3 months. 36.2% of the adolescents came from a household within the 10% most affluent in the country. Moderate, severe or extreme anxiety or depression symptoms were reported by 39.1%, severe levels of worry by 43.5% and high or very high symptom impact by 69.1%. Long illness duration was significantly associated with low mood ($p=0.006$) but no other associations were significant. There was minimal agreement between the adolescents' and parents' answers (mean kappa score=0.373) with the parents reporting CFS/ME to cause greater difficulties.

Conclusions Adolescents from high-income backgrounds are over-represented amongst adolescents attending this specialist clinic. This may represent higher prevalence or greater access to specialist services in high-income families. More than a third of adolescents attending this clinic reported significantly reduced quality of life and/or low or anxious mood symptoms; more than two thirds reported that the condition has a major impact on their daily life. Parents report CFS/ME to cause greater difficulties than their children do.

G14(P) UNDERSTANDING YOUNG PEOPLE WITH DIABETES: USING EXPERIENCE BASED CO-DESIGN TO PROVIDE A PATIENT-CENTRED DIABETES TRANSITION SERVICE

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Aim To use experience based co-design to improve the Diabetes Transition Service.

Design Young people with diabetes (type 1 and 2) managed by a district general Paediatric Diabetes Team, were invited to attend a focus group.

The focus group, held in a local café, afterschool, was facilitated by 2 members of the Paediatric Diabetes team and the Diabetes Psychologist.

A graphic designer attended to support the young people to visually explore and communicate their experiences and ideas.

Results 5 young people attended the group, ages 15–17 years. Each attendee was invited to tell their diabetes story, followed by facilitated individual and group discussions about the transition service and health and social wellbeing of young people in relation to diabetes.

Recurrent themes that emerged included: promotion of independence, consistency of care, access to information and support via email and the internet, and the desire for peer-support opportunities.

Changes in administration at the time of transition was highlighted to promote self-advocacy. The attendees strongly preferred physicians to be direct in their communication styles and to be seen individually by each member of the diabetes multidisciplinary team. They emphasised the need for after-

school appointments and agreed that the hospital was a convenient location.

The attendees were all keen on receiving information about diabetes and driving, alcohol, drugs, exam stress, contraception and pregnancy, some indicating a preference for written information (leaflets/website links) and others face to face discussions.

All attendees identified a strong desire for the team to facilitate email contact and social events with others transitioning and those who have transitioned.

100% of the young people said that they would attend another focus group.

Conclusion This focus group wants a diabetes transition service that promotes self-advocacy and independence, allows them to see the same consultant who communicates openly and directly, have access to information about how diabetes affects issues facing young people, and a service that provides them with ongoing peer-support.

Experience based co-design can ensure that diabetes transition services provide young people with a patient-centred service, that promotes ongoing health and social wellbeing well in to adulthood.

G15(P) ABSTRACT WITHDRAWN

G16(P) YOUTH PERSPECTIVE ON THE 'SEXUALITY EDUCATION: LESSONS LEARNED AND FUTURE DEVELOPMENTS IN THE WHO EUROPEAN REGION' CONFERENCE 2017

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Background and aims Comprehensive sex education is a successful intervention approach to improving the mental and physical health of children, and is a crucial factor in developing the ability of young people to exercise informed autonomy over their sexual and reproductive rights and wellbeing. It is also recognised as a safeguarding factor against child sexual exploitation. As a member of the Sheffield branch of the sex education charity Sexpression, and the FPA Youth Council, I was invited to join a youth delegation at the Sexuality Education conference to share a youth perspective on past successes and failures in the WHO European Region.

Methods Data was collected from research by WHO, and the United Nations Populations Fund amongst others, and qualitative information gathered through focus groups and fishbowl discussions with international delegates

Results Country representatives raised challenges such as misconceptions about sexuality education and a perceived drop in moral standards, questioning of the role of the school vs. parental education, political and religious resistance, and the feasibility of sustainable programmes. Presented were positive examples of primary school age targeted sex education programmes, and the use of technology to provide information to younger audiences. The youth delegation were given a chance to feed back their perspective on national and local education and health initiatives. They noted the use of 'jargon' and inaccessible language in education and services. The lack of representation from central Asia and other gender

identities was highlighted. A key recommendation from the youth delegation is that organisations continue to not only invite youth participation at technical conferences, but also value their input as near-to-peer educators of young people.

Outcome The youth delegation formed an international alliance for sex education, and recommendations from the technical conference have been distributed to delegates' organisations to inform their future work providing education and sexual healthcare to young people. As an organisation working with an ever more diverse school age population Sex-expression will endeavour to make all its teaching resources inclusive of all cultures, sexualities and identities.

G17(P) TRANSITION TO ADULT CARE AUDIT: SUCCESSES AND CHALLENGES AT A TERTIARY CHILDREN'S HOSPITAL

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Background The period of transition from paediatric to adult care is a risky one. Recent NICE guidelines and the national Ready, Steady, Go (RSG) initiative aim to improve the transition process for young people (YP). We present an overview and audit of current transition services at a tertiary paediatric hospital where a 2016 Care Quality Commission inspection labelled Transition Services as 'Requires improvement.' In response, the hospital has appointed two transition nurses, encouraged the implementation of RSG and set up a transition website for YP to access.

Methods We reviewed two weeks of inpatient data to find patients with medical conditions requiring transition, and compared their care to the NICE recommendations:

- Did discussions around transition begin by age 14 (or at diagnosis)?
- Was there an annual meeting where transition was discussed?
- Was there evidence of a named transition worker?
- Did they meet a practitioner from adult services before transferring?

Results 43 patients were included in our audit, with the oldest being 20 years old. 58% had started transition, but only 36% by the age of 14.30% had an annual review, and 20% had a named worker. 48% had met someone from adult services before transition. Of patients with complex problems under three or more specialties, 66% had transition started but none by the age of 14. Medical specialties fared better than surgical specialties across all domains.

Conclusion This is the first time this audit has been conducted at this hospital. Our audit demonstrates that despite the recent improvements in transition services, our hospital still faces challenges in meeting the NICE transition guidelines. The patients least likely to meet the guidelines were surgical patients and complex patients under the care of multiple specialties. Further plans include mandatory training on transition, and consideration of YP using a tablet to access RSG in the waiting room before appointments.

G18(P) OUR CHRONIC FATIGUE SYNDROME/ ENCEPHALOMYELITIS SERVICE IS NICE, BUT IS IT PATIENT FRIENDLY? EXPERIENCE OF GOING BEYOND AUDIT

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Aim To assess the quality of diagnosis and management of Chronic Fatigue Syndrome (CFS)/Encephalomyelitis (ME) in a tertiary Service against NICE guidelines, along with views of the young people assessed.

Methods A retrospective audit of patients referred to the CFS/ME service over a 12 month period (December 2014-December 2015 chosen to allow time for follow up). Case notes and electronic records were reviewed for baseline demographics, NICE criteria (Guideline CG53) and additional information. Patients and/or their parents were contacted for feedback by telephone using a structured transcript and standardised Friends and Family questionnaire.

Results 30 patients were referred to the CFS/ME service, 3 of whom did not attend and were excluded from analysis.

We assessed 5 NICE guideline criteria that relate to young people, all of which have a 100% standard. Three criteria focus on providing patients with relevant information. 86% of our patient records documented advice on symptom management, 71% on work/education, and 43% on general principles of CFS/ME. The service was 100% compliant with criterion 4 (a diagnosis of CFS/ME should only be made when symptoms have persisted for 3 months). The final criterion assesses how many patients with mild/moderate CFS/ME are provided with cognitive behavioural therapy and/or graded exercise therapy; 73% of patients received one of these.

13 of the 27 young people/parents contacted for the Friends and Family questionnaire answered the telephone, 3 did not answer the questions. Of the 10 respondents (8 parents and 2 young people), 5 'agreed' with the statement 'this is a good service for my friends and family to be looked after in if they needed similar treatment or care', 3 'agreed a bit' and 2 'disagreed a lot'. Improvements focused on practicalities such as distance to the hospital, paucity of specialist services, and insufficient access to therapies.

Conclusion Our Service appropriately diagnoses young people with CFS/ME though compliance with NICE guidelines could be improved. We were disappointed that feedback was predominantly parental and wonder if an online or written Friends and Family test would facilitate hearing from young people themselves.

G19(P) WORKING IN PARTNERSHIP WITH ADOLESCENT SMOKERS TO IMPROVE THE COMMUNICATION SKILLS OF MEDICAL STUDENTS

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