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 Sexpression 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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Background The National Institute for Health and Clinical Excellence recognises that times of transition, including adolescence, offer opportunities for intervention in health-related behaviour. Adolescence is characterised by the building of identity, independence and relationships, while navigating complex emotional and physical change. According to Public Health England, half of the most common health problems in adults arise from behaviours that are established during adolescence (Rise Above Programme, 2017). Smoking is a key example, with 40% of adult smokers in the UK starting smoking before the age of 16 years.
Aim To design an objective structure clinical examination (OSCE) station to assess the medical students' communication skills to challenge unhealthy behaviours in which adolescent smokers play a central role from inception to final assessment.
Methods We initially developed a workshop with medical educators and adolescent smokers to identify which behaviours and attributes of doctors would facilitate their engagement with smoking cessation services. Together, we co-created the consultation narrative for a smoking cessation OSCE that assesses the ability of medical students to practice motivational interviewing, a behavioural change technique included and taught in their curriculum. This OSCE station was included in the summative assessment of 364 medical students in their penultimate year. We recruited trained examiners and adolescent actors (all of whom had to give written feedback to the candidates) as well as administrators specifically for this station.
Results Descriptive analyses of students' OSCE marks demonstrated the feasibility of assessing and giving feedback on different elements of students' motivational interview skills, with substantial agreement between the examiners' and role-players' scores. Most students (85%) were successful in providing structure to the consultation and building rapport with adolescent role-players. However, only 50% of students sufficiently explored the young person's life circumstances and tailored the management plan and practical advice to the individual. Adopting a personalised consultation approach was identified by adolescents as a crucial factor in supporting their autonomy and improving their engagement with smoking cessation services.
Conclusion Adolescents can be key partners in improving medical education to shape the attributes of new doctors and increase the relevance of assessments to real-life clinical practice.

British Association for Paediatric Nephrology and Paediatric Intensive Care Society

G20 NEONATAL HYPERTENSION AS A RESULT OF TRANSIENT HYPERALDOSTERONISM: CASE SERIES

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Neonatal hypertension (NH) is an uncommon but important clinical problem in neonates. The most important non-renal association with NH is Bronchopulmonary Dysplasia (BPD). Exact mechanism of hypertension in BPD infants is not known.
The purpose of this case series is to describe our experience with the use of spironolactone, an aldosterone antagonist, in neonates with hypertension and BPD.
Methods Retrospective case review conducted at Level II NICU in Calgary from 2013 to 2017 revealed 10 preterm infants with BPD and NH who had plasma renin and aldosterone levels done as part of their investigations for hypertension. NH was defined by blood pressure >95 th centile of the normative data. Maternal characteristics included age, smoking and drug use, history of pregnancy induced hypertension, preeclampsia, gestational diabetes, antenatal steroids and mode of delivery. Neonatal characteristics included gestational age, birth weight, sex, intrauterine growth restriction, APGAR scores, insertion of umbilical arterial catheterization and the presence of BPD. All infants had serum creatinine, electrolytes, urinalysis, plasma renin and aldosterone levels, renal ultrasound and ECHO done. Data collected also included age at diagnosis of hypertension, age at initiation of treatment, medications used, response to treatment and follow up.
Results NH in all infants was diagnosed after 36 weeks GA and treatment was started at presence of persistent hypertension >99 th centile. 3 infants were initially started on amlodipine and Furosemide with no response and were changed to aldactazide. 2 infants received only Furosemide with no response. 5 of the remaining infants were started on aldactazide as a first line treatment to target hyperaldosteronism. All infants responded within 48 hours of treatment with aldactazide. All 10 infants developed mild hyponatremia which required sodium chloride supplementation until aldactazide was discounted. Hypertension was transient lasting from 3 months till 16 months post term and medications were discontinued with normal blood pressures.
Conclusion Transient hyperaldosteronism is one of the possible causes for hypertension in preterm infants. Our case series demonstrates association preterm of NH with elevated aldosterone and low rennin without any other apparent cause for the hypertension. All infants responded to aldactazide, an aldosterone antagonist containing medication.

G21 LONG-TERM OUTCOME OF PNEUMOCOCCAL HAEMOLYTIC URAEMIC SYNDROME

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Aims Haemolytic uraemic syndrome [HUS] is defined by microangiopathic haemolytic anaemia [MAHA], thrombocytopaenia and oliguria/elevated creatinine for age clinically manifesting from endothelial cell injury and microvascular thrombosis. Occurring as a rare complication of pneumococcal infection, P-HUS accounts for 5%–15% of HUS cases in young children and is characterised by a more severe disease course compared to Shiga-toxin associated HUS.[1] We determined the long-term renal outcome of P-HUS[1] and serotype profile of P-HUS following the introduction of the pneumococcal conjugate vaccines (PCV7 and PCV13) in the UK.
Methods A case note review of P-HUS was undertaken in 5 participating UK centres. P-HUS was defined as reported[1] and cases were included if followed for at least 5 years' duration.