Junior MARSIPAN Guidelines, is proposed to improve initial assessment, inpatient management of refeeding risks and to plan discharge. It is hoped this will lead to safer, more supportive and seamless care for young people with eating disorders when they become medically unstable.

**GP294** JUNIOR CLINICIANS’ EXPERIENCES IN LEADING IMPLEMENTATION OF NEW MODELS OF CARE: DESIGNING AND DEVELOPING A PAEDIATRIC HOSPITAL AT HOME SERVICE


Promoting care closer to home for children has been a policy objective for some time and has been reiterated in NHS England’s 10 year plan. Models delivering acute care outside the hospital across Europe have shown to deliver equivalent clinical outcomes whilst reducing ED re-attendance and length of stay. Junior clinical staff often rotate through multiple hospitals and as such can share best practice across organisations. However, too often leadership structures are not set-up to nurture, support or empower junior clinicians to enact change.

In the context of worsening morale of the junior medical workforce as well as inner city difficulties in retention of junior nurses, providing opportunities to lead and participate in service development can increase engagement.

We report experiences of designing and developing a paediatric hospital at home service with a focus on recruitment and retention. The service was pitched to executive level by a junior doctor, with planning and design co-led with a junior charge nurse, supported by a team of consultants, senior matrons and operational leads. The junior clinicians led design workshops, wrote a funding bid and drafted the service specification.

Design workshops engaged doctors, nurses from both ED and ward backgrounds as well as parents and a wide range of professionals. Each was asked to bring a junior colleague and ward backgrounds as well as parents and a wide range of professionals. Each was asked to bring a junior colleague and participate in service development can increase engagement.

**GP296** EPILEPSY &US – GIVING A REAL VOICE TO CHILDREN, YOUNG PEOPLE AND FAMILIES AS PART OF A NATIONAL AUDIT PROGRAMME

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Epilepsy12 was established in 2009 with the aim of helping epilepsy services to measure and improve care for children and young people with seizures and epilepsies across England and Wales. Epilepsy12 is delivered by the Royal College of Paediatrics and Child Health.

For Round 2 of the audit, children and young people with epilepsy, and their parents/carers, were invited to complete a Patient Reported Experience Measure (PREM) questionnaire on their experiences of care from their epilepsy service over the previous year.

2,335 questionnaires were returned. Some findings were:

- 88% were satisfied with overall care from their epilepsy service