G276(P) IMPACT OF A REGIONAL PAEDIATRIC TUBERCULOSIS NETWORK

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Introduction Tuberculosis (TB) incidence in England and Wales has fallen by 44% since 2011 with England now classed as a low incidence area. This means that individual clinicians are seeing fewer cases of TB and experience is falling. Working with public health and the TB Control Board we have created a regional paediatric TB network consisting of tertiary and secondary TB teams across an area with varying TB incidence. The aim of this network was to improve and standardise care, reduce diagnostic delay and increase our shared experience.

Method The network has been commissioned for and encourages engagement and referrals from DGH paediatricians and TB nurses. It includes a weekly virtual TB clinic and enhanced Paediatric annual cohort audit with feedback of learning points at regular stakeholder education days.

Results The network and virtual clinic have been running for 5 and 2 years respectively. Seventy patients have been discussed at the virtual clinic: in 57% of children this led to a change to investigation, diagnosis or management. Four children had a change of diagnosis from latent TB infection (LTBI) to active disease. The clinic has been able to cover gaps in service supporting solo clinicians and TB nurses and enabling 53% of children to have their care closer to home. Service delivery issues such as adult physicians looking after children without paediatric input and failure to provide adequate chemoprophylaxis in high risk children have been identified and addressed. Reasons for diagnostic delay have been identified to be different in different areas allowing site appropriate solutions to be explored. Focussed education sessions on safeguarding, pharmacy and drug delivery have been provided. Communication has improved region-wide and experience is increasing.

Conclusion The TB network has been well received by TB teams across the region. It is a great example of collaborative working, enabling resolution of service issues and improved quality of care for our patients.

G277(P) CHILD PROTECTION EXPERIENCE AND TRAINING OF PAEDIATRIC JUNIOR DOCTORS – A REGIONAL STUDY

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Background Paediatricians carry out medical assessments to determine and document harm following suspicion of child maltreatment and contribute for multiagency assessments. This involves making emotionally challenging decisions. Difficulties faced by paediatricians working in child protection (CP) have known to cause psychological morbidity and reservations to proactively engage with safeguarding process.

Aims

- To assess the CP experience and training of paediatric junior doctors at South Western and Peninsula Deanery
- To identify if this experience affects their emotional/mental health.

- To identify if safeguarding proforma assists trainees to have a structured approach to CP medical examination

Methods The survey questionnaires were distributed to 31 level 2 and 3 Paediatric trainees during deanery teaching days in February 2019. Data collected included: demographics, Level of safeguarding training, experience of dealing with CP cases, the supervision and support and a free text for any recommendations. A new safeguarding proforma was designed by collaborating ideas from various regional centres and RCPCH companion to see if this assists trainees for a structured medical assessment and report writing.

Results Thirty one responses were included. Majority had level 3 safeguarding training (29/31) and were aware of safeguarding guidance (25/31). 20% of the trainee's felt that their CP experience did not fulfil their learning needs (excluding number of responders marked this question not applicable). 39% described safeguarding experience being negative. 35% reported anxiety before the child protection on call and 29% felt low afterwards. Majority commented that the safeguarding proforma will be a useful supportive tool. Thought provoking comments, modified CP proforma, full results, and recommendations will be shared during the presentation.

Conclusions The CP work needs good diagnostic, communication and team working skills. Good experience, training, supervision and additional supportive tools are key to get everything right and for psychological wellbeing of the junior trainees. Trainees should get opportunities to learn from their clinical experience in supportive environment to be competent and confident. As CP is a national and a global priority, some of the recommendations are applicable widely across the regions, trusts and organisations.

G278(P) DEVELOPMENT OF A GUIDELINE FOR MEDICAL CARE OF CHILDREN WITH DOWN SYNDROME, FROM A PAEDIATRIC INTENSIVE CARE UNIT PERSPECTIVE

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Aims Down syndrome (DS) is the most common genetic cause of cognitive disability, with a worldwide incidence between 1 in 1000 and 1 in 1100 live births. Children with DS have characteristic physical features, with an increased incidence of congenital or acquired medical conditions. The Down Syndrome Medical Interest Group (DSMIG) have produced guidance for essential basic medical surveillance in children with DS. Children with DS have also been shown to respond differently to critical illness, requiring a higher proportion of organ support than expected by initial disease severity. This project aimed to produce a hospital guideline for medical care of children with DS, whilst also taking into account specific considerations for care of a child with DS in PICU, to standardise and improve the quality of care.

Methods Involvement in medical care of children with DS admitted to PICU revealed that despite the availability of clear DSMIG guidance, there was no hospital guideline for children with DS. Furthermore, in terms of PICU care, key considerations were anecdotally noted, yet these differed between consultants and there was no PICU-specific guideline to outline a gold standard of care. DSMIG guidance was reviewed and PICU consultants approached for key specific considerations